

NATIONAL Assessment Centre Services

(Int'l & Local)

NA/1800269

Date In: 08/01/2018 17:46	Job description	Date & Time Completed	Done by
Ref No: NA/180004474	SAS e-filing		
Vali No: SKB 12474	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/01/2018 00:20	1-Motor Claim Form		
OD / TP Reporting Only	1-Motor NY/O (within 100 hrs, TP 1hr)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeli No: SEW5673K	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%; P: 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 repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC hotline: 6788 0015	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: _____

NA/1800269	Invoice Preparation Checklist
Customer Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$43
Damaged Portion:	4) FT: Follow-Through Survey \$130
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 200)
	6) TR: Assessment \$15
	7) NI: Idem DA + SMRT Survey \$160
	8) NTUC Additional Service:
	9) NI: Idem Mobile
C. Checked by (Begr-In-Charge):	10) NI: Idem Mobile
With (6) Comments:	11) NI: Idem Mobile
1.1:	12) NI: Idem Mobile
1.2/3:	13) NI: Idem Mobile

Invoice dated	Not Charged
Working Date	Not 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	08/01/2018 17:46
Date Of Accident	07/01/2018 00:20
Exact Location Of Accident	JUNCTION OF SIMS WAY AND GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1247H
Insured/Policyholder	
Name Of Registered Owner	LEWA-NIKKISO SINGAPORE PTE LTD
Co Reg No	-
Email Address	ALFRED.CHIA@LEWA-NIKKISO.SG
Mobile Phone No	(LOCAL) +65-90675341
Alternative Phone No	OFFICE-90675341

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0012947-MVA-R001
Cover Note Number	

Driver

Name of Driver	CHIA CHET CHEN
NRIC No	S8462941C
Date Of Birth	04/06/1984
Occupation	INDOOR
Date Of Driving Pass	09/12/2014
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90675341
Fax Number	
Contact Number	OTHERS-90675341
E Mail Address	ALFRED.CHIA@LEWA-NIKKISO.SG

Address	BLK 656A JURONG WEST STREET 61 #11-341
Postcode	641656
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	1

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	SJW5673K
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS1485K
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

VEHICLE NO: SKB127 SKB1247H

DOA: 7/01/2018

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 willful 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:

(f) 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' law yers/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

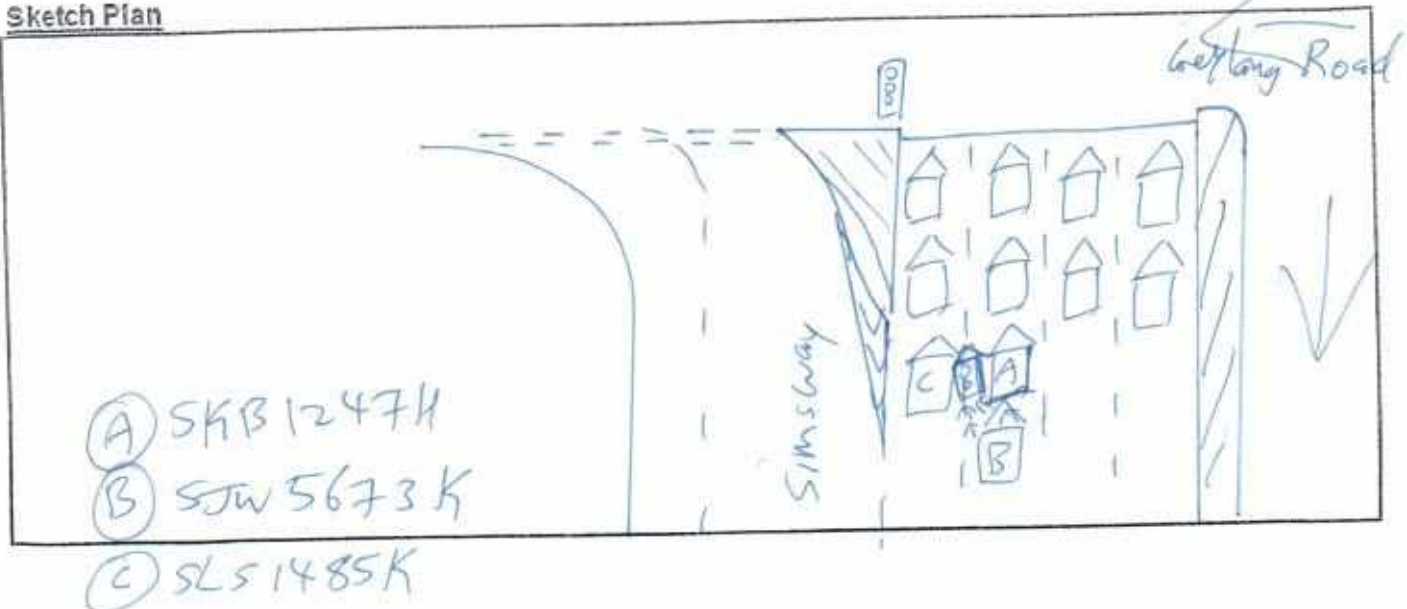
PLEASE NOTE YOUR INSURER MAY HAVE A 14DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident


I was travelling along Sims way.
I slowed down and stopped at the junction of Geylang Road & Sims way
due to red traffic light.
As I was waiting for the traffic light to turn green, vehicle (B) came
from behind and hit my car (A).
~~After~~ After alighting from my car (A), I realised that another car (C)
was also involved in the accident caused by vehicle (B).

Declaration

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


Witnessed by Reporting Centre
Personnel

Personal Particulars

Date of Accident: 07/01/2018 (dd/mm/yy)

Time of Accident: 00:20 (24 Hrs)

Vehicle No.: SKB124TH Vehicle Make / Model: Subaru Forester

Exact location of Accident: Junction of Simm Way and Gaylang Road

Owner's Name / IC No.: Lawa-NIKKISO Singapore Pte Ltd

Driver's Name / IC No.: Chia Chet Chen 158462941C

Driver's Contact No.: 90675341 Insurance Company & Policy No.: QBE Insurance

Driver's E-mail address: alfred.chia@lawa-nikkiso.sg

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: Employer /

What do you wish to claim? (Please circle one only)

Employee

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details:

(B) Driver's Name / IC No.: _____

Vehicle No.: SJW5673K

1 Driver

Insurance Company: _____

Driver's Contact No: _____

0 passengers

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

(C) Other (Vehicle C) Involved: SLS1485K

Independent Witness (If Any): _____ Contact No: _____

Preferred workshop Name (If Any): _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8462941C



Name

CHIA CHET CHEN

谢 治 成

Race

CHINESE

Date of birth

04-06-1984

Country/Place of birth

MALAYSIA

Sex

M

10182941C



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8462941C

Name

CHIA CHET CHEN

Birth Date: 04 Jun 1984

Issue Date: 04 Sep 2015



002469502J

SG
SUS

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

EFFECTIVE DATE

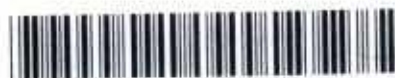
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 09 Dec 2014



Licence No: S8462941C

NP 428A

9380636



NPIC No: S8462941C



Nationality

MALAYSIAN

Date of issue

22-07-2015

Address

APT BLK 656A JURONG WEST STREET 61
#11-341
SINGAPORE 641656

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

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



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-V0012947-MVA-R001

Account Name **SUNSHINE SERVICES &
CONSULTANCY**

MCI Type **MX4**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SKB1247H**
- 2 Name of Policyholder **LEWA-NIKKISO SINGAPORE PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **28/04/2017**
- 4 Date of Expiry **27/04/2018**
- 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: 12/04/2017