

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 26/01/2018 11:26 | Job description | Date & Time Completed | Done by |
| Ref No: NA18001589/Y | SAS e-illing | | |
| Veh No: SLV 2894 K | E-mail (with 3hrs, AIO 3hrs) | | |
| D.O.A: 26/01/2018 03:05 | 1-Motor Claim Form | | |
| OB / TP / Reporting Only | 1-Motor W/O (with 100 3hrs, TP 3hrs) | | |
| | 1-Photo Uploaded | | |
| TP Insureh: | Assessment/Survey Report | | |
| | Ass'l Report by Fax/Hand to Owner/Whsp | | |

Preferred Wkep / INC Assign Wkep / OW: () Tel: () Fax: ()

TP Particulars: Yell No: **SHA 8616 X** 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: Customers 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/Non-INC | 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

NA1800604

| Number of Particulars | Invoice Preparation Charge List | Unit | Amount | Notes |
|---|---------------------------------|------|-----------|--------------|
| 1) AR: Accident Reporting (\$30) | | ✓ | | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) | | | |
| 3) TP: Towing Fee | | | \$40/\$40 | |
| 4) FT: Follow-Through Survey | | | \$100 | |
| 5) PT: Follow-Through Survey (Resurvey) | | | \$50 | |
| For claiming against INC Only (max 10 Jan 2018) | | | | |
| 6) TR: Re-inspection | | | \$75 | |
| 7) NI: New DA + SMRT Survey | | | \$160 | |
| 8) NTUC Additional Services: | | | | |
| Q11 | | | | |
| *NI: Courtesy Car / Tpl Allowance | | | \$5 | |
| *NI: Repair Coordination | | | \$10 | |
| *NI: Post Repair Inspection | | | \$25 | |
| *NI: DY / Collect Unsett Coordination | | | \$5 | |
| TZ (NI): TP (NI) INC against INC | | | \$50 | |
| 9) NI: 100s Mobile | | | 10 | |
| Invoice total | | | | File Charged |
| Invoice total | | | | File Charged |

C. Checked by (Engr-In-Charge):

Comments:

L1:

L2/3:

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 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 | 26/01/2018 11:26 |
| Date Of Accident | 26/01/2018 03:05 |
| Exact Location Of Accident | GEYLANG ROAD TOWARDS SIMS WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV2994K |
| Insured/Policyholder | |
| Name Of Registered Owner | GUO MENGXIANG |
| NRIC No | S9171664Z |
| Email Address | MEXX_GUO@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97589712 |
| Alternative Phone No | OTHERS-97589712 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E250 AMG |
| 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 |
|------------------|-------------|

Insurance Company

| | |
|---------------------------|-----------------------------------|
| Name of Insurance Company | QBE INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 8-V0016896-MVA |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | GUO MENGXIANG |
| NRIC No | S9171664Z |
| Date Of Birth | 17/03/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/08/2011 |
| Driving Experience | 6 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97589712 |
| Fax Number | |
| Contact Number | OTHERS-97589712 |
| EMail Address | MEXX_GUO@HOTMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 738 WOODLANDS CIRCLE #07-373 |
| Postcode | 730738 |
| 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 | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles 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) | 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 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SHA8616X |
| Vehicle Make/Model/Colour | HYUNDAI |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | CHIA TEOW GWEE |
| NRIC/Passport Number | S0169625D |
| Contact Number | 90121812 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 3 |

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: 26/01/2018, 11am

Driver's Signature

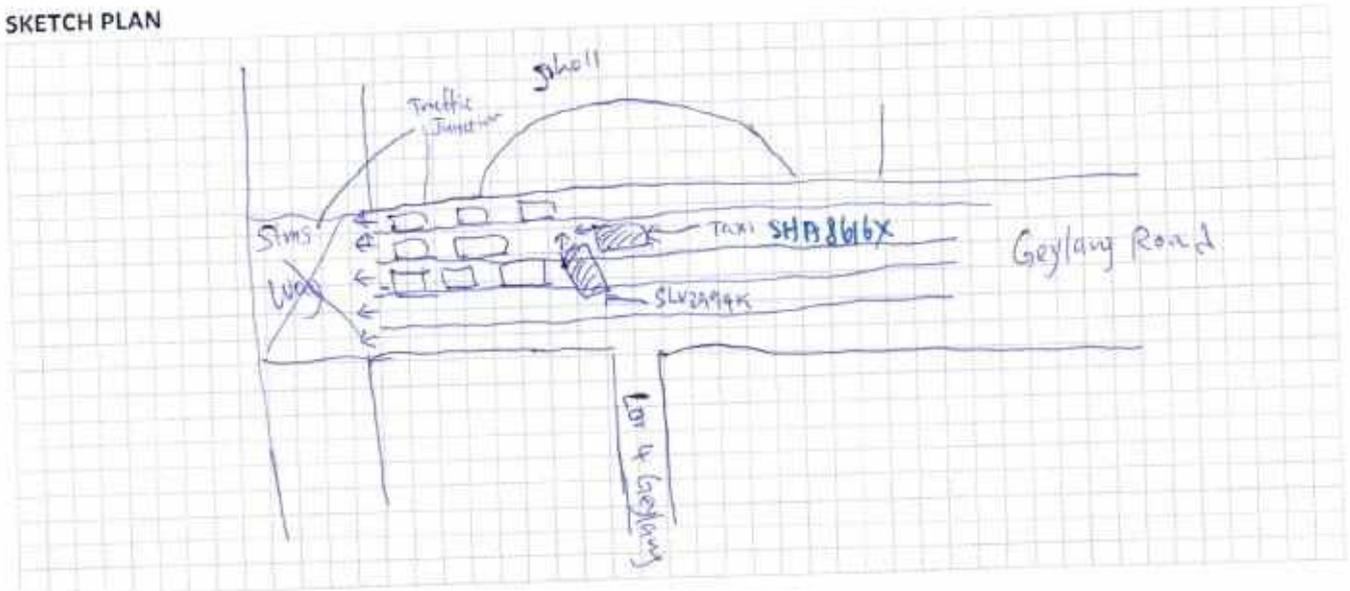
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26th Jan 2018, 3:04 AM, I was changing from 3rd lane to 2nd lane when the traffic was halted. There was a huge gap of more than 1 car's length in front of SHA866X, I signaled early and inched forward. When I realized that the driver of SHA866X did not see my car in front of him, and continued moving forward. I jammed brakes and honk at him immediately, however, he did not slow down and accelerated forward into the front right bumper and front right headlamp.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 26/01/2018
 11.08 am

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

[Signature] 26/01/2018
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 01 / 2018) (DD/MM/YYYY), TIME: (03 : 04) (HH:MM)

LOCATION: GEYLANG ROAD Towards Sims Way Traffic Junction (before)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV2994K
b) INSURANCE COMPANY: QEB
c) POLICY NUMBER: 8-V0016846-MVA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TESO AMG LINE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Social
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Guo Mengxiang (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S9171664z CONTACT: 9758 9712
C) ADDRESS: 728 Woodlands Circle #01-373 9730738

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Guo Mengxiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9171664z CONTACT: 9758 9712
c) ADDRESS: _____

* d) DATE OF BIRTH: (17 / 03 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 8616X MODEL: Hyundai
b) DRIVER'S NAME: CHIA TEOW GWEE
c) NRIC/FIN/PASSPORT: S0169625D CONTACT: 9012 1812

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
(3)

No of passenger
(Including driver)
()

email = Mexx-Guo@hotmail.com

fax =

VIDEO YES

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9171664Z



Name

GUO MENGXIANG

郭梦翔

Race

CHINESE

Date of birth

17-03-1991

Sex

M

Country of birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE



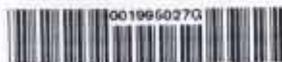
Licence Number S9171664Z

Name

GUO MENGXIANG

Birth Date 17 Mar 1991

Issue Date 26 Aug 2011



0019960270

3019582



NRIC No: S9171664Z



Date of issue

16-08-2006

APT BLK 738 WOODLANDS CIRCLE #07-373
SINGAPORE 730738

NRIC No: S9171664Z

Date: 26/05/2014

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 26 Aug 2011
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

NP 428A



Licence No: S9171664Z

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-V0016896-MVA** Account Name **I INSURANCE SG AGENCY** MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLV2994K**
- 2 Name of Policyholder **GUO MENGXIANG**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **27/12/2017**
- 4 Date of Expiry **26/12/2018**

5 Person or Classes of Person entitled to drive*

(a) The Policyholder

The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.

(b) Any 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 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 or 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.

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)

Hire Purchase : GENIE FINANCIAL SERVICES PTE LTD

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 28/12/2017

A handwritten signature in black ink, appearing to be a stylized name, positioned above the text "Authorized Signature".

Authorized Signature