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Owner / Driver: ( .			Tel:			
	lod; (	)	Cover Type:		· /·	VICTOR N
Confirmed by : (		Dater,	Tin		00%1	5.7
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) Apply for Transfort Allowance ( )/C	ourtesy Car ( )				,	
) QC Check / Post Repair Inspection	( •)				<del>-/·</del>	To the second
) Upload Resurvey Photo [Repuir Cost> \$3	000] ( )		<u></u>			
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TELEGRAPHICAL PROPERTY OF THE		3) TV: Towing	Threat r la Bluryey	T Thomas	1120	
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\*1

SN08211C0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 12/01/2021 11:08 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (12/01/2021 11:08 (SGT))



### 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 witholding of material facts may allow insurance companies to repudiate
- 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 Submission Date of Accident Exact Location of Accident

Additional Location Information

Country/State of Loss

12/01/2021 11:08 (SGT) 11/01/2021 19:30 (SGT)

AYE, Singapore

TOWARDS TUAS AFTER BUONA VISTA EXIT

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ6218X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

TAY ENG WAH (ZHENG YONGHUA)

SXXXX317E

zuesjohn@yahoo.com.sg (Phone) +65-97698197

+65-97698197

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

BMW

5201

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance

Comprehensive

No

DMPCNSW00079622000

DRIVER

Name of Driver

NRIC No

TAY ENG WAH (ZHENG YONGHUA)

SXXXX317E

Date Of Driving Pass 23/05/2007 Driving experience 13 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97698197 Alt. Phone Number +65-97698197 Email Address zuesjohn@yahoo.com.sg Address 17 PUNGGOL FIELD WALK #11-07 Address complement Postcode 828747 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

No
Was the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No 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?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF3273K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

#### **INJURED PERSONS DETAILS**

INJURED 1

Name of injured person TAY ENG WAH (ZHENG YONGHUA)

Address -

Address Complement -

Post Code -

Approximate Age Years Old

Injuries Sustained BACK AND NECK PAIN

Injured person in which vehicle? SLZ6218X

Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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 Signatu

Name:

NRIC/FIN No.:

AJE TOWARDS	1 1 (A) SLZ 62/8X
TUAS AFTER BUONA VISTA	(B) SMF 7382R
EXIT	(c) SLF 3273K

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

and stopped. Noticing that, I also slowed down and came to a half.  After a few seconds, I felt an great impact from the rear. The impact  was so huge that it pushed me forward and collided ento the rear of the  relation in front. I alighted and realized it was a chain collision involving.  3 vehicles. I was the middle vehicle.				1				ine 1 of 6	
wax so huge that it pushed me forward and collided onto the rear of the reliable in Event. I alighted and reclised it was a chain collision involving									
relation in Front. I alighted and reclicial it was a chain collision involving	Altri a	few	seconds,	I felt	an gru	t impact	from 1	tu rur.	The impact
	was so	huge t	nat it e	my heren	formard	and co	llided on	tu the rea	v of the
3 vehidec. I was the middle valuide.	relation in	front.	I alightul	end v	ocliech it	was a	chain o	collision in	nolving
	3 vehidec	I L	as the m	riddu vd	hicle.				

### 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 Persons

Name NRIC/FIN No.:

Date of Accident	: 11 1 W Accident Time: 1930 HE (24-HR-Format)
Accident Place	: AVE YOWARD TWO After Byona Vista Dit
Vehicle. No. (Car Plate No.)	SL76218X Make/Model: BMW 520I 20L AT b AB 2WD
Insurace Company	: CHING Policy No: PMP(SNW0007962 EAS/DNAV
Owner or Company Name /IC No.	: Tay En6 Wah (Zhent Yonkhua) - ST810317E
Owner or Company Contact No.	:Owner's Hp 4769 8197 Company Tel
DRIVER'S Name / IC No.	: Tay Eng wan (Zheng Yonghua) - s 7810317E
DRIVER'S Date Of Birth	: 16-04. 1976 DRIVER'S License Pass Date 23. 0 5. 2004
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: bWHER
DRIVER'S Address	:17 Punbbol Field Walk *11-07 5( 828747)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	zuesjohn & Yahar-com-59
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Dr	iver): Buyer on 15
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle No: SMF 7381	R (NTW) Vehicle, No: SLF 3273K
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

<sup>\*</sup> NEW - Passenger's name & gender:



Motor Private Car

MX1E

M SN

AN0544A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00079622000

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

> Engine No.: A5140105N20B20B Cha. No.:WBAXG12060DW35291

1. Index Mark and Registration

SLZ6218X

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TAY ENG WAH

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

31/07/2020

Named Drivers Ex Sect. 1

\$\$750.00

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000,00 8\$500,00

4. Date of Expiry of insurance

30/07/2021

Additional Ex Other than Named Drivers:

EX ON WINDSCREEN . \* Age as at date of accident \$\$100,00

5. Persons or Classes of Persons entitled to drive"

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

#### 6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business, The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time
Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Orivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: STANDARD CHARTERED BANK(S)LIMITED AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: GRINWEIV CONSULTANCY PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 👬 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntalping.com

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Grant Control of the
Owner ID Type:	Singapore NRIC
Owner ID:	317E
Vehicle Details	reservation to the state of the
Vehicle No.:	SLZ6218X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	B.M.W.
Vehicle Model:	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Primary Colour:	Grey
Manufacturing Year:	2011
Engine No.:	A5140105N20B20B
Chassis No.:	WBAXG12060DW35291
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$42,584.00
Original Registration Date:	31 Jan 2012
First Registration Date:	31 Jan 2012
Transfer Count:	2
Actual ARF Paid:	\$42,584.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jan 2022
PARF Rebate Amount:	\$21,292.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jan 2022
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$67,101.00
COE Rebate Amount:	\$6,692.00
Total Rebate Amount:	\$27,984.00

The information contained herein is correct as at 12 Jan 2021