

NATIONAL Assessment Centre Services

(Unit 1/2000)

MINI 48063613

Date In: 16/05/2018 10:31
 Ref No: NBA/032/8008873/Y
 Vch No: SJ 8406 R
 D.O.A: 15/05/2018 17:30
 OD: TP Reporting Only

Job description	Date & Time Completed	Done by
PA & Billing		
Enroll (with this, A10311)		
Motor Claim Form		
Motor W/O (with 100 sheet, TP survey)		
Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/VVW		

TP Insured:

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars: Ych No: SJJ 1085C INC () / Non-INC ()
 Owner / Driver () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by () Date: ()
 Insured/Driver Liability: () % (Note: BIC Stamp (WO): NI 0.20%, P: 21.79%, P: 80.100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: \$ () Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
 () Work-In-Customer: Customer's Information strictly Confidential & strictly NO later of reporter.
 () Total Loss Case: To e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Location

NA/203105

Insured/Owner:
 Policy No:
 Assigned Person:

Invoice Breakdown Charges	Amount
1) ARI Accident Reporting (\$30)	
2) DA/Damage Allowance (\$100)	INC (40)
3) TP/Towing Fee	\$40/11
4) PT Follow-Through Survey	110
5) PT Follow-Through Survey (Recovery)	110
Total Invoice (incl. INC Only) (Wet 10 Jan 2018)	
6) TRA Accident Fee	40
7) NI/144 DA + SMRT Survey	110
8) NTUC Additional \$110000	
Total	
NI/Courtesy Car/Tol Allowance	21
NI/Repair Coordination	210
NI/Post Repair Inspection	110
NI/OC/Collateral Coordination	11
NI/NI-TP (via INC) Repair INC	330
NI/NI/144 Mobile	10
Involved	
Not Charged	

Checked by (Bug-In-Charge):
 Comments:
 Date:

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	16/05/2018 10:31
Date Of Accident	15/05/2018 17:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE LORNE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8406R
Insured/Policyholder	
Name Of Registered Owner	SOON JEREMY
NRIC No	S9045726H
Email Address	SOONJEREMY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93299830
Alternative Phone No	OTHERS-93299830

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	THIRD PARTY
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-V0016592-MVA
Cover Note Number	

Driver

Name of Driver	SOON JEREMY
NRIC No	S9045726H
Date Of Birth	27/11/1990
Occupation	INDOOR
Date Of Driving Pass	16/10/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93299830
Fax Number	
Contact Number	OTHERS-93299830
EMail Address	SOONJEREMY@HOTMAIL.COM

Address	9B JALAN ISMAIL
Postcode	419263
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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 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	SJJ1085C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG9122S
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 SOON JEREMY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLJ8406R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:



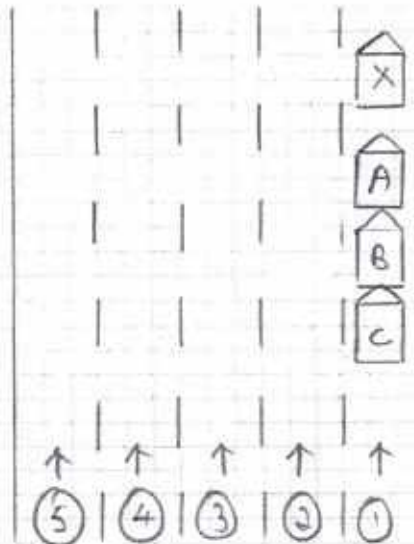
Driver's Signature
(If driver is not the policyholder)
Date & Time:



16/05/2018

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

SKETCH PLAN



A = SLJ8406R

B = SJJ1085C

C = SJG 9122S

PIE towards Changi Airport
(Before Lornie Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

16/05/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Radhi W H B 03

On 15.05.18 at about 17:30 hours at along PIE towards Changi Airport (Before Lornie Exit). While I was travelling on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

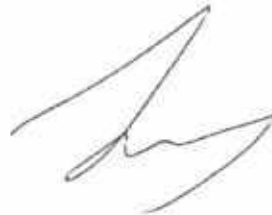
Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

Vehicle (A) : SLJ8406R

Vehicle (B) : SJJ1085C

Vehicle (C) : SJG9122S

*CA 16/05/2018
Rafiqi wathob*



SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/05/18		Time: 17:30		(hh:mm) 24 hr format
Location PIE towards Changi Airport (Before Lornie Exit)				
Vehicle Number SLJ 8406 R				
Insured Name Soon Jeremy				
NRIC/FIN S9045726H		Contact Number 9329 9830		
Make Mazda		Model 3		
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company QBE				
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number 8-V00 16592-MVA				
Name of Driver				(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN		Contact Number		
Date of Birth 27/11/1990				
Driving Pass Date 16/10/2010				
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address / soon.jeremy@hotmail.com				() NO EMAIL
Address of Driver 9B Jalan Ismail				
Singapore 419623				
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No				
If yes, injured detail Soon Jeremy (body pain)				
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B	SJJ10856			
Veh C	S2G 91225			
Veh D				
Veh E				
Veh F				

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9045726H



Name
SOON JEREMY


孙杰明

Race
CHINESE

Date of birth
27-11-1990

Sex
M

Country of birth
SINGAPORE



S9045726H

SLJ8406 R
Owner & driver

S9045726H



NRIC No. S9045726H



Date of issue
01-12-2005

5B JALAN ISMAIL
SINGAPORE 419263

NRIC No. S9045726H Date: 01/05/2008 No: 6071388



SLJ B406 R

owner & driver



QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401353C

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-V0016592-MVA

Account Name I INSURANCE SG AGENCY

MCI Type MX1

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLJ8406R**
2 Name of Policyholder **SOON JEREMY**
3 Effective date of Commencement of Insurance for the purpose of the Regulations **28/12/2017**
4 Date of Expiry **27/12/2018**
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 : HONG LEONG FINANCE LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 27/11/2017

Authorized Signature