

NATIONAL Assessment Centre Services

(ver 1.7/2000)

MAN47168123

Date In: 22/12/2017 12:29
Ref No: NBA/A1417204267Y
Veh No: SJ791912
D.O.A: 21/12/2017 10:50
OD: TP / Reporting Only

| Job description | Date & Time Completed | Done by |
|--|-----------------------|---------|
| SAS e-illing | | |
| E-mail (with/3hrs, AIC 3hrs) | | |
| I-Motor Claim Form | | |
| I-Motor T/O (with/100-2hrs, TP 4hrs) | | |
| I-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass'l Report by Fax / Hand to Owner / Wksp | | |

TP Insured:

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Yell No: SKP 3760K INC () / Non-INC ()
Owner / Driver: () Tel: () Fax: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: ()
Insured/Driver Liability: () % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)
Year of Registration: () Warranty: YBS () / NO ()
Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: () Walk-In Customer: () Customer's Information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case: () to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC Hotline: 6788 0015
1) Apply for Transition Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1707907

Customer's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
Checked by (Engr-In-Charge):

| Invoice Preparation Checklist | Amount (\$) | Amount (\$) |
|--|-------------|-------------|
| 1) AR: Accident Reporting (\$20) | 0 | |
| 2) DA: Damage Assessment (\$100) | INC (\$30) | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$100 | |
| 5) RT: Follow-Through Survey (Resurvey) | \$30 | |
| Excess/claim apply (INC Only) (ver 1.0 Jan 2010) | | |
| 6) TR: Re-inspection | \$15 | |
| 7) NI: (DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services | | |
| 9) NI: (DA + SMRT Survey | \$160 | |
| 10) NI: (DA + SMRT Survey | \$160 | |
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| 100) NI: (DA + SMRT Survey | \$160 | |

Comments:
L 2/3

Invoice dated: 22/12/2017
Total due: \$160.00
Paid: \$0.00
Balance: \$160.00

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|---|
| Date Of Report | 22/12/2017 12:29 |
| Date Of Accident | 21/12/2017 10:50 |
| Exact Location Of Accident | ALONG TAMPINES AVE 12 TOWARDS PASIR RIS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SJT9191Z |
| Insured/Policyholder | |
| Name Of Registered Owner | JOEY TEO CAIYI(ZHANG CAIYI) |
| NRIC No | S8024241G |
| Email Address | JOEYTEO9191@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91919100 |
| Alternative Phone No | OTHERS-91919100 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | CLA 180 AMG |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1700078689 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | JOEY TEO CAIYI(ZHANG CAIYI) |
| NRIC No | S8024241G |
| Date Of Birth | 31/07/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/08/2001 |
| Driving Experience | 16 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91919100 |
| Fax Number | |
| Contact Number | OTHERS-91919100 |
| Email Address | JOEYTEO9191@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 2 GHIM MOH ROAD #08-320 |
| Postcode | 270002 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - HEAD ON COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUONA VISTA NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 13 HOLLAND DRIVE , POSTCODE: 271013 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7779999 - FAX NO: 67765857 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171221/2111

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SKP3760E |
| Vehicle Make/Model/Colour | TOYOTA YARIS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WEI FANG |
| NRIC/Passport Number | S6984429D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------------|
| Name | JOEY TEO CAIYI(ZHANG CAIYI) |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SJT9191Z |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

VehA: SJT 9191Z

VehB: SKP 3760E

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SJT 9191Z

Veh B: SKP 3760E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 22/12/17 9am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

22/12/2017

Redi WAPAB



SINGAPORE POLICE FORCE



T/20171221/2111

1 of 4

Report No. T/20171221/2111

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/12/2017 16:59 | Vide Report No.: | Station Diary No.: 31 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: JOEY TEO CAIYI | | | Address: APT BLK 2 GHIM MOH ROAD #08-320 SINGAPORE 270002 | | |
| ID Type / ID No.: NRIC NO / S8024241G | | | Contact No.: Home/Office: Mobile: 91919100 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 37 | Date of Birth: 31/07/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: PROPERTY AGENT | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|---------------------------------|---|------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/12/2017 10:50 | Type of Location: X-Junction |
| Location: Along Road 1 TAMPINES AVENUE 12 | | | | |
| Heading Towards Pasir Ris | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head On | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|---------------------------------------|-------|-----------|-----------------|
| SJT9191Z | Car | MERCEDES BENZ | CLA180 COUPE URBAN (R18 LED) | Blue | | 0 |
| SKP3760E | Car | TOYOTA | YARIS 1.33 CVT | White | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



SINGAPORE POLICE FORCE



T/20171221/2111

2 of

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

Report No: T/20171221/2111

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJT9191Z | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1700078689 | 22/11/2017 | 21/11/2018 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | JOEY TEO CAIYI | | ID No. | S8024241G |
| Related Vehicle | SJT9191Z (Car) | | Contact No. | 91919100 |
| Hospital/Clinic | TEOH CLINIC FAMILY PRACTICE | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 21/12/2017 | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | 02 | Degree of Injury | Slight |
| Driver | | | | |
| Name | WEI FANG | | ID No. | S6984429D |
| Related Vehicle | SKP3760E (Car) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL |

Brief Details.

On the 21/12/2017 at around 1050hrs, I was travelling down Tampines Ave 12 in my car (SJT9191Z). I was on the second lane heading towards Pasir Ris. I was approaching the cross junction of the road and I clearly know that the light was green in my favour thus I proceed.

Suddenly, a white car(SKP3760E) on the opposite side of the road on my right turned in. I was not able to stop in time and I crashed into the other car. As the driver side of the door was stuck, I struggled to come out of the car. Once I was out, the driver of that vehicle started to accuse me saying that she had the right of way and I was supposed to stop. She initially refused to exchange any particulars with me but I managed to get her details. She was conveyed to the hospital.

My car's full body on the front and right side is fully damaged. The driver side of the door is also damaged and is not able to be opened. I wish to state that I have in car camera installed and I have the footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20171221/2111

3 of 4

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

Report No. T/20171221/2111

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171221/2111

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

4 of 4

Report No: T/20171221/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No

SN 49

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

21/12/2017 16:59

Classification Of Case:

Accord Auto Services Pte Ltd

Particular of Insured / Driver & Details of the Accident

Location of Accident: Tampines Ave 12 (Junction)

Date of Accident: 21/12/2017

Landmark of Accident Area (IF ANY): _____

Time of Accident: 1050 HRS

No. of Passenger (Including Driver): (1)

Details of Own Vehicle

Vehicle Registration Number: SJT91912 Make/ Model: Mercedes CCA 180 AMG

Name of Preferred workshop: Accord Auto Services Pte Ltd Contact: 62717433

Insured/ Policy Holder

Name of Registered Owner: Joey Teo Caiyi NRIC: S80242419

Address: BLK 2 Ghim Moh Road #08-320

Occupation: Sales Director (Indoor / Outdoor) Mobile No: 91919100

Email: Joeyteo9191@gmail.com

Driver

Name of Driver: Joey Teo Caiyi NRIC/Fin: S80242419

Driving License Pass Date: 31/8/2001 DOB: 31071980

Address: BLK 2 Ghim Moh Road #08-320

Occupation: Sales Director (Indoor / Outdoor) Mobile No: 91919100

Gender: Male / Female Other Contact: Home No. / Office / Others: 91919100

Email: Joeyteo9191@gmail.com

Insurance Company

Insurance Company: AG (C/TFPT/TPO) Policy No: 1700078689

* Comprehensive/Third Party Fire & Theft/Third Party Only

Driver an employee: Yes / NO if no, what is relationship with the policyholder: Owner

* If Driver is a policyholder, kindly ignore this question

Details of other vehicle Property 1

Vehicle Registration No.: SKP 3760E

Vehicle Make/Model/Colour: _____

Name of Driver: _____

NRIC: _____

No. of Passenger (Including Driver): _____

Contact Number: _____

Nature of Damage: _____

Details of other vehicle Property 2

For Official use only

Claiming Own Insurance: Yes / NO

If No, Reporting only / Third Party Claim

General Information of Accident

Type of Accident: Head-Rear / Side Swipe / Others: Head on side swipe

Weather Conditions: Clear / Raining / Others: _____

Road Surface: Dry / Wet / Others: _____

Material / Property damaged: YES / No

Any police report made: YES / No Injured party: YES / No 1. Joey Teo Caiyi

Any Video Cam: YES / No 2. _____

Summon Against Whom: _____ 3. _____

*For injured Party details, it must be supported by police report

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8024241G



Name

JOEY TEO CAIYI
(ZHANG CAIYI)

張彩億

Race

CHINESE

Date of birth

31-07-1980

Sex

F

S8024241G



Country/Place of birth

SINGAPORE

5402954



NRIC No: S8024241G



Date of issue

23-09-2015

APT BLK 2 GHIM MOH ROAD #08-320
SINGAPORE 270002

NRIC No: S8024241G

Date: 29/03/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8024241G

Name:

JOEY TEO ZIYU
(ZHANG ZIYU)



Birth Date: 31 Jul 1980

Issue Date: 04 Jul 2006



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

PASS DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles =< 200 cc | 25 Jul 2001 |
| Class 3 | Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 31 Aug 2001 |

NP 428A





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : JOEY TEO CAIYI (ZHANG CAIYI)
 Period of Insurance : 22 Nov 2017 To 21 Nov 2018
 Engine No. : 27091001433601
 Chassis No. : WDD1173422N6T6879

Vehicle No. : SUT51912
 Policy No. : 1700078689
 Endorsement No. :
 Issued Date : 30 Nov 2017

ABOUT THE COVER

Make/Model : MERCEDES-Benz CLA180 Coupe
 Engine Capacity/Tonnage : 1,595.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with written permission;

*This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

The Policyholder pays an additional sum of \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

This is only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use 2000km

* Limitations imposed irrespective by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Over Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

JOEY TEO CAIYI (ZHANG CAIYI) - \$800 (Over Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Euro Car Service Center (For accident reporting only) Add: 220 Ubi Road Singapore 408650 67412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 165 Pandan Loop Singapore 126378 67778358

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 9200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD.

I/We hereby certify that this policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1956 (Malaysia).

050451221E

CYCLE & CARRIAGE - DR

208 ALEXANDRA ROAD

SINGAPORE 159830

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

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