

NATIONAL Assessment Centre Services (mt 2000) **NA1418050823**

| | | | |
|---|--|-----------------------|---------|
| Date In: 17/04/2018 12:37 | Job Description | Date & Time Completed | Done by |
| Ref No: NBA/00E18007066/Y | SAS e-illing | | |
| Veh No: SM 9969H | Brake (with 2nd, 3rd, 4th) | | |
| P.O.A: 16/04/2018 18:15 | 1-Motor Claim Form | | |
| OD: TP Preparing Only | 1-Motor W/O (with 100, 2nd, 3rd, 4th) | | |
| | 1-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Whse | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp (INC Assign Wksp / OW): | Tel: | Fax: |
| TP Particulars | Yell No: YM 5626Y | INC () / Non-INC () |
| Owner / Driver: | Tel: | |
| Policy No: | Period: | Cover Type: |
| Confirmed by: | Date: | Time: |
| Insured/Driver Liability: | % (Note: B/L Stand (WO) N: 0-20%; P: 21-79%; P: 80-100%) | |
| Year of Registration: | Warranty: YES () / NO () | |
| Excess (\$): | Loading: \$1,000 () / \$2,000 () | |
| General Notes: | | |
| () Work-in Progress: 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: | DATE TIME Completed | Done by |
| 1) Apply for Transition Allowance () / Courtesy Car () | | |
| 2) QC Check/Post Repair Inspection () | | |
| 3) Upload Recovery Photo (Repair Cost > \$3000) () | | |

| | |
|--------------|--|
| Injury: | |
| Other Notes: | |
| | |
| | |
| | |
| | |

| | | | |
|------------------|---|----------|-----------|
| NA1802439 | Invoice Preparation Checklist | Bill | Used Bill |
| Human Resources | 1) AR: Accident Reporting (250) | | |
| Driver/Owner | 2) DA: Damage Assessment (3100) | INC (25) | |
| Policy No: | 3) TP: Towing Fee | 240/10 | |
| Assigned Person: | 4) RT: Follow Through Survey | 210 | |
| | 5) RT: Follow Through Survey (Assessment) | 210 | |
| | Forchlimmer adjust INC Only (used in INC) | | |
| | 6) TR: Re-inspection | 210 | |
| | 7) N: 100 DA + SMRT Survey | 210 | |
| | 8) NTUC Additional Services | | |
| | 9) 011 | | |
| | 10) N: Courtesy Car / Tpl Allowance | 11 | |
| | 11) N: Repair Coordination | 210 | |
| | 12) N: Post Repair Inspection | 210 | |
| | 13) N: DY / Collis / Owner Coordination | 11 | |
| | 14) N: 111 / TR (INC) / TR (INC) | 210 | |
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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 | 17/04/2018 12:37 |
| Date Of Accident | 16/04/2018 18:15 |
| Exact Location Of Accident | JUNCTION OF LOYANG WAY AND LOYANG AVENUE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SGM9969U |
| Insured/Policyholder | |
| Name Of Registered Owner | LOO CHEE MENG |
| NRIC No | S1477453Z |
| Email Address | MIKELOO22@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96360885 |
| Alternative Phone No | OTHERS-96360885 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MAZDA |
| Model | 3 SP |
| Exact Purpose for which vehicle was being used at time of accident | FAMILY OUTING |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 8-XM114646-MVA-R010 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOO CHEE MENG |
| NRIC No | S1477453Z |
| Date Of Birth | 22/11/1945 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/04/1972 |
| Driving Experience | 46 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96360885 |
| Fax Number | |
| Contact Number | OTHERS-96360885 |
| Email Address | MIKELOO22@HOTMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 254 TAMPINES STREET 21 #02-464 |
| Postcode | 521254 |
| 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 - HEAD TO REAR |
| 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) | 3 |
| Passenger 1 | NAME: : WIFE GENDER: : FEMALE |
| Passenger 2 | NAME: : MAID GENDER: : FEMALE |

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 | YM5626Y |
| Vehicle Make/Model/Colour | FUSO LORRY |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | JAGANATHAN ALAGIRI |
| NRIC/Passport Number | F8376023X |
| Contact Number | 82082637/85418703 (SARA) |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

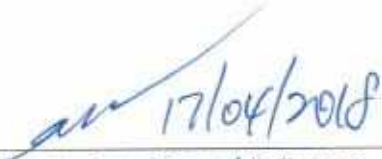

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

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


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

I, S14714532 LOO CHOO MENG driving of 56M9969U going to Changi Village and stopped at traffic light junction. In front of me is a motorcycle FBK 7459H. A lorry driven by JAGANATHAN ARAKIRI vehicle number YM 5626Y hit my back of my vehicle 56M9969U at around 0615pm. Photos were taken and nobody was injured. My maid and my wife were inside the car at the time of the accident.

The driver Jaganathan Arakiri told my to call his supervisor Mr. SARA tel 85418703 working in Changi Airfreight Centre, Changi Airport. The driver gave me his 'S' pass work permit and Driving licence for his particulars. His driving licence F-8376023X valid until 29/1/2019. 'S' pass working under CAPRIORY TRAINING SERVICES Pte Ltd. He is an Indian nationality.

The motorcyclist was not hit as I broke in time.

Damages to my car after the accident.

- Back windscreen smashed into pieces.
- Back car boot crashed inwards and cannot open.
- Back bumper crashed inwards.
- Side of bumper opened up.

DECLARATION

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

Reporting Centre Personnel's Signature
Name: Paul Wain
NRIC/FIN No: 9201 1234 5678 9010

ACCIDENT STATEMENT

ACCIDENT DATE: 16/4/2018 (DD/MM/YYYY), TIME: 06:15 (HH:MM) PM

LOCATION: TRAFFIC LIGHT JUNCTION OF LOYANG WAY / LOYANG AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGM 9969 U
 b) INSURANCE COMPANY: ABE
 c) POLICY NUMBER: 8-XM1/4646-MVA-R010
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3 SP
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FAMILY OUTING
 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: LOO CHASE MENH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S14774532 CONTACT: 96360885
 c) ADDRESS: BLK 254 TAMPOES ST 21 #02-464
SINGAPORE 521254

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 22/11/1945 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1/4/1972

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: YM 5626Y MODEL: FUSO
 b) DRIVER'S NAME: JAGANATHAN ALAGIRI
 c) NRIC/FIN/PASSPORT: 320783632 CONTACT: 82082637

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: F8376023X MODEL: SARA
 e) DRIVER'S NAME: SUPREVISOR Tel: 85418703
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = mikel0022@hotmail.com

Fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1477453Z



Name
LOO CHEE MENG

Race
CHINESE

Date of Birth
22-11-1945

Country of Birth
PERAK

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1477453Z**



LOO CHEE MENG

Birth Date **22 Nov 1945**

Issue Date **01 Mar 2003**

1000248015J

1349174



NRIC No: **S1477453Z**



Blood Group **O+** Date of issue **16-10-1993**

NRIC No: **S1477453Z** Date: **02-03-1995** No: **1652674**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 01 Apr 1972 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 01 Apr 1972 |
| Class 2 | Motorcycles exceeding 400 cc | 01 Apr 1972 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 01 Apr 1972 |

License No: **S1477453Z**

NP 426A

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 6533 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-XM114646-MVA-R010Account Name **QBE-DIRECT ACCOUNT**MCI Type **MX1**1 Index Mark and Registration Number of Vehicle or Chassis No: **SGM9969U**2 Name of Policyholder **LOO CHEE MENG**3 Effective date of Commencement of Insurance for the purpose of the Regulations **03/11/2017**4 Date of Expiry **02/11/2018**

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)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 27/10/2017