

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 05/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/03E18000358/13	SAS e-filing		
Veh No: SLA3818R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/01/18 1425	i-Motor Claim Form		
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/Wksp		

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

TP Particulars: Veh No: YN47291C 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

NA1800162	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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 ability.
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 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	05/01/2018 18:19
Date Of Accident	03/01/2018 14:25
Exact Location Of Accident	10 ADMIRALTY ST (OUTSIDE UNIT #02-83)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLA3818R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INSPIRE SEIKI PTE LTD
Co Reg No	200200345N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67476756

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	WORK
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0015314-MVA
Cover Note Number	

**Driver**

Name of Driver	ANG LYE SHENG
NRIC No	S6931680H
Date Of Birth	12/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91383818
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	60 PAVILION RISE
Postcode	658413
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	0

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	YN4729K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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.



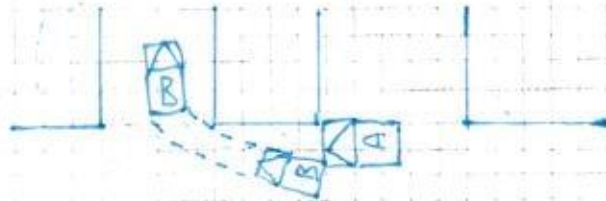
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

10 Admiralty St (Outside until #02-83).



A - SLA 3818R

B - YN4729K

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above date and time, I was stationary at 10 Admiralty St outside until #02-83. Vehicle B (YN 4729K) that was park inside until #02-82, suddenly started to reverse from it position and caused the rear portion of vehicle B (YN 4729K) to collided onto the front portion of my vehicle.

A - SLA 3818R

B - YN 4729K

**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.:

05/01/18



<b>Vehicle No.</b>	SLA 3818R	<b>Model / Make</b>	Toyota Harrier
<b>Date of Accident</b>	3/1/18		
<b>Time of Accident</b>	14.24	<b>HRS</b>	
<b>Location of Accident</b>	10 Admiralty st (Outside Unit #02-83).		
<b>Exact purpose use during accident</b>	Work Use		
<b>Name of Owner</b>	Inspire Seiki Pte Ltd		
<b>Telephone No.</b>	H/P : 67476756	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	200200345 N		
<b>Address</b>	10 Admiralty st #02-83 Northlink Building S(757695)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	QBE		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	8-Y0015314-MVA		
<b>Name of Driver</b>	As Above (If No, Any Lye Sheng)		
<b>NRIC</b>	56931680H	<b>Any Passengers :</b> Nil	
<b>Date of birth</b>	12/9/1969		
<b>Occupation</b>	<b>Outdoor</b> /	Indoor	
<b>Driving License Pass Date</b>	19 Feb 1993		
<b>Gender</b>	<b>Male</b> /	Female	
<b>Contact No.</b>	H/P : 9138 3818	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	60 Pavilion Rise S(658413)		
<b>Driver have any own vehicle</b>	<b>No,</b>	If yes, Reg No.	
<b>Relationship</b>	<b>Employee,</b>	If no, state	
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	<b>No,</b>	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<b>No,</b>	If Yes, Where?	
<b>Vehicle B No.</b>	YN 4729K	<b>Any Passengers :</b> Nil	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front Left Portion		
<b>Camera Recorder</b>	<b>Yes / No</b>		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S6931680H**  
 Name: **ANG LYE SHENG**  
 Birth Date: **12 Sep 1969**  
 Issue Date: **27 Mar 2007**

001487454G

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S6931680H**



Name: **ANG LYE SHENG**  
 洪 来 成  
 Race: **CHINESE**  
 Date of Birth: **12-09-1969** Sex: **M**  
 Country of Birth: **SINGAPORE**

S6931680H

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	10 Mar 1992
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	19 Feb 1993

NP 428A

Licence No: S6931680H

3344717

NRIC No: **S6931680H**



Blood Group: Date of issue: **22-05-2003**

60 PAVILION RISE  
 SINGAPORE 658413  
 NRIC No: **S6931680H** Date: **15/01/2012** No: **7010499**



**QBE Insurance (Singapore) Pte Ltd**

A member of the worldwide QBE Insurance Group - Unique Entity No. 1984013E

1 Raffles Quay, #29-10 South Tower, Singapore 048583  
Tel: 65-6224 6633 Fax: 65-6533 3270  
GST Registration No.: M200644018  
www.qbe.com.sg

**24Hrs Vehicle Accident /  
Emergency Hotline**

6453 4730

9670 5031

Gideon Insurance Agencies Pte Ltd

**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. **8-V0015314-MVA**

Account Name **GIDEON INSURANCE AGENCIES  
PRIVATE LIMITED**

MCI Type **MX4**

1 Index Mark and Registration Number of Vehicle or Chassis No: **SLA3818R**

2 Name of Policyholder **INSPIRE SEIKI PTE LTD**

3 Effective date of Commencement of Insurance for the purpose of the Regulations **03/06/2017**

4 Date of Expiry **02/06/2018**

5 Person or Classes of Person entitled to drive\*

**(a) Any other person who is driving on the Policyholder's order or with their 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

6 Limitations as to use\*

**Use only for social domestic and pleasure purposes and for the Policyholder's business.**

**The policy does not cover use for hire or reward, 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 purposes in connection with the Motor Trade.**

7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)**

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 31/05/2017