

NATIONAL Assessment Centre Services. (ver 1.2/2000) MNA48154830

Date In: <u>29/10/08</u> 17:37	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/AND/0021573/Y</u>	SAS e-Milling		
Veh No: <u>SLK 89747</u>	E-mill (with 3hrs, A/C 3hrs)		
D.O.A: <u>29/10/08</u> 14:05	E-Motor Claim Form		
OD: <u>TP</u> Reporting Only	E-Motor W/O (with 100 hrs, 1/2 hr)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / CW: ()		Tel: ()	Fax: ()
TP Particulars: ()	Veh No: <u>SLK 89747</u>	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()	
Insured/Driver Liability: ()	%(Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()		

General Remarks: () Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Actions

<p><u>NA807834</u></p> <p>Human Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Comments:</p>	<p>Invoice Preparation Checklist:</p> <table style="width: 100%;"> <tr><td>1) AR: Accident Reporting (\$20)</td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100)</td><td>INC (\$50)</td></tr> <tr><td>3) TP: Towing Fee</td><td>\$100/143</td></tr> <tr><td>4) FT: Follow-Through Survey</td><td>\$110</td></tr> <tr><td>5) RT: Follow-Through Survey (Resurvey)</td><td>\$110</td></tr> <tr><td colspan="2">Excess/Inc. apply INC Only (ver 10 Jan 2003)</td></tr> <tr><td>6) TR: Re-inspection</td><td>\$110</td></tr> <tr><td>7) NI: 1 day DA + SMART Survey</td><td>\$160</td></tr> <tr><td>8) NTUC Additional Services</td><td></td></tr> <tr><td colspan="2">OII:</td></tr> <tr><td> NI: Courtesy Car / Tpl Allowance</td><td>\$5</td></tr> <tr><td> NI: Repair Coordination</td><td>\$10</td></tr> <tr><td> NI: Post Repair Inspection</td><td>\$11</td></tr> <tr><td> NI: DY / Collect Excess Coordination</td><td>\$1</td></tr> <tr><td> TE (NI) / TP (Non-INC) against INC</td><td>\$20</td></tr> <tr><td> NI: 1 day Mobile</td><td>\$10</td></tr> </table> <p>Invoice sent: () Fee Charged: ()</p> <p>Invoice not sent: () Fee Charged: ()</p>	1) AR: Accident Reporting (\$20)		2) DA: Damage Assessment (\$100)	INC (\$50)	3) TP: Towing Fee	\$100/143	4) FT: Follow-Through Survey	\$110	5) RT: Follow-Through Survey (Resurvey)	\$110	Excess/Inc. apply INC Only (ver 10 Jan 2003)		6) TR: Re-inspection	\$110	7) NI: 1 day DA + SMART Survey	\$160	8) NTUC Additional Services		OII:		NI: Courtesy Car / Tpl Allowance	\$5	NI: Repair Coordination	\$10	NI: Post Repair Inspection	\$11	NI: DY / Collect Excess Coordination	\$1	TE (NI) / TP (Non-INC) against INC	\$20	NI: 1 day Mobile	\$10
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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 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. This 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 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	29/11/2018 17:37
Date Of Accident	29/11/2018 14:05
Exact Location Of Accident	PIE (TUAS) NEAR CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8974T
Insured/Policyholder	
Name Of Registered Owner	TEO GUAT CHOON
NRIC No	S1437229F
Email Address	LEE.GAVIN.MZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96367588
Alternative Phone No	OTHERS-90074529

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008593
Cover Note Number	

Driver

Name of Driver	LEE MING ZHENG, GAVIN
NRIC No	S8845413H
Date Of Birth	18/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90074529
Fax Number	
Contact Number	OTHERS-96367588
Email Address	LEE.GAVIN.MZ@GMAIL.COM

Address	BLK 311A CLEMENTI AVENUE 4 #16-157
Postcode	121311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181129/2084

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	SJQ9521X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAO YUXIANG
NRIC/Passport Number	S9071989J
Contact Number	92381170
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB1199M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IBRAHIN BIN ISMAIL
NRIC/Passport Number	S7301013F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LEE MING ZHENG, GAVIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLE8974T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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: 29/11/18
16:50

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

SKETCH PLAN

DIR (UAS) NAME CHAMPANI AVA 6 EXIT

A) SLE 8974 T

B) SJQ 9501 X

C) SKB 1199 m



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report to Police Report
x/2018 11/29/2018

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/11/18

16:30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/11/2018
Keshi Kumar



SINGAPORE POLICE FORCE



T/20181129/2084

1 of 4

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20181129/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 16:10	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: LEE MING ZHENG, GAVIN			Address: APT BLK 311A CLEMENTI AVENUE 4 #16-157 SINGAPORE 121311		
ID Type / ID No.: NRIC NO / S8845413H			Contact No.: Home/Office: Mobile: 90074529		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 18/11/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2018 14:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Tuas near clementi Ave 6 Exit				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ9521X	Car	HONDA		Black	Slightly Damaged	2
SKB1199M	Car	TOYOTA		Silver		0
SLE8974T	Car	NISSAN	Qashqai	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE8974T	FWD Singapore Pte. Ltd	pnpv2018-00008593	04/08/2018	03/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Mao Yuxiang		ID No.	S9071989J
Related Vehicle	SJQ9521X (Car)		Contact No.	92381170
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
Driver				
Name	Ibrahim Bin Ismail		ID No.	S7301013F
Related Vehicle	SKB1199M (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
Driver				
Name	LEE MING ZHENG, GAVIN		ID No.	S8845413H
Related Vehicle	SLE8974T (Car)		Contact No.	90074529
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2018		Date Discharge	29/11/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Brief Details.

nbbOn 29/11/2018 at about 1405hrs. I was driving my grey colored Nissan Qashqai bearing registration number: SLE8974T along PIE towards Tuas in a traffic jam when my vehicle was rear ended while it was stationary in a jam.

Immediately, I went out of my vehicle to make a check. I noticed that the accident involved three vehicles in total, inclusive of mine.

The order of the vehicles involved were as follow:

First vehicle (V1): SLE8974T (Grey Nissan Qashqai) [Driver: Me]

Second vehicle (V2): SJQ9521X (Black Honda) [Driver: Mao Yu Xiang, S9071989J]

Third vehicle (V3): SKB1199M (Silver Toyota) [Driver, Ibrahim Bin Ismail, S7301013F]

From slightly afar, I saw TP approaching. TP took over the scene and took particulars of the affected people. Meanwhile, I went around to check damages sustained to the vehicles involved.

I managed to talk to the second driver, Mao Yuxiang. According to him, right when he made a stop, the vehicle behind rear ended his vehicle, causing it to lunge forward onto the rear of my vehicle.

I have no passenger in my vehicle, V1. V2 has a female passenger and a baby. I am uncertain if V3 has any passenger.

As a result of the accident, my vehicle, V1, sustained damage to the rear sensor (popped out). There were dents and scratches to the rear bumper mostly at the mid rear section. I did not notice any damage on V2. I noticed V3 to have sustained dent and scratches on the front bonnet.

I went to seek medical attention at Family Care Clinic Pte Ltd located at Blk 415 Bukit Batok West Ave 4 #01-272 for pain on my neck area and was subsequently given 3 days of MC from 29/11/2018 to 01/12/2018. I did not notice if the other drivers and passengers had any injury.



**SINGAPORE
POLICE FORCE**



T/20181129/2084

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

4 of 4

Report No. T/20181129/2084

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:

J /

Sgt 3 MUHAMMAD AMIRUL HASIF BIN
MOHAMED YUNOS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/11/2018 16:10

Classification Of Case:

FAMILY CARE CLINIC PTE LTD

BLK 415 BUKIT BATOK WEST AVE 4
#01-272, SINGAPORE 650415.
TEL: 6567 1775

NO. 09299

MEDICAL CERTIFICATE

Date: 29/11/18

This is to certify that Lee Ming Zheng

is seen here today and is certified ~~fit for duty~~ Unfit for duty/school / Fit for light duty
for Three day(s) ~~on~~ from 29/11/18 to 1/12/18 inclusive.

Time in: _____ a.m./p.m. Time out: _____ a.m./p.m.

Other recommendations: _____

DR. CHEUNG TUCK WEI

M.B.B.S. (HONG KONG)
Dip. Derm. (LONDON)
D.F.D.

DIAGNOSIS Acute Whiplash Injury

* This certificate is not valid for absence from court or
other judicial proceedings unless specifically stated.



Doctor's Signature

Co. Reg. No.: 199802455C

ACCIDENT STATEMENT

ACCIDENT DATE: 29/11/2018 (DD/MM/YYYY). TIME: 14:05 (HH:MM)

LOCATION: PIE (TUAS) NEAR CLEMENTI AVE 6 EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 8974T
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNPV2018-00008593
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN QASHQAI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TEO GUAT CHOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1437229F CONTACT: 96367588
c) ADDRESS: 12C MARSILING LANE #26-17 SPORE 733012

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE MING ZHENG GAVIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8845413H CONTACT: 90074529
c) ADDRESS: 311A CLEMENTI AVE 4 #16-157 SPORE 12131

* d) DATE OF BIRTH: 18/11/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/09/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: HONG KAH NORTH NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJQ9521X MODEL: _____
b) DRIVER'S NAME: MAO YUXIANE
c) NRIC/FIN/PASSPORT: S9071989J CONTACT: 92381170

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKB1199M MODEL: _____
e) DRIVER'S NAME: IBRAHIM BIN ISMAIL
f) NRIC/FIN/PASSPORT: S7301013F CONTACT: _____

email = lee.gavin.mz@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8845413H



Name
LEE MING ZHENG, GAVIN

李明正

Race
CHINESE

Date of birth
18-11-1988

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8845413H

LEE MING ZHENG, GAVIN

Birth Date 18 Nov 1988

Issue Date 25 Sep 2009

001758164F



3737193



NRIC No. S8845413H



Date of issue
02-12-2003

APT BLK 311A CLEMENTI AVENUE 4 #16-157
SINGAPORE 121311

NRIC No: S8845413H Date: 28/04/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 3500kg 26 Sep 2009

NP 429A

Licence No: S8845413H





CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00008593 (Comprehensive - Prestige Plan)

Car plate number: SLE8974T

Your name (As the policyholder): Teo Guat Choon

Coverage start date: 04/08/2018

Coverage end date: 03/08/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 23/06/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.