

NATIONAL Assessment Centre Services

Date In: 29/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/CSI18011910/13	SAS e-filing		
Veh No: 5GL8492P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/02/18 1435	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: (LEE BROTHERS Tel: Fax:)

TP Particulars:	Veh No: 5J75901T	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

NA1804121	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF: Towing Fee \$40/\$45			
Contact No:	4) FT: Follow-Through Survey \$120			
Damaged Portion:	5) FT: 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:-			
	OD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments :-				
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	29/06/2018 17:05
Date Of Accident	29/06/2018 14:35
Exact Location Of Accident	CTE FILTER TO BALESTIER EXIT 7D
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL8492P
Insured/Policyholder	
Name Of Registered Owner	QUEK SEOW HWA
NRIC No	S7001753I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90268298
Alternative Phone No	OTHERS-90268298
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3099261701
Cover Note Number	
Driver	
Name of Driver	QUEK SEOW HWA
NRIC No	S7001753I
Date Of Birth	19/01/1970
Occupation	INDOOR
Date Of Driving Pass	29/06/1988
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90268298
Fax Number	
Contact Number	OTHERS-90268298
EMail Address	NOEMAIL

Address	9 PASIR RIS RISE #02-17
Postcode	518084
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	RAINING
Road Surface	WET

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

PLS REFER TO THE 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	SJT5901T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG HAN XIONG
NRIC/Passport Number	S8626631H
Contact Number	98567278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA9268K
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 3

Vehicle Registration Number SFS7800R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RICHARD

NRIC/Passport Number S7325593G

Contact Number 98928126

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name QUEK SEOW HWA

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGL8492P

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.
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:

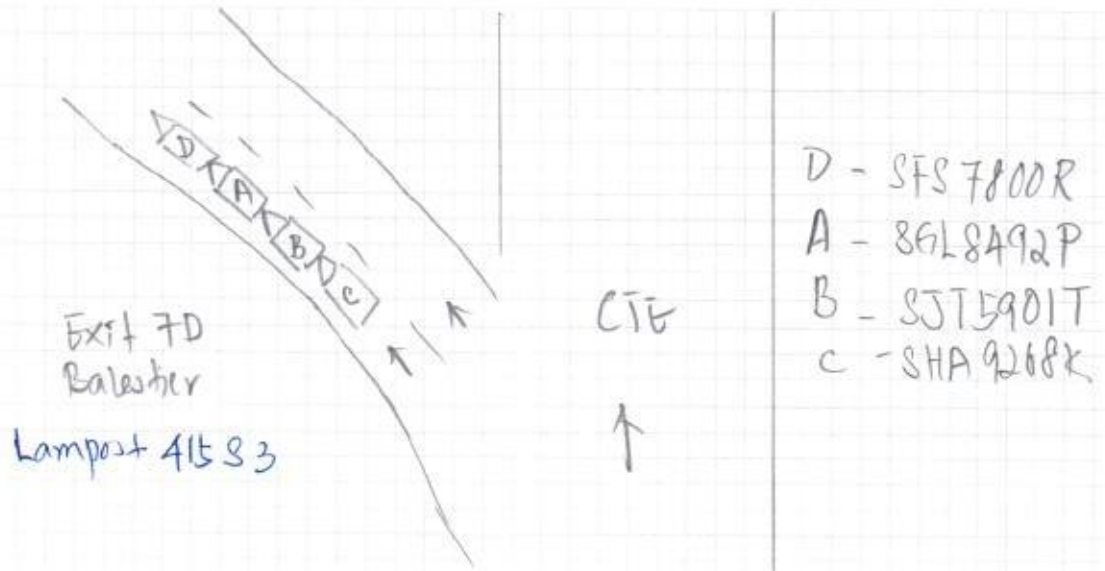
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN



D - SFS7800R
A - 86L8492P
B - SJT5901T
C - SHA9268K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along filter lane from CIE (City) towards Balestier exit.
Front cars brake and stopped and I followed too.
Out of sudden, I felt an great impact at the rear, caused my car moved forward & hit onto Veh D.
When I come down I realized it's a chain collision of 4 cars.

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: 29/06/18
NRIC/FIN No.:

VEHICLE NO: SGL 8492 P

MAKE & MODEL: Toyota A(1)


DATE OF ACCIDENT	29 / 6 / 2018
TIME OF ACCIDENT	2.35 AM / PM
LOCATION OF ACCIDENT	CTE After to Balestier Exit 7D
Exact Purpose use during accident	Private Use
NAME OF OWNER	Quek Seow Hwa
TELP NO.	9026 8298
NRIC	S 7001753 I
CLAIM TYPE	OD / Third Party / Reporting Only
INSURANCE CO.	Ching
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSN 3099261701
NAME OF DRIVER	As above / If No;
NRIC	Any Passenger; N:1
DATE OF BIRTH	19 / 01 / 1970
OCCUPATION	Outdoor / Indoor Z
DATE OF DRIVING PASS	29 / 06 / 1988
GENDER	Male / Female
CONTACT NO.	Office: Home:
ADDRESS	2 Pass Rd Rte #02.17 S 518084
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No: Insured
WEATHER CONDITION	Clear / Raining / Others,
ROAD SURFACE	Dry / Wet / Others,
ANY INJURIES	No / Yes (Who?):
CONTACT NO.	Veh A Driver
POLICE REPORT	No / Yes (Where?):
VEHICLE (B) NO.	SJT 5901T Any Passenger Unknown
NAME	Wang Han Xiong S 8626631 #
CONTACT NO.	9856 7278
VEHICLE (C) NO.	EHA 9268K Any Passenger Unknown
NAME	Chia Chew Kuan S 0169053A
VEHICLE (D) NO.	SFS 7800R Any Passenger N:1
NAME	Lee Khen Sam (Li Qiaosen) Richard
NRIC	S 73255936
CONTACT NO.	A/p 9892 8186
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
CONTACT NO.	Autobay@Kaki Bukit Singapore 417883
EMAIL	(O) 6509 5521 (Fax) 6509 5523
	sales@leebrothers.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7001753I**
 Name: **QUEK SEOW HWA**

Birth Date: **19 Jan 1970**
 Issue Date: **14 Aug 2003**

1000744388D



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7001753I**

Name: **QUEK SEOW HWA**
 郭绍华

Race: **CHINESE**
 Date of Birth: **19-01-1970** Sex: **M**
 Country of Birth: **SINGAPORE**




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jun 1988

NP 428A

Licence No: S7001753I

060850-1

NRIC No: **S7001753I**

Blood Group: **B+** Date of Issue: **11-11-1992**

9 PASIR RIS RISE #02-17
 SINGAPORE 518084
 NRIC No: S7001753I Date: 12/11/2017




CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3089261701	Engine No : 3224604567 Chassis No: MR0532EC107131834
1. Index Mark and Registration Number of Vehicle	SG18492P	
2. Name of Policy Holder	QUEK SEOW HWA	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	7 OCTOBER 2017	NAMED DRIVERS EX SECT. 1 S\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 25 S\$3,000.00 EX SECT. 1 - AGE >= 26 S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	6 OCTOBER 2018	EX ON WINDSCREEN S\$100.00
5. Persons or Classes of Persons entitled to drive *		

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING RACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, 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.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD

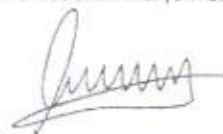
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

LQ BUSINESS PTE LTD

UEN NO. 201700648N
180B BENCOOLEN STREET
#04-02, THE BENCOOLEN
SINGAPORE 189648
Tel: 6333-4135 Fax: 6334-5238

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By.

Authorised Officer

Authorised Signatory

ip ivy@lg.com