

NATIONAL Assessment Centre Services

Ref: JAN051 MNA118044631

Date In: 3/4/18-18:31	Job description	Date & Time Completed	Done by
Ref No: NA/ABE18006129/24	SAS e-filing		
Veh No: JEX1153D	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/4/18-14:00	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: JEX 557	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

NA1802050	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac 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 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	03/04/2018 18:31
Date Of Accident	03/04/2018 14:00
Exact Location Of Accident	JUNC KPE & BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1153D
Insured/Policyholder	
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Co Reg No	199902271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	AUDI
Model	-
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-V0001867-MVA-R009
Cover Note Number	

Driver

Name of Driver	CHOO WEI CHEAN (ZHU WEIQUAN)
NRIC No	S8177232J
Date Of Birth	26/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94373355
Fax Number	
Contact Number	OFFICE-94373355
Email Address	NOEMAIL

Address	BLK 602A PUNGGOL CENTRAL #15-682
Postcode	821602
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPX557 (MOTORCYCLE)
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

REFER TO 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	JPX557
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHOW WAI JYE
NRIC/Passport Number	960806-01-6641
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.



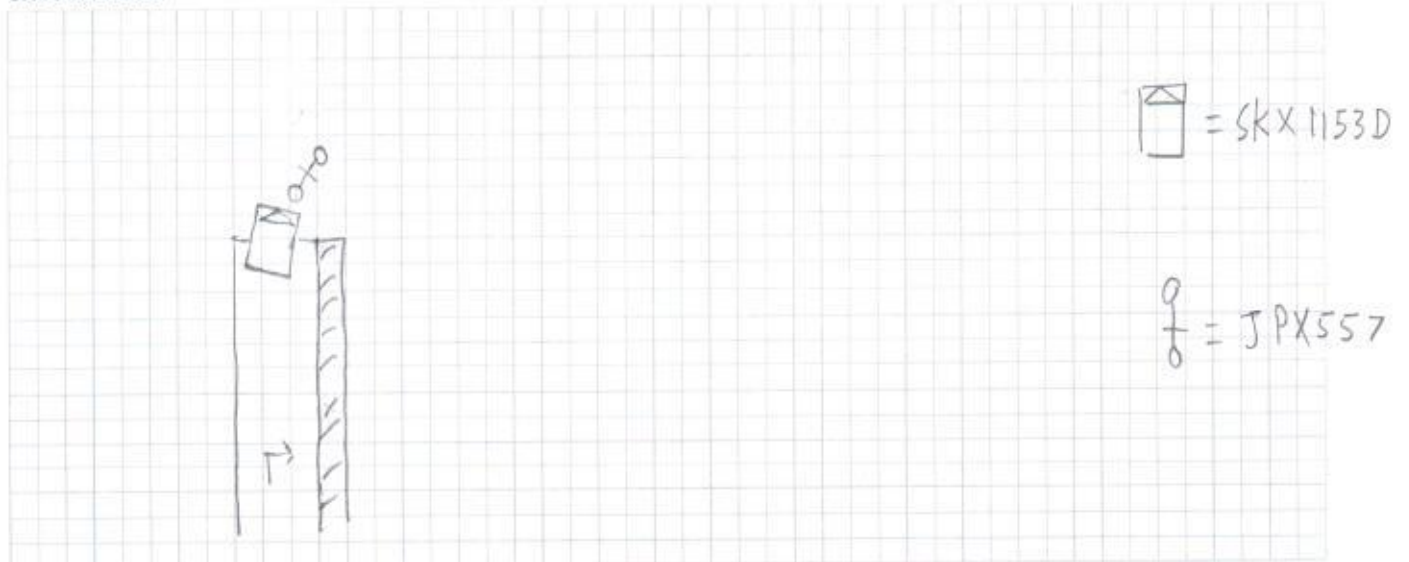
Policyholder's Signature
Date & Time:

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

3/4/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KPE and reach a cross junction between KPE and Bartley Road East. My Vehicle was at the last turning - right arrow and there was two Malaysian-registered motorcycle in front of me. The traffic light suddenly turn amber and first motorcycle hit the brake immediately following by the second motorcycle who was already inside the traffic junction. I hit my brake hard ~~and~~ ~~hit~~ but the vehicle skid and hit the last motorcycle.

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.:

Details of Accident

DATE: 03/04/2018

TIME: 14:00 Hrs

Exact Location of Accident: Junction at KPE and Bartley Rd East

Details of Own Vehicle

Vehicle Registration Number: SKX1153D

Name of Registered Owner: Premium Automobiles Pte Ltd

Nric: Pink / Blue

Fin / Passport No.:

Date of Birth (DD/MM/YYYY): □□/□□/□□□□

Address:

Contact: (Hm) (Off) (Hp)

Email:

Vehicle Particulars (Own Vehicle)

Vehicle make & model

: Audi A4

Type of vehicle

: Saloon

Exact purpose for which vehicle was

Being used at time of accident

: Private / commercial / Hire & Reward

Are you claiming under your own

: Yes / No

Insurance policy for repair to your vehicle?

: If no, please indicate intention:

Vehicle Category:

: Private / Commercial / Motorcycle

Insurance (Own Vehicle)

Name of Insurance Company

: QBE

Type of Policy

: ACT / Comprehensive / 3rd Party / 3rd party Fire & Theft

Fleet Policy

: Yes / No

Policy Number

: 8-V0001867-MVA-R009

Motor CI

:

Driver Particulars

Name of Driver: Choo Wei Chean

Nric: Pink / Blue 58172325

Fin / Passport No.:

Date of Birth (DD/MM/YYYY): 26/05/1981

Occupation

: Indoor / Outdoor

Class 3 Pass date:

□□/□□/□□□□

Gender

: Male / Female

Address

: Blk 602A Punggol Central #15-682 5821602

Contact:

(Hm)

(Off)

94373355 (Hp)

Email:

Was driver an employee of the insured's co.?

: Yes / No

If no, relationship of driver with the insured

:

Vehicle registration no. of driver's own vehicle

:

(If Applicable)

Insurance company of driver's own vehicle

:

(If Applicable)

No. of Pax inside your vehicle: 1

Any Video Footage: Yes / No

1) Name: Gender: Male / Female

2) Name: Gender: Male / Female

3) Name: Gender: Male / Female

4) Name: Gender: Male / Female

Accident Statement : Part 2

General Information of Accident

Type of Collision :

(eg. Chain collision, side swipe, front to rear)

Weather Conditions

: ☒ Clear

/

Raining

Others : _____

Road Surface

: ☒ Dry

/

Wet

Others : _____

Other Information

a) Was anybody injured in the accident?

Yes

/

No If Yes : Anyone Convey by Ambulance Yes / ☒ No

b) Was any other vehicle or property damaged?

☒ Yes

/

No

(including witness)

Details of Police Action

Was the accident reported to the police?

Yes

/

☒ No

Was notice of intended prosecution given?

☒ Yes

/

No

Details of Other Vehicle Property

Vehicle Registration No.

: JPX 557

Vehicle Make / Model / Colour

: _____

Details of Property

: _____

Details of Other Vehicle's Insured Policy Holder Driver

Name of Driver

: Chow Wai JYE

NRIC Pink / Blue

: 960806-01-6641

Fin / Passport No : _____

Contact

: _____

Address

: _____ S()

Insurance Company

Name of Insurance Company

: _____

Nature of Damage

: _____

Details of Witness

Name

: _____

Contact

: _____

Email Address

: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8177232J



Name

CHOO WEI CHEAN
(ZHU WEIQUAN)

朱 伟 权

Race

CHINESE

Date of birth

26-05-1981

Sex

M

Country of birth

MALAYSIA

S8177232J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8177232J
Name



CHOO WEI CHEAN
(ZHU WEIQUAN)

Birth Date 26 May 1981

Issue Date 11 Sep 2006



001444012D



4102084

NRIC No. S8177232J



Date of issue

31-08-2007

APT BLK 602A PUNGGOL CENTRAL #15-682
SINGAPORE 821602

NRIC No. S8177232J

Date: 28/06/2018

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

PASS DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Jul 2005



Licence No: S8177232J

NP 428A

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.

Account Name **ONG AH HOCK DAVID**

MCI Type **MZ9**

8-V0001867-MVA-R009

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

2 Name of Policyholder **PREMIUM AUTOMOBILES PTE LTD**

3 Effective date of Commencement of Insurance for the purpose of the Regulations 01/02/2018

4 Date of Expiry 31/01/2019

5 Person or Classes of Person entitled to drive*

As specified in the Policy Schedule

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 motor trade purpose.

The policy does not cover use for hire or reward, racing, peace-making reliability trial or speed-testing.

N.B. Use solely for "BREAKDOWN" purposes is not deemed to be used for hire or reward.

The Policy does not cover:-

(1) Use for hire or reward or racing pace-making reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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: 25/01/2018