

NATIONAL Assessment Centre Services

Date In <u>24/06/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/KWD19011117/13</u>	SAS e-filing		
Veh No <u>SKS23955</u>	E-mail (within 8hrs, AIC 2hrs)		
DOA <u>23/06/19</u> <u>1745</u>	i-Motor Claim Form		
OD <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars:	Veh No: <u>SKM2988M</u>	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%; F: 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

<p><u>NA1904216</u></p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR : Accident Reporting (\$30);</p> <p>2) DA : Damage Assessment (\$100); INC (\$80)</p> <p>3) TF : Towing Fee \$40/\$45</p> <p>4) FT : Follow-Through Survey \$120</p> <p>5) FT : Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR : Re-inspection \$75</p> <p>7) N1 : Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11) : TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p> <p>Invoice date/ Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Amt (\$) 1st Bill</p> <p>Amt (\$) Add Bill</p>
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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	24/06/2019 17:24
Date Of Accident	23/06/2019 17:45
Exact Location Of Accident	UPP SERANGOON TWDS SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2395S
Insured/Policyholder	
Name Of Registered Owner	ONG WEI KEONG JAMIESON
NRIC No	S7920524I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98420604
Alternative Phone No	OTHERS-98420604

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	PNPV2019-00003033
Cover Note Number	

Driver

Name of Driver	ONG WEI KEONG JAMIESON
NRIC No	S7920524I
Date Of Birth	18/07/1979
Occupation	INDOOR
Date Of Driving Pass	29/12/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98420604
Fax Number	
Contact Number	OTHERS-98420604
Email Address	NOEMAIL

Address	1 DALKEITH ROAD
Postcode	299616
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)	3
Passenger 1	NAME: : YISELLE ONG EN CI GENDER: : FEMALE
Passenger 2	NAME: : ONG MIAO CHI(WANG MIAOQI) GENDER: : FEMALE

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
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

PLS REFER TO THE POLICE REPORT: T/20190624/7014

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM2988M
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
ONG WEI KEONG JAMIESON
Approximate Age
Injuries Sustain
SLIGHT
Injured person in which vehicle?
SKS2395S
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name
YISELLE ONG EN CI
Approximate Age
Injuries Sustain
SLIGHT
Injured person in which vehicle?
SKS2395S
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name
ONG MIAO CHI(WANG MIAOQI)
Approximate Age
Injuries Sustain
SLIGHT
Injured person in which vehicle?
SKS2395S
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
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:

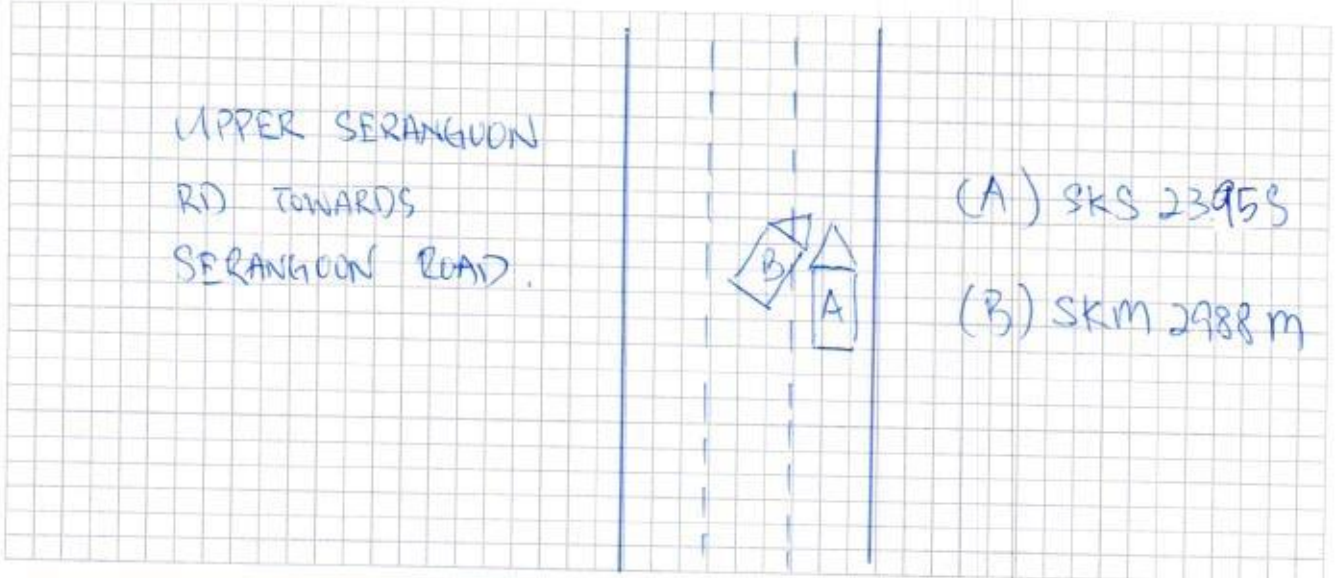
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/6/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/6/19

Reporting Centre Personnel's Signature
Name: slym 24/06/19
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Upper Serangoon Road on lane 1 of 3 lanes. Out of a sudden, vehicle B swayed into my lane abruptly and collided onto my vehicle. The impact was so huge that it pushed me to the right and collided onto the railings on my right.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/6/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/6/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119082171 Vehicle Registration No: SKS 2395S

Name (as shown in NRIC) : ONG WEI KEONG, JAMIESON NRIC/FIN/Passport No : S7920524I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 1 DALKEITH ROAD Singapore(299616)

Contact (Tel) : _____ Mobile No. : 98420604

Email Address : _____

Date of Accident : 23.06.2019 Time of Accident : 17:45hrs

Place of Accident : UPP SERANGOON TWDS SERANGOON ROAD

Insurance Company: FWD SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT NUMBER: T/20190624/7014

ONG WEI KEONG, JAMIESON

Policyholder / Driver's Signature

Date: 25.06.2019

[Signature] 25/06/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:



**SINGAPORE
POLICE FORCE**



T/20190624/7014

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

1 of 3

Report No. T/20190624/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 12:29		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: ONG WEI KEONG, JAMIESON		Address: 1 DALKEITH ROAD SINGAPORE 299616	
ID Type / ID No.: NRIC NO / S7920524I		Contact No.: Home/Office: Mobile: 98420604	
Nationality: SINGAPORE CITIZEN		Email: js150907@gmail.com	
Sex: Male	Age: 39	Date of Birth: 18/07/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SENIOR TECHNICAL EXECUTIVE		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: 23/06/2019 17:45	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM2988M	Car	MERCEDES BENZ				0
SKS2395S	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS2395S	FWD Singapore Pte. Ltd	PNPV2019-00003033	01/04/2019	31/03/2020



**SINGAPORE
POLICE FORCE**



T/20190624/7014

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

2 of 3

Report No. T/20190624/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WEI KEONG, JAMIESON	ID No.	S7920524I
Related Vehicle	SKS2395S (Car)	Contact No.	98420604
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/06/2019	Date Discharge	24/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	YISELLE ONG EN CI	ID No.	T1034733A
Related Vehicle	SKS2395S (Car)	Contact No.	98420604
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2019	Date Discharge	24/06/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	ONG MIAO CHI	ID No.	S8140275B
Related Vehicle	SKS2395S (Car)	Contact No.	98167802
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2019	Date Discharge	24/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was travelling straight along upp serangoon road on lane 1 of 3 lanes. Out of sudden, vehicle no SKM2988M swayed into my lane abruptly and collided onto my vehicle. The impact was so huge that pushed my car towards to the right and collided on the railing on my right.



**SINGAPORE
POLICE FORCE**



T/20190624/7014

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

3 of 3

Report No. T/20190624/7014

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 / TPB /
THABAGESH JEYATHESH
Contact No.: 65476232

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:
24/06/2019 12:29

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 23/06/2019	TIME: 1745	(hh:mm) 24 hrs Format
LOCATION: Upp Serangoon Rd Tms Serangoon Rd		
VEHICLE NUMBER: SKS 22955		
INSURED NAME: Ong Wei Keong, Jamieson (Wang Wujian)		
NRIC / FIN: S79205241	CONTACT: 98420604	
MAKE: Toyota Corolla	MODEL: A His 1-6L CVT	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: FWD		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER:		
NAME DRIVER:		
(<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN:	CONTACT:	
DATE OF BIRTH: 18-07-1979		
DRIVING PASS DATE: 29-12-1998		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 1, Dalkeith Rd S(299616)		
Number Of Passenger Include Driver: 3		
① Yiselle Ong En Qi - (F)		
② Ong Miao Chi (Wang Miao Qi) - (F)		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details : all injured		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)
Veh B	SKM 2948M	() / 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: **S79205241**
 Name: **ONG WEI KEONG, JAMIESON (WANG WEIQIANG, JAMIESON)**
 Birth Date: **18 Jul 1979**
 Issue Date: **16 Dec 2002**

000015871E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S79205241**



Name
ONG WEI KEONG, JAMIESON (WANG WEIQIANG)
 王伟强
 Race
CHINESE
 Date of birth
18-07-1979
 Country of birth
SINGAPORE

Sex
M

S79205241

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Dec 1998

NP 428A

Licence No: **S79205241**

For LKK/NAC Use Only

4429832



NRIC No. **S79205241**



Date of issue
14-07-2009

**1 DALKEITH ROAD
 SINGAPORE 299616**
 NRIC No: **S79205241**
 Date: **16/05/2015**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8140275B



Name

ONG MIAO CHI
(WANG MIAOQI)

王 妙 琪

Race

CHINESE

Date of birth

05-12-1981

Sex

F

Country of birth

SINGAPORE

For LKK/NAC Use Only

S8140275B



4820846



NRIC No. S8140275B

For LKK/NAC Use Only

Date of issue

03-02-2012

1 DALKEITH ROAD
SINGAPORE 299616

NRIC No. S8140275B

Date: 18/05/2015



REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF BIRTH

T1034733A



BIRTH REGISTRATION No.

CHILD'S PARTICULARS	Birth Registered at MOUNT ALVERNIA HOSPITAL, SINGAPORE		
	Full Name YISSELLE ONG EN CI 王思慈		
	Sex FEMALE	Date of Birth 01/12/2010	Time of Birth 1400 Hours
	Place or Address of Birth MOUNT ALVERNIA HOSPITAL, SINGAPORE		
MOTHER'S PARTICULARS	Name ONG MIAO CHI (WANG MIAOQI)		Date of Birth 05/12/1981
	NRIC / Identification Document No. S/PINK S8140275B	Race CHINESE	Dialect Group HOKKIEN
	Nationality SINGAPORE CITIZEN	Country of Birth SINGAPORE	
	Address 1 DALKEITH ROAD SINGAPORE 299616		
FATHER'S PARTICULARS	Name ONG WEI KEONG, JAMIESON (WANG WEIQIANG)		
	NRIC / Identification Document No. S/PINK S7920524I	Race CHINESE	Dialect Group HOKKIEN
	Nationality SINGAPORE CITIZEN	Country of Birth SINGAPORE	
	Address 1 DALKEITH ROAD SINGAPORE 299616		
INFORMANT'S PARTICULARS	Name ONG WEI KEONG, JAMIESON (WANG WEIQIANG)		
	NRIC / Identification Document No. S/PINK S7920524I	Relationship FATHER	
	Address 1 DALKEITH ROAD SINGAPORE 299616		
FOR OFFICIAL USE THE CHILD IS A CITIZEN OF SINGAPORE AT THE TIME OF BIRTH			

For LKK/NAC Use Only

I certify that the above information given by me is correct.

Informant's Signature or Thumb Impression

02/12/2010

Date

HO PEIMIN

for Registrar of Births and Deaths

02/12/2010

Date



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: PNPV2019-00003033 (Comprehensive - Classic Plan)

Car plate number: SKS23955

Your name (As the policyholder): Ong Wei Keong Jamieson

Coverage start date: 01/04/2019

Coverage end date: 31/03/2020

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: 02/02/2019

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.

> **Back to OneMotoring****Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0524I
Vehicle Details	
Vehicle No.:	SKS2395S
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1ZRY163707
Chassis No.:	MR053REH104530087
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,589.00
Original Registration Date:	31 Mar 2015
First Registration Date:	31 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$14,589.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2025
PARF Rebate Amount:	\$10,941.00
Intended COE Rebate Details	
COE Expiry Date:	30 Mar 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,410.00
COE Rebate Amount:	\$35,294.00
Total Rebate Amount:	\$46,235.00

The information contained herein is correct as at 24 Jun 2019

OK