

# NATIONAL Assessment Centre Services.

(part 1 Jan'08)

9/11/2009 14:20

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 31/01/2009 12:24 | Job description                          | Date & Time Completed | Done by |
| Ref No: XBA/KWD/900204/Y  | SAS e-filing                             |                       |         |
| Veh No: SGTU 2439L        | E-mail (4 days, AIC 2hrs)                |                       |         |
| D.O.A: 30/01/2009 20:35   | I-Motor Claim Form                       |                       |         |
| OD (TP) Reporting Only    | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:               | I-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SGTU 1369Y

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |
|---------------------------------|---|-------------|
| 9/11/2009 948                   | 1) AR: Accident Reporting (\$30)                |             |
| Claimant's Particulars:         | 2) DA: Damage Assessment (\$100)                | INC (\$20)  |
| Driver/Owner:                   | 3) TP: Towing Fee                               | \$40/\$45   |
| Contact No:                     | 4) FT: Follow-Through Survey                    | \$120       |
| Damaged Portion:                | 5) FT: Follow-Through Survey (Resurvey)         | \$30        |
| QC Checked by (Engr-In-Charge): | For claiming against INC Only (ref 10 Jan 2008) |             |
| Auditors Comments:              | 6) TR: Re-inspection                            | \$75        |
| Date:                           | 7) NI: Idao DA + SMRT Survey                    | \$160       |
| 2/2/3                           | 8) NTUC Additional Services:-                   |             |
|                                 | ON:   |             |
|                                 | *NS: Courtesy Car / Tpl Allowance               | \$5         |
|                                 | *NR: Repair Co-ordination                       | \$10        |
|                                 | *NT: Post Repair Inspection                     | \$25        |
|                                 | *NB: DV / Collect Excess Coordination           | \$5         |
|                                 | TE (Nil): TP (Non INC) against INC              | \$20        |
|                                 | 9) NI: Idao Mobile                              | \$0         |
|                                 | Invoice dated                                   | Fee Charged |
|                                 | Invoice dated                                   | Fee Charged |



## 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             | 31/01/2019 12:24                  |
| Date Of Accident           | 30/01/2019 20:35                  |
| Exact Location Of Accident | BUKIT GOMBAK STADIUM CARPARK EXIT |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGU2439L             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TEO YAO ZHONG        |
| NRIC No                     | S9106359Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91077678 |
| Alternative Phone No        | OTHERS-91077678      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | VIOS        |
| 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             | PNPV2017-00006436-01    |
| Cover Note Number         |                         |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TEO YAO ZHONG        |
| NRIC No              | S9106359Z            |
| Date Of Birth        | 14/02/1991           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 29/06/2011           |
| Driving Experience   | 7 YEARS AND 7 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-91077678 |
| Fax Number           |                      |
| Contact Number       | OTHERS-91077678      |
| Email Address        | NOEMAIL              |

|   |                     |
|---|---------------------|
| Address   | 224 PAVILION CIRCLE |
| Postcode  | 658239              |
| 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   | SIDE SWIPE |
| 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?   | NO  |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJQ1369Y    |
| 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) |             |



## 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:

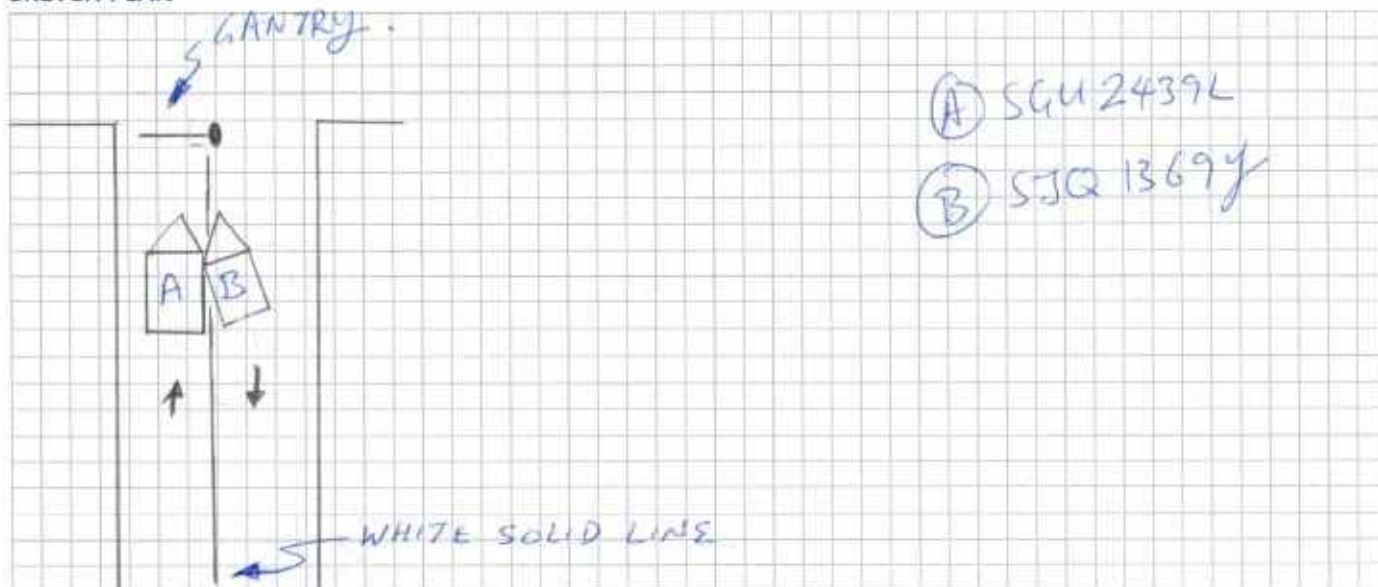


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30 JAN 2019 @ 2033 HRS I WAS DRIVING OUT FROM GOMBAK STADIUM CARPARK WHEN VEHICLE B SUDDENLY CUT ACROSS THE WHITE LINE AND COLLIDED INTO MY VEHICLE.

## 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

|   |                    |                           |         |
|---|--------------------|---------------------------|---------|
| ACCIDENT DATE: 30 Jan 2019  | TIME: 2033 HRS     | (hh:mm) 24 hrs Format     |         |
| LOCATION: BUKIT GOMBAK STADIUM CARPARK EXIT   |                    |                           |         |
| VEHICLE NUMBER: SCU 2439L   |                    |                           |         |
| INSURED NAME: TEO YAO ZHONG   |                    |                           |         |
| NRIC / FIN: S9106359 I  | CONTACT: 9107 7678 |                           |         |
| MAKE: TOYOTA  | MODEL: VIOS        |                           |         |
| Are you claiming under your own insurance policy for repair to your vehicle?            |                    |                           |         |
| ( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only                       |                    |                           |         |
| INSURANCE COMPANY: FWD  |                    |                           |         |
| TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT                             |                    |                           |         |
| POLICY NUMBER:  |                    |                           |         |
| NAME DRIVER: ( / ) SAME AS INSURED  |                    |                           |         |
| NRIC / FIN CONTACT:   |                    |                           |         |
| DATE OF BIRTH: 14/02/1991   |                    |                           |         |
| DRIVING PASS DATE: 29 Jun 2011  |                    |                           |         |
| OCCUPATION: ( / ) INDOOR ( ) OUTDOOR  |                    |                           |         |
| GENDER: ( / ) MALE ( ) FEMALE   |                    |                           |         |
| EMAIL ADDRESS: ( ) NO EMAIL   |                    |                           |         |
| ADDRESS OF DRIVER: 224 PAVILION CIRCLE S(658239)  |                    |                           |         |
| Number Of Passenger Include Driver: 1 DRIVER  |                    |                           |         |
| Was driver an employee of the Insured's Company? ( ) YES ( / ) NO                       |                    |                           |         |
| If No, Relationship Of The Driver With The Insured                                      |                    |                           |         |
| ( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others      |                    |                           |         |
| Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO                                 |                    |                           |         |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle:                            |                    |                           |         |
| Insurance Company Of Driver's Own Vehicle   |                    |                           |         |
| Weather Conditions: ( / ) Clear ( ) Raining ( ) Drizzling ( ) Others                    |                    |                           |         |
| Road Surface : ( / ) Dry ( ) Wet ( ) Others   |                    |                           |         |
| Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( / ) NO                     |                    |                           |         |
| Was Anybody Injured In The Accident? ( ) YES ( / ) NO                                   |                    |                           |         |
| If YES, Injured details: NIL  |                    |                           |         |
| Convey By Ambulance: ( ) YES ( / ) NO   |                    |                           |         |
| Was There Any Video Capture By Car Camera? ( / ) YES ( ) NO WITH OWNER                  |                    |                           |         |
| Was There Accident Reported To The Police? ( ) YES ( / ) NO If Yes Attach Police Report |                    |                           |         |
| Police Report Number (if any) NIL   |                    |                           |         |
| Details Of 3rd Party  | Name / NRIC        | No. of Paxs (incl'driver) | Contact |
| Veh B: SJQ 1369Y  |                    | ( ) / Not Sure ( / )      |         |
| Veh C   |                    | ( ) / Not Sure ( )        |         |
| Veh D   |                    | ( ) / Not Sure ( )        |         |
| Veh E   |                    | ( ) / Not Sure ( )        |         |
| Veh F   |                    | ( ) / Not Sure ( )        |         |
| Veh G   |                    | ( ) / Not Sure ( )        |         |

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9106359Z**

Name:

**TEO YAO ZHONG**

Birth Date: **14 Feb 1991**

Issue Date: **29 Jun 2011**



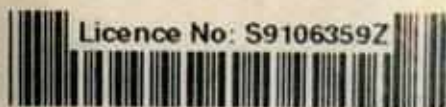
001977598B

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 29 Jun 2011

NP 428A



Licence No: S9106359Z



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9106359Z



Name

TEO YAO ZHONG

張耀中

Race

CHINESE

Date of birth

14-02-1991

Sex

M

Country of birth

SINGAPORE

S9106359Z

3846367



NRIC No. S9106359Z

Date of issue

24-02-2006

224 PAVILION CIRCLE  
SINGAPORE 658239

NRIC No: S9106359Z

Date: 11/02/2015





## 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: PNPV2017-00006436-01 (Comprehensive - Classic Plan)**

Car plate number: SGU2439L

Your name (As the policyholder): Teo Yao Zhong

Coverage start date: 07/11/2018

Coverage end date: 06/11/2019

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: 14/09/2018

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

|   |                    |
|---|--------------------|
| <b>Vehicle Owner Particulars</b>  |                    |
| Owner ID Type:  | Singapore NRIC     |
| Owner ID:   | 6359Z              |
| <b>Vehicle Details</b>  |                    |
| Vehicle No.:  | SGU2439L           |
| Vehicle to be Exported:   | No                 |
| Intended Deregistration Date:   | 28 Feb 2019        |
| Vehicle Make:   | TOYOTA             |
| Vehicle Model:  | VIOS J AUTO        |
| Primary Colour:   | Blue               |
| Manufacturing Year:   | 2007               |
| Engine No.:   | 1NZX548137         |
| Chassis No.:  | MR053HY9305002194  |
| Maximum Power Output:   | 80.0 kW (107 bhp)  |
| Open Market Value:  | \$12,441.00        |
| Original Registration Date:   | 07 May 2007        |
| First Registration Date:  | 07 May 2007        |
| Transfer Count:   | 2                  |
| Actual ARF Paid:  | \$13,686.00        |
| <b>Intended PARF Rebate Details</b>   |                    |
| PARF Eligibility:   | Forfeited          |
| PARF Eligibility Expiry Date:   | -                  |
| PARF Rebate Amount:   | \$0.00             |
| <b>Intended COE Rebate Details</b>  |                    |
| COE Expiry Date:  | 06 May 2022        |
| COE Category:   | E - Open Category  |
| COE Period(Years):  | 5                  |
| PQP Paid:   | \$25,333.00        |
| COE Rebate Amount:  | \$16,125.00        |
| <b>Total Rebate Amount:</b>   | <b>\$16,125.00</b> |
| <b>Message</b>  |                    |
| Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. |                    |

The information contained herein is correct as at 31 Jan 2019