

NATIONAL Assessment Centre Services

Date In: 01/02/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001506/13	SAS e-filing		
Veh No: SMM8274B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/01/21 1745	i-Motor Claim Form	02/02 MT/1119791-001	
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: SKD93985 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

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
NA2101502	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idno Mobile 30		
	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 Submission .....	01/02/2021 19:01 (SGT)
Date of Accident .....	30/01/2021 17:45 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS TUAS B4 JLN EUNOS EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM8274B
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TIAW WEI TECK (ZHANG WEIDE)
NRIC No .....	SXXXX665F
Email Address .....	victortiaw@hotmail.com
Mobile Phone No .....	(Phone) +65-98369171
Alternative Phone No .....	+65-98369171

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5110921013-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TIAW WEI TECK (ZHANG WEIDE)
NRIC No .....	SXXXX665F
Date Of Birth .....	06/03/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	05/02/1999
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98369171
Alt. Phone Number .....	+65-98369171
Email Address .....	victortiaw@hotmail.com
Address .....	BLK 350A CANBERRA ROAD
Address complement .....	#04-325
Postcode .....	751350
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHRYSTLE KUEK YING CHING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SKD9398S
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 .....	TIAW WEI TECK (ZHANG WEIDE)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMM8274B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 2

Name of injured person .....	CHRYSTLE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BAK & NECK
Injured person in which vehicle? .....	SMM8274B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	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 : SN0921210011-01 Vehicle Registration No: SMM 8274B  
Name (as shown in NRIC) : TIAW WEI TECK (ZHANG WEIDE) NRIC/FIN/Passport No : S7906665F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 350A CANBERRA ROAD #04-325 Singapore (751350)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9836 9171  
Email Address : VICTORTIAW@HOTMAIL.COM  
Date of Accident : 30.01.2021 Time of Accident : 17:45hrs  
Place of Accident : PIE TWDS TUAS BEFORE JALAN EUNOS EXIT  
Insurance Company : NTUC INCOME INSURANCE C-OP LIMITED

**(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/20210131/2021  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X   
Policyholder / Driver's Signature  
Date: 02.02.2021

 08/02/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



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

Report No. T/20210131/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2021 10:06	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: TIAW WEI TECK		Address: APT BLK 350A CANBERRA ROAD #04-325 SINGAPORE 751350	
ID Type / ID No.: NRIC NO / S7906665F		Contact No.:	Mobile: 98369171
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 06/03/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/01/2021 17:45	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD9398S	Car				Seriously Damaged	0
SMM8274B	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8274B	NTUC Income Insurance Co-Operative Limited	5110921013-01	16/07/2020	15/07/2021

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	TIAW WEI TECK		ID No.	S7906665F
Related Vehicle	SMM8274B (Car)		Contact No.	98369171
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Passenger</b>				
Name	CHRYSTLE		ID No.	NIL
Related Vehicle	SMM8274B (Car)		Contact No.	91811132
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

**Brief Details.**

ON 30/1/2021 @1745HRS, ALONG PIE TOWARDS CITY, BEFORE EUNOS EXIT, AT THE 1ST LANE OF 3 LANES. WHEN I SEE THE FRONT CAR SLOW DOWN, I SLOWED DOWN AS WELL FOR SAFETY DISTANT. SUDDENLY I HEAR A BANG SOUND FROM BEHIND ME. I WENT OUT TO CHECK TO SEE THAT MY REAR WAS PRETTY DAMAGED BY THE VEHICLE THAT HAD HIT ME. I ENSURED MY PASSENGER AND THE DRIVER OF THE OTHER VEHICLE WAS NOT INJURED. FROM THERE THE DRIVER TOLD ME HE IS IN A RUSH TO GO TO THE HOSPITAL TO SEE HIS WIFE. WE EXCHANGED PHONE NUMBER, HIS PHONE NUMBER: 87275580, THEN HE DROVE OFF. I TOOK A FEW PICTURES OF THE ACCIDENT. THERE WAS A 3RD PARTY THAT HAD OFFERRED TO DROP OFF MY PASSENGER TO THE NEARBY MRT. I ACTIVATED MY OWN PRIVATE TOWING AND FOLLOWED THE TOWING. I AM A GRAB DRIVER. THAT IS ALL.



SINGAPORE  
POLICE FORCE



T/20210131/2021

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

3 of 4

Report No. T/20210131/2021

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210131/2021

4 of 4

Report No. T/20210131/2021

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

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 31/01/2021 10:06
 Classification Of Case:
Signature:

# 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 Submission .....	01/02/2021 19:01 (SGT)
Date of Accident .....	30/01/2021 17:45 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS TUAS B4 JLN EUNOS EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM8274B
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TIAW WEI TECK (ZHANG WEIDE)
NRIC No .....	SXXXX665F
Email Address .....	victortiaw@hotmail.com
Mobile Phone No .....	(Phone) +65-98369171
Alternative Phone No .....	+65-98369171

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5110921013-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TIAW WEI TECK (ZHANG WEIDE)
NRIC No .....	SXXXX665F
Date Of Birth .....	06/03/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	05/02/1999
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98369171
Alt. Phone Number .....	+65-98369171
Email Address .....	victortiaw@hotmail.com
Address .....	BLK 350A CANBERRA ROAD
Address complement .....	#04-325
Postcode .....	751350
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHRYSTLE KUEK YING CHING
Gender .....	Female

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SKD9398S
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 ..... TIAW WEI TECK (ZHANG WEIDE)  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK & BACK  
 Injured person in which vehicle? ..... SMM8274B  
 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.
- 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 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.
- 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.

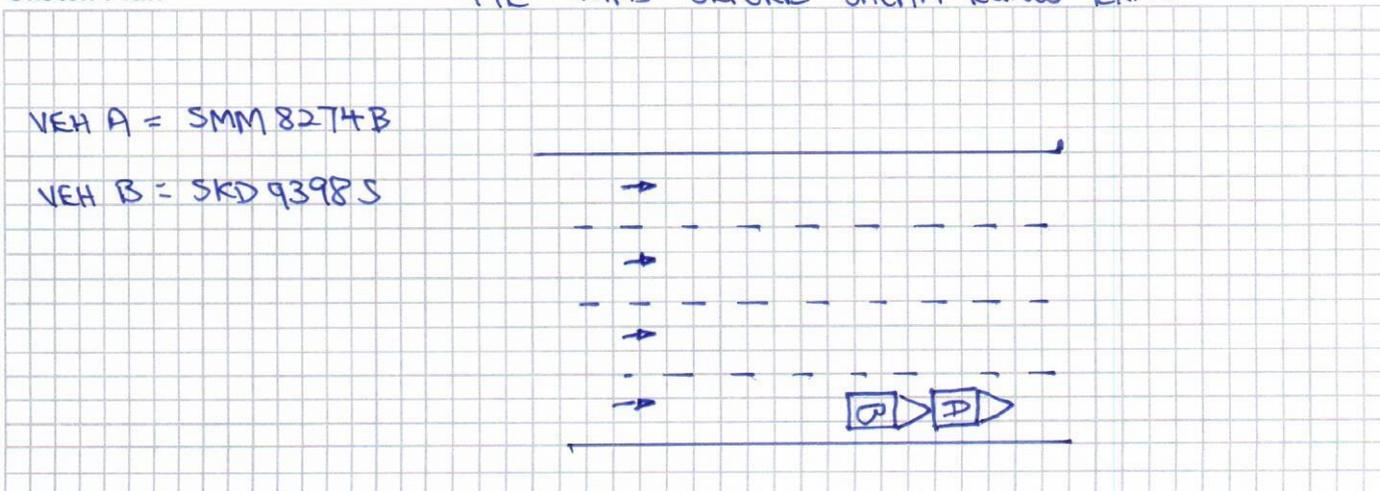
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

PIE - THAS BEFORE JALAN FUNOS EXIT.





Date of Accident : 30/01/2021 Accident Time: 1745 (24-HR-Format)

Accident Place : PIE - TUAS BEFORE JALAN EUNOS EXIT.

Vehicle No. (Car Plate No.) : SMM8274 B Make/Model: TOYOTA PRIUS PLUS (Auto)

Insurance Company : NTUC Policy No: 5110921013-01

Owner or Company Name /IC No. : TIAW WEI TECK S7906665 F

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 98369171 Company Tel \_\_\_\_\_

DRIVER'S-Name / IC No. : Same as above

DRIVER'S Date Of Birth : 06/03/1979 DRIVER'S License Pass Date 05/02/1999

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : APT BLK 350A CANBERRA ROAD #04-325 S7S1350

DRIVER'S Contact No./ Alt No. : 1) 98369171 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : victortiauw@hotmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Neck Back Pain

**Other Party Driver's Particular (if any)**

(B)

Vehicle No: <u>SKD9398S</u>	Vehicle No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW - Passenger's name & gender:**

① Chrystle Kuek Vins cting - Female

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5110921013-01

**Cover :** drivo CLASSIC

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : <b>SMM8274B</b>   |
| Chassis Number   | : JTDZS3EU10J040628   |
| 2. Name of Policyholder  | : TIAW WEI TECK (ZHANG WEIDE)   |
| 3. Effective Date of Insurance   | : 16 Jul 2020   |
| 4. Expiry Date of Insurance  | : 15 Jul 2021   |
| 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/her 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#  |   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. |   |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TIAW WEI TECK (ZHANG WEIDE)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ASSURE PTE. LTD. (00000572842)  
 Date of Issue : 04 Jun 2020 15:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	665F
<b>Vehicle Details</b>	
Vehicle No.:	SMM8274B
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS PLUS (AUTO)
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	2ZR0D50079
Chassis No.:	JTDZS3EU10J040628
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,006.00
Original Registration Date:	16 Jul 2019
First Registration Date:	16 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$24,009.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Jul 2029
PARF Rebate Amount:	\$18,006.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Jul 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,000.00
COE Rebate Amount:	\$28,470.00
<b>Total Rebate Amount:</b>	<b>\$46,476.00</b>

The information contained herein is correct as at 01 Feb 2021

OK

**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 : SNO9D1210011 Vehicle Registration No: SMM8274B  
 Name (as shown in NRIC) : TIAW WEI TECK (ZHANG WEI DE) NRIC/FIN/Passport No : SXXXX665F  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 350A CANBERRA RD #04-325 Singapore ( 751350 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 98369171  
 Email Address : \_\_\_\_\_  
 Date of Accident : 30/01/21 Time of Accident : 1745  
 Place of Accident : PIE TUBS TUBS B4 JLN CUNOS EXIT  
 Insurance Company: NTUC

**(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:

UPLOAD WRONG PHOTOS

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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

Claim Handling

Accident MT/1119791

Policy No.	5110921013-01	Vehicle No.	SMM8274B	GST Registration No.	
Certificate No.				Policyholder NRIC	S7906665F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98369171	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	02/02/2021 18:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	30/01/2021	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS B4 JALAN EUNOS EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 350A #04-325	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 7513
Address 4		Address Type	Singapore address	Post Code	751350
Unit No.	04-325	Related Policy Number	5110921013-01		

OI Driver Info

Driver Name	TIAW WEI TECK (ZHANG WEIDE)	Driver Type	Main Driver	Driver DOB	06/03/1979
Unnamed driver Name		Driver NRIC	S7906665F	Driving Experience	21
Register Date of Driver License	01/01/2000	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	98369171	Contact No.(Office)	0	Address 3	SINGAPORE 7513
Address 1	BLK 350A	Address 2	CANBERRA ROAD	Post Code	751350
Address 4		Address Type	Singapore address		
Unit No.	#04-325				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TIAW WEI TECK (ZHANG WEIDE)	Insured NRIC	S7906665F	
Contact No.(Mobile)	98369171	Contact No. (Home)		Contact No. (Office)		
Email Address	VICTORTIAW@HOTMAIL.COM	OI Vehicle Number	SMM8274B	TP Vehicle Number		
Claim Description	SMM8274B / SKD9398S ON 30 Jan 2021				Name of Preferred Workshop	
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes	Insured Liability	Not at Fault	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	Claim Close Date	02/02/2021 18:48	
Report Taken By		Workshop Repairer	ROSLINDA	Date Received		
				Total Lost but Repaired		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1119791	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes  No

Upload Date

02/02/2021 00:00

Path \*

- No file chosen

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:47	SAS		Normal	SAS 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:47	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:47	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:47	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:47	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2021 18:46	Photos		Normal	Photos 2021-2-2

Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	--	--------