

# NATIONAL Assessment Centre Services (vol 1 June09)

NA18035827

Date In: 15/03/2018 17:31  
 Ref No: N64/066/800 499114  
 Veh No: SLU1473L  
 P.O.A: 15/03/2018 14:45

CO Reporing Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (within 2hrs, A/C 1hr)		
1-Motor Claim Form		
1-Motor W/O (within 2hrs, 1hr 1hr)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI (

Tel:

Fax:

TP Particulars: Yell No: SHC 17455

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: Est. Status (WO): NI 0-20%; PI 21-79%; PI 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 Online: 6780 6016

Date & Time Completed:

Done by:

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Survey Photo (Repair Cost > \$3000) ( )

Injury:

Date Time:

NA1801690

TP Particulars:

Owner / Driver:

Policy No:

Assigned Portion:

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

Incident Comments:

1:

2/2:

Invoice Preparation Charge:

1) AR: Accident Reporting (\$20)

2) DA: Damage Assessment (\$100) INC (\$20)

3) TP: Towing Fee \$100

4) FT: Follow Through Survey \$120

5) PT: Follow Through Survey (Resurvey) \$10

For claims against INC Only (up to 10 Jan 2010)

6) TR: Re-inspection \$15

7) NI: NI/DA + SMRT Survey \$160

8) NTUC: Additional Survey \$10

9) NI: Courtesy Car / Tpl Allowance \$1

10) NI: Repair Coordination \$10

11) NI: Post Repair Inspection \$15

12) NI: BY / Collision Survey Coordination \$1

13) NI: (1) TP (NI/INC) against INC \$10

14) NI: Towing \$10

Invoice total: Net Charged

Invoice total: Net 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 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	15/03/2018 17:31
Date Of Accident	15/03/2018 14:45
Exact Location Of Accident	TWENTY ANSON BLDG AT 20 ANSON ROAD CARPARK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1473J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN SZE LOON JEREMY
NRIC No	S7743132B
Email Address	ETYLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94777117
Alternative Phone No	OTHERS-81250541

### Vehicle Particulars

Manufacturer	BMW
Model	520D
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-V0016572-MVA
Cover Note Number	

### Driver

Name of Driver	ELAINE THAM EE LING (ELAINE TAN YILING)
NRIC No	S8021272J
Date Of Birth	20/07/1980
Occupation	INDOOR
Date Of Driving Pass	20/09/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94777117
Fax Number	
Contact Number	OTHERS-81250541
Email Address	ETYLING@GMAIL.COM



Address	10 FLORA DRIVE #07-07
Postcode	506942
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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	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

#### 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	SHC1745S
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR. TAN
NRIC/Passport Number	
Contact Number	81124398
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.
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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: 15 MAR 2018



Driver's Signature

(If driver is not the policyholder)

Date & Time: 15 MAR 18



Reporting Centre Personnel's Signature

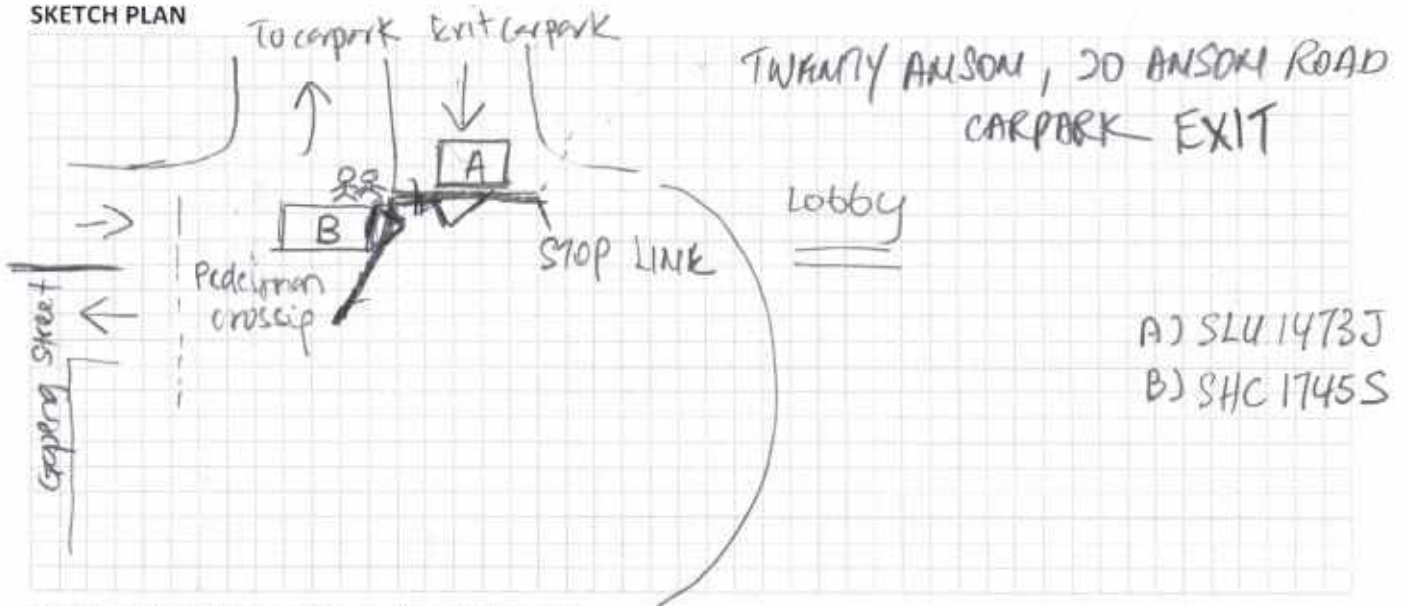
Name:

NRIC/FIN No.:

Roshni WATSON



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2.45pm, I was exiting the carpark of Twenty Anson and once after the gantry, I stopped my car as there were pedestrians, and since the pedestrians stopped there, I proceeded to start the car again but before I could step on the accelerator to drive off, a <sup>comfort</sup> taxi came into the lobby and drove straight into my car and the right front bumper / front light. The taxi driver did not look or even bother to stop and see the surroundings as I see him drive straight into my car. He immediately reverse the car after hitting my car before he stop and get out of the car.

After which, I proceeded to take photos and the building security asked us to move the vehicles. The comfort taxi driver refused to give his details, asking me to just call Comfort Taxi to report and claim their insurance and ~~the~~ after I insist, he finally gave his mobile and just left his surname and drove off without giving other details.

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 15 MAR 18

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15 MAR 18  
5.10pm

*[Signature]* 15/03/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*

# ACCIDENT STATEMENT

ACCIDENT DATE: 15/03/2018 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: Twenty Anson, 20 Anson Road carpark Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU1473J  
 b) INSURANCE COMPANY: OBE Insurance  
 c) POLICY NUMBER: 8-V0016572-MVA  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Bmw 520D  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: CHAN TZE LOON JEREMY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7743132B CONTACT: 94777117  
 c) ADDRESS: 10 FLORA DRIVE #07-07 Singapore 506942

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers  
(Including driver)  
(1)

- DRIVER  
 a) NAME: ELAINE THAM E E LING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8021272J CONTACT: 81250591  
 c) ADDRESS: 10 FLORA DRIVE #07-07 Singapore 506942

d) DATE OF BIRTH: 20/07/1980 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 8 Sep 2006

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
(1)

- a) VEHICLE NUMBER: SHC1745S MODEL: Hyundai  
 b) DRIVER'S NAME: Comfort Taxi (Tan)  
 c) NRIC/FIN/PASSPORT: CONTACT: 81134398

## 9. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

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

email = etyling@gmail.com

fax =

V1000



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8021272J



Name

ELAINE THAM EE LING  
(ELAINE TAN YILING)

譚 依 玲

Race

CHINESE

Date of birth

20-07-1980

Sex

F

Country of birth

SINGAPORE



4641773



NRIC No. S8021272J



Date of issue

22-10-2010

Address

10 FLORA DRIVE  
#07-07  
SINGAPORE 506942

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8021272J  
Name

ELAINE THAM EE LING  
(ELAINE TAN YILING)

Birth Date: 20 Jul 1980

Issue Date: 08 Sep 2006



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE:

08 Sep 2008

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



NP 429A

**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-V0016572-MVA**Account Name **I INSURANCE SG AGENCY**MCI Type **MX1**1 Index Mark and Registration Number of Vehicle or Chassis No: **SLU1473J**2 Name of Policyholder **CHAN TZE LOON JEREMY**3 Effective date of Commencement of Insurance for the purpose of the Regulations **23/11/2017**4 Date of Expiry **22/11/2018**

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: 24/11/2017

  
Authorized Signature



**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 : MINIA418035827 Vehicle Registration No: SLU 1473J  
Name (as shown in NRIC) : EKAINE THAM ER LING NRIC/FIN/Passport No : 88021272J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 81250541  
Email Address : \_\_\_\_\_  
Date of Accident : 15/05/2018 Time of Accident : 14:45  
Place of Accident : TWENTY ANSON BLDG #7 20 ANSON ROAD CARPARK EXIT  
Insurance Company : QBE Insurance

### (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:

THE STOP LINE ON SKETCH PLAN SHOULD BE ON THE INSURED  
SIDE

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafli Watan  
NRIC/FIN No.:  
Date: 16/03/2018