

**NATIONAL Assessment Centre Services** (and 1 Jan 2009) *12 MAY 1970 785*

Date In: <i>05/08/2009 19:07</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/FWD/901362814</i>	SAS e-filing		
Veh No: <i>SMT 8875</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>04/08/2009 13:40</i>	I-Motor Claim Form		
<input checked="" type="radio"/> 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/Wkap		

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

TP Particulars: Veh No: *SMT 8875* 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	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

*NM906003*

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (waf 10 Jan 2009)		
	6) TR: Re-inspection \$15		
	7) N1: Idm DA + SMRT Survey \$100		
	8) NTUC Additional Services:		
	1211		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idm Mobiles 30		
	Invoice dated	Fee Charged	
		Fee Charged	

Cal 1: \_\_\_\_\_

Cal 2/3: \_\_\_\_\_

1/1/1



## 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	05/08/2019 19:07
Date Of Accident	04/08/2019 13:40
Exact Location Of Accident	ALONG BUANGKOK CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8397S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH LEONG NIGEL (GAO LONG)
NRIC No	S7504150J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93859022
Alternative Phone No	OTHERS-93859022

### Vehicle Particulars

Manufacturer	LEXUS
Model	ES250
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00004141
Cover Note Number	

### Driver

Name of Driver	YAO MEI YI, JOERIN
NRIC No	S7924567D
Date Of Birth	30/08/1979
Occupation	INDOOR
Date Of Driving Pass	13/06/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93859022
Fax Number	
Contact Number	OTHERS-93859022
Email Address	NOEMAIL

Address	118 SERANGOON AVENUE #08-10
Postcode	554773
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	3
Passenger 1	NAME: : ANDERS KOH CHEE YANG GENDER: : MALE
Passenger 2	NAME: : AARON KOH KENG KAI GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ3056M
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)

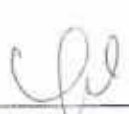
## SKETCH PLAN

### 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.

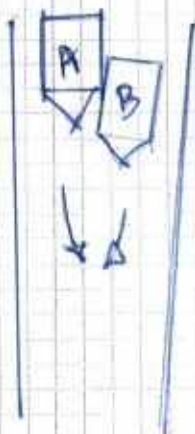
  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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



# Along Buffalo Creek



(A) SLM 83975

(B) Sm 3056m.

ON 4 AUG 2019 @ 1340 HRS, I WAS TURNING INTO BANGKOK DRIVE AND DRIVING STRAIGHT WHEN VEHICLE B DASH IN FRONT AND COLLIDED INTO MY VEHICLE.

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

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

Reporting Centre Personnel's Signature  
Name: Colin M  
NRIC/FIN No.: 9202 101 101

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 04-Aug-2019

ACCIDENT TIME: 1340

LOCATION: Buangkok Cres

VEHICLE NUMBER: SLM 8397S

INSURED NAME: Koh Leong Nigel

NRIC / FIN: S7504150J

CONTACT: 9389022

MAKE: Lexus

MODEL: ES250

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

POLICY NUMBER: PNPV2019-00004141

EXPIRY DATE: 12-Apr-2020

NAME DRIVER: YAO MEI YI, JOERIN

NRIC / FIN: S7924567D

CONTACT: 9389022

DATE OF BIRTH: 30-Aug-1979

DRIVING PASS DATE: 13-Jun-2000

OCCUPATION: Indoor

GENDER: Female

EMAIL ADDRESS: NO EMAIL

ADDRESS OF DRIVER: 118 SERANGOON AVENUE 3 AMARANDA GARDENS SINGAPORE 554773

Relationship Of The Driver With The Insured: Spouse

Number Of Passenger Include Driver: 1 Driver + 2 Passenger(s)

NAME	NRIC/FIN/BC	GENDER	INJURED
YAO MEI YI, JOERIN	S7924567D	Female	
Anders Koh Chee Yang	T0913665C		
Aaron Koh Keng Kai	T1115899J		

INJURY DETAILS: 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number: NIL

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B SMJ3056M				Not Sure

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7924567D

**For LKK/NAC Use Only**

Name

YAO MEI YI, JOERIN

姚美仪

Race  
CHINESE

Date of birth  
30-08-1979

Sex  
F

Country of birth  
SINGAPORE

S7924567D



4461176

NRIC No. S7924567D

**For LKK/NAC Use Only**

Date of issue  
12-09-2009

118 SERANGOON AVENUE 3 #08-10  
SINGAPORE 554773

S7924567D

12/10/2013





**REPUBLIC OF SINGAPORE**    **DRIVING LICENCE**

 Licence Number: **S7924567D**  
Name:  
**YAO MEI YI, JOERIN (YAO  
MEIYI, JOERIN)**

**For LKK/NAC Use Only**

Birth Date: **30 Aug 1979**  
Issue Date: **06 Feb 2003**

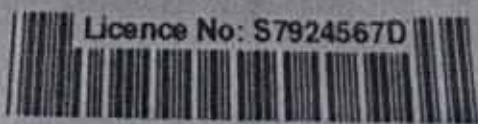
 000179057E

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

Class 2    **Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms**

PASS DATE  
**13 Jun 2000**

**For LKK/NAC Use Only**

 Licence No: S7924567D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7504150J



Name

KOH LEONG NIGEL  
(GAO LONG)

高 龙

Race  
CHINESE

Date of birth  
23-02-1975

Sex  
M

Country/Place of birth  
SINGAPORE

For LKK/NAC Use Only



5641357



NRIC No. S7504150J



For LKK/NAC Use Only

Date of issue  
29-08-2016

Address

118 SERANGOON AVENUE 3  
#08-10  
SINGAPORE 554773

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7504150J**  
Name:

**KOH LEONG**  
**(GAO LONG)**

*For LKK/NAC Use Only*

Birth Date: **23 Feb 1975**  
Issue Date: **12 Mar 2003**






 **000282359F**

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

	<b>PASS DATE</b>
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>27 Sep 1995</b>

*For LKK/NAC Use Only*

**NP 428A**

 Licence No: **S7504150J**





## YOUR PRESTIGE CAR INSURANCE SUMMARY

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 or the next working day of the incident  
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00004141

### About this policy

Premium paid : S\$1,288.74  
(Inclusive of GST)  
Coverage start date : 13/04/2019  
Coverage end date : 12/04/2020  
Who is insured to drive: : You and any Authorised Driver  
Policy Type : PRESTIGE

### About you (As the policyholder)

Your name : Koh Leong Nigel  
Address : 118 Serangoon Avenue 3 08-10 Amaranda Gardens Singapore 554773  
Email : nigel\_kohl@yahoo.com  
NRIC/FIN : S7504150J  
Date of birth : 23/02/1975  
Marital status : Married  
Gender : Male  
Current no claims discount : 50%  
Mobile Number : 93859022  
Years of driving experience : Three or more  
Certificate of merit : Yes

### About your car

Car make and model : LEXUS ES250  
Year of first registration : 2017  
Car plate number : SLM8397S  
Issued on: : 22/02/2019

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65-6820-8888  
or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Car Insurance Summary need to be changed.

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 150J

### Vehicle Details

Vehicle No.: SLM8397S  
Vehicle to be Exported: No  
Intended Deregistration Date: 31 Aug 2019  
Vehicle Make: TOYOTA  
Vehicle Model: LEXUS ES250 A/T S/R  
Primary Colour: White  
Manufacturing Year: 2016  
Engine No.: 2ARF257739  
Chassis No.: JTHBJ1GG202095422  
Maximum Power Output: 135.0 kW (181 bhp)  
Open Market Value: \$36,195.00  
Original Registration Date: 13 Apr 2017  
First Registration Date: 13 Apr 2017  
Transfer Count: 0  
Actual ARF Paid: \$42,673.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 12 Apr 2027  
PARF Rebate Amount: \$32,004.00

### Intended COE Rebate Details

COE Expiry Date: 12 Apr 2027  
COE Category: E - Open Category  
COE Period(Years): 10  
QP Paid: \$54,501.00  
COE Rebate Amount: \$41,130.00  
**Total Rebate Amount: \$73,134.00**

The information contained herein is correct as at 05 Aug 2019

OK