

# NATIONAL Assessment Centre Services MMA 118050779

Date In: 17/14/18 11:38	Job description	Date & Time Completed	Done by
Ref No: MMA/28518007080164	SAS e-filing		
Veh No: GBC 517L	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 16/14/18 08:30	i-Motor Claim Form		
OD: <u>IP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SDL 444S	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

Clientant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date / Fee Charged		
	Invoice dated / Fee Charged		

Auditors' Comments:-

Sat 1:

Sat 2 / 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	17/04/2018 11:38
Date Of Accident	16/04/2018 08:30
Exact Location Of Accident	ALONG BOON LAY WAY TWDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC517L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WAH LEI INDUSTRIAL SUPPLY CO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90921480

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0010048-MVA-R003
Cover Note Number	-

### Driver

Name of Driver	MOHAMAD MUSTHAFA BIN SHAHUL HAMEED
NRIC No	S7914582C
Date Of Birth	21/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90921480
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 278 BUKIT BATOK EAST AVE 3 #04-359  
Postcode 650278  
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 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  
Was any body injured in the Accident? YES  
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 ATTACHED 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 SDL444S  
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)

#### DETAILS OF INJURED PERSON 1

Name MOHAMAD MUSTHAFA BIN SHAHUL HAMEED  
Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

GBC517L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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: 16/4/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WAH LEE INDUSTRIAL SUPPLY CO. PTE. LTD.

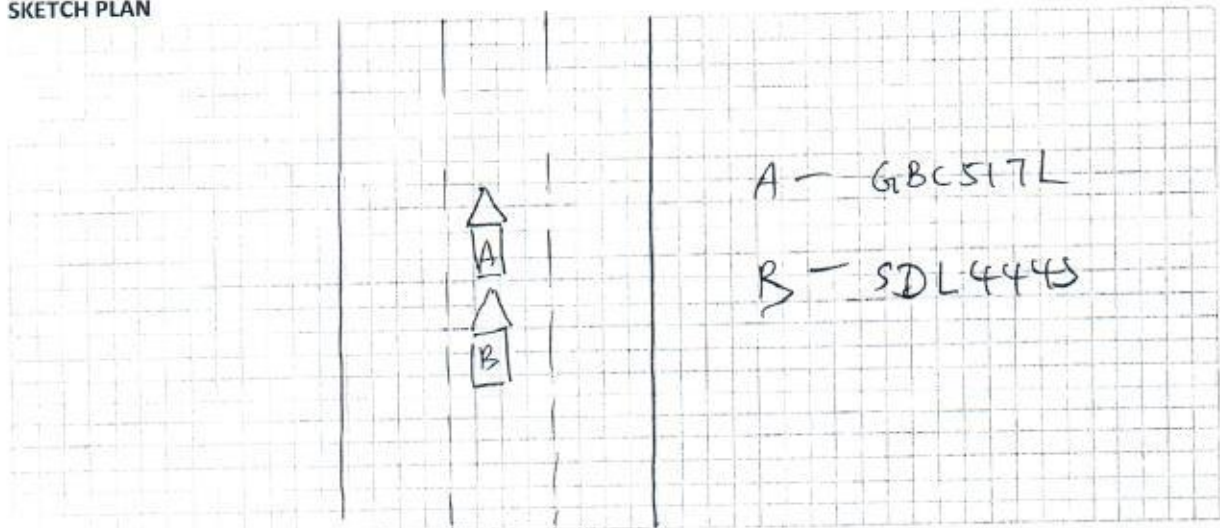
Terence Lal

GIA/ACC SketchPlanForm\_V0

TEL: 6265 0033 FAX: 6265 2149

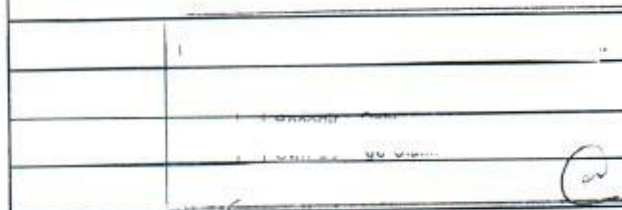


# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/4/18 at 8.30am, I was driving my vehicle A along Boon Lay way towards Jurong. I stop my lorry due to in front of the vehicle stop. Suddenly vehicle B hit on my rear portion.



## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*

Terence Lai

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

*[Signature]*

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

*[Signature]*

AK

(Neck pain)

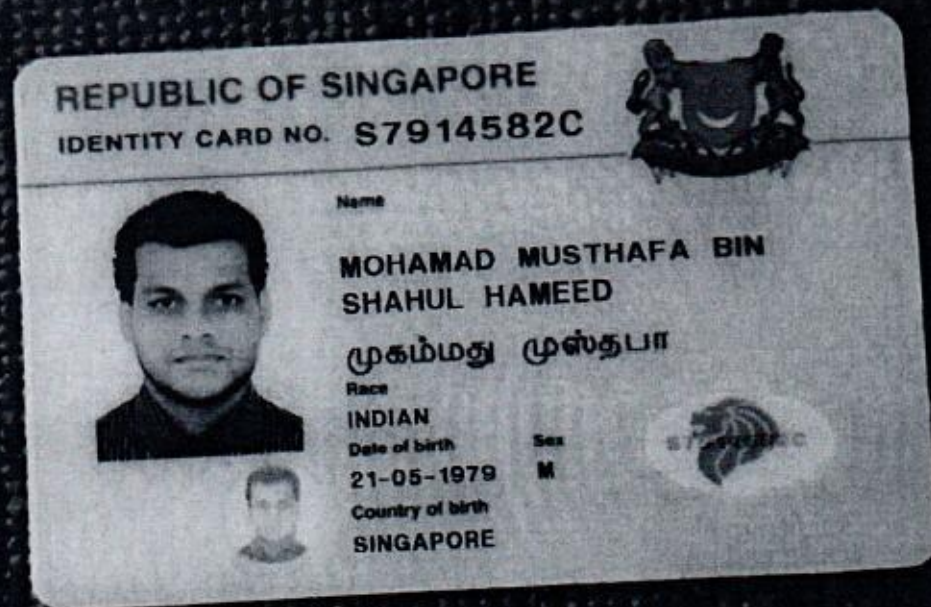
Date of Accident : 16/4/18 Accident Time: 8.30am (24-HR-Format)  
 Accident Place : Along Boun lay way toward Jurng  
 Vehicle. No. (Car Plate No.) : GBC517L Make/Model: Nissan Cabstar  
 Insurance Company : QBE Policy No: V0010048  
 Owner or Company Name /IC No. : Wah Lei Industrial supply co pte Ltd  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Mohamad Musthafa Bin Shahul Hamood  
 DRIVER'S Date Of Birth : 21/5/1979 DRIVER'S License Pass Date 11/8/2010  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 1 Seon Lee street #01-38/39/40  
 Pioneer Centre 5627605  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): NO  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

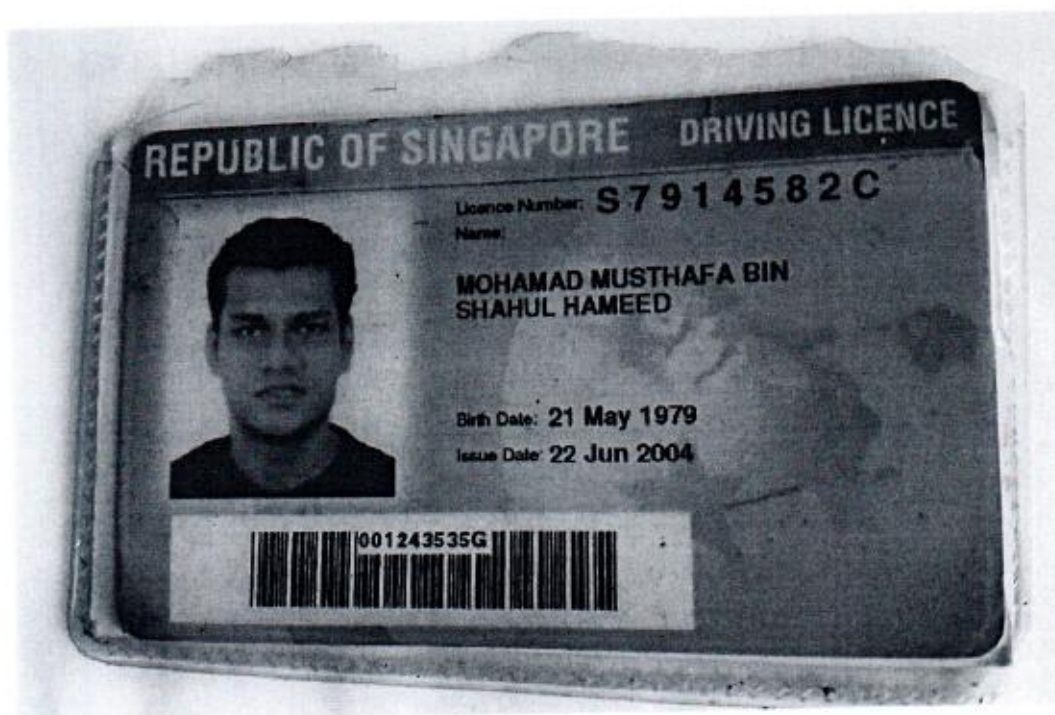
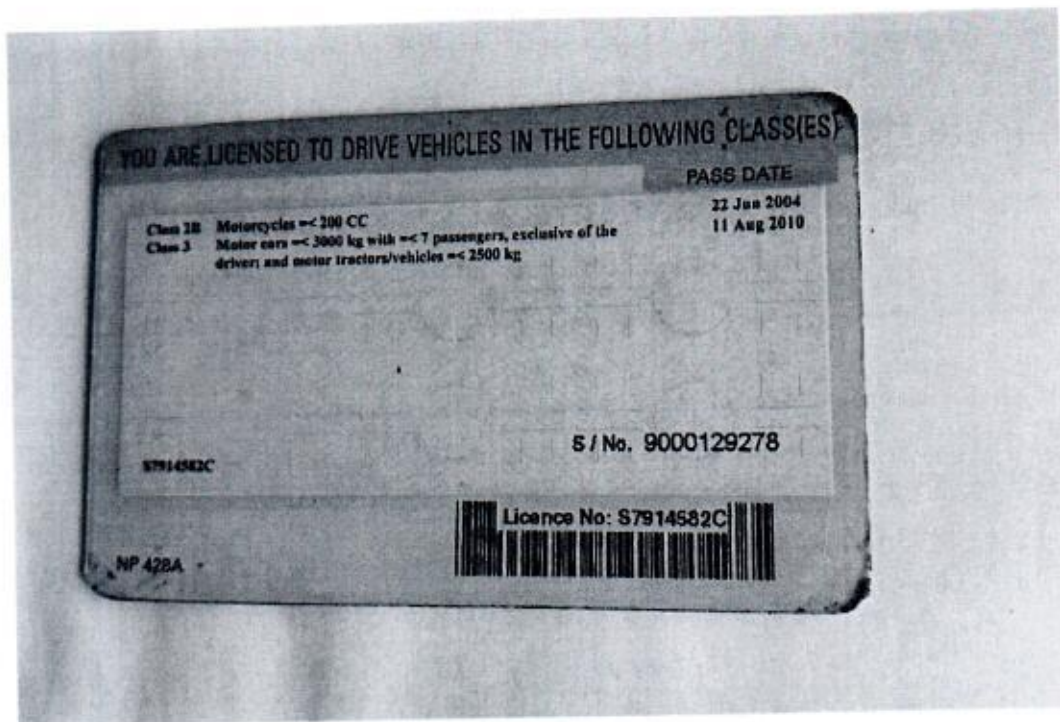
Vehicle. No: S D L 4445 (ms101)	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:









**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-V0010048-MVA-R003**

Account Name **INS-RATE AGENCY PTE. LTD.**

MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GBC517L**
- 2 Name of Policyholder **WAH LEI INDUSTRIAL SUPPLY CO PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **21/03/2018**
- 4 Date of Expiry **20/03/2019**
- 5 Person or Classes of Person entitled to drive\*

**(a) Any 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\*

- (a) Use in connection with the Policyholder's business.  
(b) Use for the carriage of passengers (other than for hire or reward)  
(c) Use for social, domestic and pleasure purposes.  
The Policy does not cover:-  
(1) Use for hire or reward or for 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: 28/02/2018