

NATIONAL Assessment Centre Services

(wef 1 Jan 2015) NHA 1901344

Date In: 22/1/19 - 13:53	Job description	Date & Time Completed	Done by
Ref No: N/A 1901344	SAS e-filing		
Veh No: SR33794	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/1/19 - 20:45	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SF183802 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note-Est. 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 : Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616) 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

N/A 1901344

Invoice Preparation Checklist

Am't (\$) Amt (\$) In Bill Add Bill

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$30)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- 6) TR : Re-inspection \$75
- 7) N1 : Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

- QD*
- *N5: Courtesy Car / Tpt Allowance \$5
 - *N6: Repair Co-ordination \$10
 - *N7: Post Repair Inspection \$25
 - *N8: DV / Collect Excess Coordination \$5
 - TP (N11) : TP (Non INC) against INC \$20
 - 9) N12: Idac Mobile \$0

Invoice dated Fee Charged
Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:
Ref 2 / 3:

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	22/01/2019 13:53
Date Of Accident	20/01/2019 20:40
Exact Location Of Accident	YISHUN AVE 11 TWDS YISHUN RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3479H
Insured/Policyholder	
Name Of Registered Owner	TAY HSIAO WEN (ZHENG XIAOWEN)
NRIC No	S7734695C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84818204
Alternative Phone No	OFFICE-84818204

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	1800001886
Cover Note Number	

Driver

Name of Driver	TAY HSIAO WEN (ZHENG XIAOWEN)
NRIC No	S7734695C
Date Of Birth	18/11/1977
Occupation	INDOOR
Date Of Driving Pass	27/04/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84818204
Fax Number	
Contact Number	OFFICE-84818204
Email Address	NOEMAIL

Address	BLK 407 YISHUN AVENUE 6 #07-1288
Postcode	760407
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	4
Passenger 1	NAME: : JEREMY LIP SHENG KIAT GENDER: : MALE
Passenger 2	NAME: : JEFFERSON LIP SHENG WEI GENDER: : MALE
Passenger 3	NAME: : NICK TAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190121/7026.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFT8380Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAY HSIAO WEN (ZHENG XIAOWEN)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SKR3479H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JEREMY LIP SHENG KIAT

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SKR3479H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name JEFFERSON LIP SHENG WEI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SKR3479H

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 revalidate 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.:

A: SUR 34794
B: SFT 53502

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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:

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

SINGAPORE ACCIDENT STATEMENT

NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- ✓ Please report correctly on the details of the accident to speed up the claim process.
 - ✦ This form must be filled up by the policy holder and/or authorised driver.
 - ✦ Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
 - ✦ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 - ✦ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	20/01/19	(DD/MM/YY)
Time of accident	2040	(HH:MM)
Exact location of accident	Yishun Ave 11 towards Yishun Road	

DETAILS OF VEHICLE

Vehicle registration number	SKR3479H		
Vehicle make and model	Toyota Wish		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third party claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	AIG		
Policy number	1800001886		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Tony Hsiao Wen		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7734695C		
Contact	84818204		
Address	Blk 72 Salim Street, B1K 407 Yishun Ave 6 #07-1288 S(760407)		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name			Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	stumpy2878@gmail.com		
Date of birth	18/11/19		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	27/04/12		

GENERAL INFORMATION OF THE ACCIDENT

Is the driver an employee of the company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, relationship of the driver and insured?	Owner
Was the accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No. of passenger	4 (Inclusive of driver)

PASSENGER 1

Name	Jeremy Lip
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	Jefferson Lip
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	Mark Tan
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station,
Police station name	Orchard Road

WITNESS 1

Name	
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1	
Vehicle registration number	SFT 83802
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Tay Hsiao Wen
Injuries sustained	Neck & Back
Which vehicle person in?	SKR 3479H
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	T Jefferson Ip
Injuries sustained	Neck & Back
Which vehicle person in?	SKR 3479H
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	Jeremy Ip
Injuries sustained	Neck & Back
Which vehicle person in?	SKR 3479H
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20190121/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190121/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2019 22:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY HSIAO WEN			Address: APT BLK 72 JALAN MATA AYER #03-26 SINGAPORE 757489		
ID Type / ID No.: NRIC NO / S7734695C			Contact No.: Home/Office: Mobile: 84818204		
Nationality: SINGAPORE CITIZEN			Email: stumpy2878@gmail.com		
Sex: Female	Age: 41	Date of Birth: 18/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2019 20:40	Type of Location: X-Junction
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFT8380Z	Car	FORD		Silver	Seriously Damaged	0
SKR3479H	Car	TOYOTA	WISH 1.8 AUTO	White	Seriously Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR3479H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800001886	12/01/2018	15/04/2019



**SINGAPORE
POLICE FORCE**



T/20190121/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190121/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANTHONY CHAN COK SENG	ID No.	S0545269D
Related Vehicle	SFT8380Z (Car)	Contact No.	97986183
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
Passenger			
Name	JEFFERSON LIP SHENG WEI	ID No.	T1416622F
Related Vehicle	SKR3479H (Car)	Contact No.	84818204
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY HSIAO WEN	ID No.	S7734695C
Related Vehicle	SKR3479H (Car)	Contact No.	84818204
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190121/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190121/7026

CONTINUATION OF REPORT

Passenger			
Name	JEREMEY LIP SHENG KIAT	ID No.	T1229283F
Related Vehicle	SKR3479H (Car)	Contact No.	84818204
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 20TH JANUARY 2019 AT ABOUT 2040HRS , I WAS DRIVING VEHICLE SKR3479H AT THE JUNCTION OF YISHUN AVE 11 TOWARDS YISHUN RING ROAD. WHILE I WAS AWAITING FOR THE TRAFFIC TO BE IN MY FAVOUR , GREEN ARROW APPEAR AND I PROCCED TO TURN RIGHT. WHILE TURNING RIGHT , I FELT AN HUGE IMPACT ON MY CAR AND HEARD A LOUD BANG ON THE FRONT LEFT SIDE OF MY CAR.

I THEN NOTICE THAT THERE WAS A VEHICLE THAT HAS CRASHED UPON ME. WE BOTH STOP AT THE SIDE. I NOTED HIS CARPLATE NUMBER TO BE SFT8380Z. WE CAME DOWN FROM OUR CARS AND EXCHANGED OUR PARTICULARS.

DUE TO THIS ACCIDENT, MY TWO KIDS AND I WERE FEELING UNWELL AND WE PROCEEDED TO SEEK MEDICAL ATTENTION AT OUR NEARBY CLINIC.

EACH OF US WAS GIVEN 3 DAYS MC



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190121/7026

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Report No. T/20190121/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/01/2019 22:37

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

57734695C



TAY HSIAO WEN
(ZHENG XIAOWEN)

18 Nov 1977

27 Apr 2012

002063667C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7734695C



TAY HSIAO WEN
(ZHENG XIAOWEN)
郑晓雯

CHINESE
Date of birth 18-11-1977
Country of birth SINGAPORE

57734695C

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

EFFECTIVE DATE: 27 Apr 2012

Class 3A Motor cars without clutch pedals (Auto) ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals ≤ 2500kg

NP 428A



4143968



12-12-2007

API BLK 72 JALAN MATA AYER #03-20
SINGAPORE 757489

NRIC No: S7734695C

Date: 05/11/2012

No: 7114101

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : TAY HSIAO WEN (ZHENG XIAOWEN)
 Period of Insurance : 12 Jan 2018 To 15 Apr 2019
 Engine No. : 1ZZ3221387
 Chassis No. : JTDER12W903001617

Vehicle No. : SKR3479H
 Policy No. : 1800001886
 Endorsement No. : 000000000181254
 Issued Date : 14 Feb 2018

ABOUT THE COVER

Make/Model : TOYOTA WISH MPV
 Engine Capacity/Tonnage : 1,794.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2009
 Insuring with COE/PARE : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving with the Policyholder's consent with his/her permission.
 This Policy will indemnify the Policyholder in any circumstances only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Excess" if the age of the Applicant Driver insured is under the age of 25 and he/she has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving whilst drunk, racing, speed testing, reliability testing or speed testing, the carrying of goods other than samples, in connection with any trade or business or for any purpose in connection with Motor Trade.

* Conditions imposed hereunder by Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under this heading.

EXCESS

Section 1

Fire : \$0 (Own Damage) : \$0 (Theft) : \$0 (Windscreen) : \$0

Section 2

Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAY HSIAO WEN (ZHENG XIAOWEN) : \$600 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG's 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: HENLY ENTERPRISES CO PTE LTD

We hereby certify that the 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. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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