NATIONAL Assessment Contre	Services we	Janosi /	MARA	1/1/1200	7	
Date In: 29/08/2018 14:46	Job description		Date &	Time Completed	Done b	ž.
Ref No A/BA/GBE/80 (575) 19	SAS e-filing					
777	E-mail (widen Mere,	AIC 2hrs)				
Veh No. STI SED	i-Motor Claim F		1			
D.O.A: 2908/1908 W/10	i-Motor W/O (W		TP 4hrs)	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17		
OD TP Reporting Only	i-Photo Uploade	d	1			
	Assessment/Surve		1			
TP hsurer:	Ass't Report by E	ax / Hand t	0 Owner	Wksp		1
Preferred Wksp / INC Assign Wksp / QW: (			Tel:		Fax:	
TP Particulars: Veh No: Gbb	4105X	, INC(		n-INC( )		
Owner / Driver: (	/ -		Tel:		<del></del>	
Policy No: ( ) Perio	od: (	)	Cover	Гуре: (		
Confirmed by 1 (		Date:		Time:	, ,	
Insured/Driver Liability: ( %) [No	ote-Est Status (WO	): N: 0-2	0%; P:	21-79%. P: 3	0-100%]	
Year of Registration: ( ) W	arranty: YES (	/NO(	)			
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000 (	)				
General Remarks:	可多位于60世纪		427.43	bitter		
( ) Walk-In Customer's Inform	nation strictly Confid	dential & S	trictly NO	rafer of repair	rer.	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.	Dia 1				
Drive-In ( )/ Towed-In ( ); Invoice:		The second second second	Towing (			
	Mayor And Delay		Dates	Time Complete	de le Don	6.by
Remarks: (INC horline: 6788/6616)	ourtesy Car ( )	COSSINAL AND	F-1 F-10-519	088 45 851		
1/ . tpp:// io. 115.11	( )	19163-00-5				
2) QC Check / Post Repair Inspection	0001 ( )					
3) Upload Resurvey Photo [Repair Cost > \$3	0001 ( /	-	1			
Injury:						* *
Date/Time Actions					publish 4-	
Directure Offictions of Seasons of the Control of t	AND THE SECTION AS A SECTION AS					
* 1						
					**	
THE RESERVE OF THE PARTY OF THE						
				HERE EX PUBLIC	O'S A. DIL Majors	S Amt (\$
110001100		Invoice P	reparati	on Checklist	Constant Antico	2 4
NA805479	- 5.20m3 9.1.19 W a SightField	1) AR : Ascid	ent Reporti	on Checklist	Mark Links	2 4
MAROS 479 Claimant's Particulars :	7,700	1) AR : Accid	ent Reporti	ng (\$30);	INC (\$80) \$40/\$45	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
NH605419	7,700	1) AR : Accid 2) DA : Dema 3) TF : Towin	ent Reporti	ng (\$30); ment (\$100); 1	INC (\$50) \$40/\$45 \$120	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars:	7,700	1) AR: Accid 2) DA: Dame 3) TF: Towis 4) FT: Follow	ent Reporting Assessm	ng (\$30); ment (\$100); I Survey	INC (\$80) \$40/\$45 \$120 \$30  sn 2005)	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars :  Driver/Owner:  Contact No:	7,700	1) AR: Ascid 2) DA: Dama 3) TF: Towin 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-iu	ent Reporti age Assessm ag Fee w-Through w-Through ag against I aspection	ng (\$30); ment (\$100); 1 Survey Survey (Resurvey) NC Only (wef 10 J	INC (\$50) \$40/\$45 \$120 \$30	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars :- Driver/Owner:	7,700	1) AR: Assid 2) DA: Dame 3) TF: Towler 4) FT: Follow 5) FT: Follow For claim!	ent Reporti sge Assessing Foe w-Through w-Through sig exelust I spection DA + SMR	ng (\$30); ment (\$100); 1 Survey Survey (Resurvey) NO Only (wef 10 J	INC (\$80) \$40/\$45 \$120 \$30 [an 2005) \$75	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars :  Driver/Owner:  Contact No:  Damaged Portion:	7,700	1) AR : Accided 1) DA : DA	ent Reporti age Assessm ag Foe w-Through w-Through ag against I spection DA + SMR iditional Sci	ng (530); Lent (5100); I Survey Survey (Resurvey) NC Only (wef 10 J I Survey	INC (\$80)  \$40/\$45  \$120  \$30  [sn 2005)  \$75  \$160	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars :  Driver/Owner:  Contact No:	7,700	1) AR: Ascid 2) DA: Dama 3) TF: Towin 4) FT: Follo 5) FT: Follo For claimi 6) TR: Rs-is 7) N1: Idao 8) NTUC As OD* *N5: Cou	ent Reporting Assessming Foe  w-Through  w-Through  ing against I  spection  DA + SMR  Iditional Servicesy Car / 7  air Co-ordin	ng (\$30); sent (\$100); l Survey Survey (Resurvey) NC Only (wef 10 ) I Survey vices:- pt Allowande	INC (\$80)  \$40/\$45  \$120  \$30  [sn 2005)  \$75  \$160	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):		1) AR: Ascid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow 6) TR: Re-in 7) N1: Idao 8) NTUC Ac ON* *N5: Cou *N6: Rep *N7: Fost	ent Reporti age Assessmang Fee w-Through w-Through ing agelost I spection DA + SMR iditional Sci stery Cer / T air Co-ordin Report Ins	ng (530); sent (5100); I Survey Survey (Resurvey) NC Only (wef 10 J I Survey vices:- pt Allowande settion	INC (\$80)  \$40/\$45  \$120  \$30  \$75  \$75  \$150  \$25  \$510  \$25	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Claimant's Particulars :  Driver/Owner:  Contact No:  Damaged Portion:		1) AR: Ascid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow 6) TR: Re-in 7) N1: Ideo 8) NTUC Ac ON* *N5: Cou *N6: Rep *N7: Fost *N8: DV TP (N11)	ent Reporting Assessming Fee w-Through w-Through ing against I impedion DA + SMR iditional Servicesy Cer / Tair Co-ordin Repair Ins / Collect Ex : TP (Non.	ng (\$30); sent (\$100); l Survey Survey (Resurvey) NC Only (wef 10 ) I Survey vices:- pt Allowande	S100 S100 S100 S100 S100 S100 S100 S100	Add Bil
Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):		1) AR: Ascid 2) DA: Dam 3) TF: Towin 4) FT: Follo 5) FT: Follo For claimi 6) TR: Rs-in 7) N1: Ideo 8) NTUC As OD* *N5: Cou *N6: Rep *N7: Posi *N8: DV	ent Reporting Foe w-Through w-Through spection DA + SMR iditional Sector / Telesy Cor / Telesy Cor / Telesy / Collect Bo TP (Non modelle	ng (530); sent (5100); lent (51	STO	To the second second second

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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	29/08/2018 14:46
Date Of Accident	29/08/2018 09:10
Exact Location Of Accident	CTE NEAR MOULMEIN EXIT TOWARDS TOWN
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT546T
Insured/Policyholder	
Name Of Registered Owner	TAN YI LIN (CHEN YILIN)
NRIC No	S7906384C
Email Address	YLTTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92733947
Alternative Phone No	OTHERS-92733947
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0015317-MVA-R001
Cover Note Number	
Driver	
Name of Driver	TAN YI LIN (CHEN YILIN)
NRIC No	S7906384C
Date Of Birth	26/02/1979
Occupation	INDOOR
Date Of Driving Pass	22/06/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92733947
Fax Number	

OTHERS-92733947

YLTTAN@GMAIL.COM

Address

72 SENGKANG SQUARE

#15-49

Postcode

544706

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

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBB4105X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TEOH CHIA CHING

NRIC/Passport Number

S7664516G

Contact Number

83395861

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.
- 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
- 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

Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:	KETCH PLAN	CIKNUTE MOULMAIN FIXIT TOWARDS TOWN
B) GBB (105 X  A T I T  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along CTE that towards town when the accided happened near inculmant exit on 29 Aug 2018 9. 12 am. The wenth was closer with moderate traffic. I was slowing down an carry to a stop when the other car hit we from behind the other car hit we from behind the declare the foregoing particulars are true in every respect.  Policyholder's signature Date & Time: 79 Aray 2018 (Il driver is not the policyholder)  Diver's Signature Date & Time: 79 Aray 2018 (Il driver is not the policyholder)  Name: Name:		
B) GBB (105 X  A T I T  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along CTE that towards town when the accided happened near inculmant exit on 29 Aug 2018 9. 12 am. The wenth was closer with moderate traffic. I was slowing down an carry to a stop when the other car hit we from behind the other car hit we from behind the declare the foregoing particulars are true in every respect.  Policyholder's signature Date & Time: 79 Aray 2018 (Il driver is not the policyholder)  Diver's Signature Date & Time: 79 Aray 2018 (Il driver is not the policyholder)  Name: Name:		The state of the s
B) GBB (105 X  A T I T  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along CTE that towards town when the accided happened near inculmant exit on 29 Aug 2018 9. 12 am. The wenth was closer with moderate traffic. I was slowing down an carry to a stop when the other car hit we from behind the other car hit we from behind the declare the foregoing particulars are true in every respect.  Policyholder's signature Date & Time: 79 Aray 2018 (Il driver is not the policyholder)  Diver's Signature Date & Time: 79 Aray 2018 (Il driver is not the policyholder)  Name: Name:		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along CTE the towards town when the accided happened near moulmain exit on 29 Aug 2018 9.12 am. The weather was clear with moderate traffic. I was slowing down and came to a stop when the other car hit we from behind to the promote that car hit we from behind to the following the declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time: 7.9 Aug 2018 of (If driver is not the policyholder)  Declaration of the proving Centre Personal's Signature Reporting Centre Personal's Signature Name:	A) \$370	3467 B B
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along CTE the towards town when the accided happened near moulmain exit on 29 Aug 2018 9.12 am. The weather was clear with moderate traffic. I was slowing down and came to a stop when the other car hit we from behind to the promote that car hit we from behind to the following the declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time: 7.9 Aug 2018 of (If driver is not the policyholder)  Declaration of the proving Centre Personal's Signature Reporting Centre Personal's Signature Name:	B) GBB	4105 X
I was driving along CTE to towards town when the accide happieved near moulmand exit on 29 Aug 2018 9.12 am. The weath was clear with moderate traffic. I was slowing about any course to a stop when the other car hit we from behind to a stop when the other car hit we from the other car hit was a stop when the	37.122	
I was driving along CTE to towards town when the accide happieved near moulmand exit on 29 Aug 2018 9.12 am. The weath was clear with moderate traffic. I was slowing about any course to a stop when the other car hit we from behind to a stop when the other car hit we from the other car hit was a stop when the		
happieved near modified exit on 29 Aug 2018 9.12 am. The weather was clear with moderate traffic. I was slowing alown any came to a stop when the other car hit we from behind to a stop when the other car hit we from the other car hit we from the other car hit was a stop when the other car hit we from the other car hit was stop when the other car hi	ESCRIBE CIRCL	
DECLARATION  [We declare the foregoing particulars are true in every respect.  [Policyholder's Signature Date & Time: 7 A A and 2018 of (If driver is not the policyholder)  [Manage of the property of the policyholder)  [Manage of the postopret's Signature Name: The policyholder of the policyholder)  [Manage of the postopret's Signature Name: The policyholder of the policyholder)  [Manage of the postopret's Signature Name: The policyholder of the policyholder)  [Manage of the postopret's Signature Name: The policyholder of the policyholder)  [Manage of the property of the policyholder of the policyho	1 was	driving along CTE #10 towards town when the accident
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time: 7 A Aray 2018 (If driver is not the policyholder)  Direct Signature Name:  Name:  Name:  Policyholder's Signature Name:  N	happener	I near shoulment exit on 29 Aug 2018 9.12 am. The weather
DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Driver's Signature Date & Time: 7 A Arg (28) 6 (if driver is not the policyholder)  Name: Name:	was cla	ear with moderate traffic. I was slowing down and
Policyholder's Signature Date & Time: 7 O Act of 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 O Act of 2016 (If driver is not the policyholder)  Date & Time: 7 O Act of 2016 (If driver is not the policyholder)	came 1	to a stop when the other car hit we from behind.
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 O Act of 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 O Act of 2016 (If driver is not the policyholder)  Date & Time: 7 O Act of 2016 (If driver is not the policyholder)		
Policyholder's Signature Date & Time: 7 O Act of 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 O Act of 2016 (If driver is not the policyholder)  Date & Time: 7 O Act of 2016 (If driver is not the policyholder)		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:	11	
Policyholder's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Date & Time: 7 A And 2016 (If driver is not the policyholder)  Diver's Signature Name: Name:		
Policyholder's Signature Date & Time: 7 A Add 2018 (If driver is not the policyholder)  Driver's Signature Name: Name:	DECLARATION	
Date & Time: 7 9 Agy 2018 (If driver is not the policyholder) Name:	// we declare the	B
Date & Time: 7 9 Agy 2018 (If driver is not the policyholder) Name:	yo	/w 29 W8/20 C5
Date & Time: 7 9 And 2016 (If driver is not the policyholder) Name:	Policyholder's Sign	
	Date & Time: 7	

# ACCIDENT STATEMENT

LOCATION: CTE NOW MOULEMENT EXIT TOWNS TOWN.  1. DETAILS OF VEHICLE  OLYCHICLE NUMBER: STOUDISSTT MIND PARTY FIRE STHEFT!  DINSURANCE COMPANY: QBE  OLYCHOLCY NUMBER: STOUDISSTT MIND PARTY FIRE STHEFT!  DINSURANCE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE STHEFT!  DINSURD / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)  SWLV  GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  DIARE YOU CLAIMING UNDER YOUR OWN INSURANCE WIND LANDER THIRD  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  AINAME: TAN Y LIN  DINRIC/FIN/PASSPORT: STOUGASTY CONTACT: 92753947  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DINRIC / FIN/PASSPORT: CONTACT: 92753947  CONTACT: CLADDRESS:  **OLDADRESS: 12 CENEVANCE SUMME LETS - LO SICCEPTION ON ON ONE OF THE INSURED'S COMPANY; (YES / NO)  15 PASSON GAS ON ONE OF THE INSURED'S COMPANY; (YES / NO)  16 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY; (YES / NO)  17 PASS ANYBODY INJURED (YES / NO)  18 PESSON GAS ON ONE OF THE DRIVER WITH INSURED:  ON RELATIONSHIP OF THE DRIVER WITH INSURED:  ON RELATIONSHIP OF THE DRIVER WITH INSURED:  ON RELATIONSHIP OF THE DRIVER WITH INSURED:  ON ORDON ONE OF THE INSURED'S COMPANY; (YES / NO)  18 PESSON GAS ANYBODY INJURED (YES / NO)  19 PESSON GAS STATE WHICH POLICE STATION:  8 THIRD PARTY VEHICLE  O) VEHICLE NUMBER: GBS 4105 X MODEL:  ON ORIGINALE TEOM CHIRC THE MARKE:  O) VEHICLE NUMBER: TEOM CHIRC HING  O) VEHICLE NUMBER: TEOM CHIRC HING  O) WITHOUT SAME:  O) VEHICLE NUMBER: TEOM CHIRC HING  O) RICCIPRI/PASSPORT: CONTACT:  O) THIRD PARTY VEHICLE  O) DRIVER'S NAME:  O) RICCIPRI/PASSPORT: CONTACT:  O) THIRD PARTY VEHICLE  O) DRIVER'S NAME:  O)	ACCIE	DENT DATE: 29 8 2	DIS I(DD/WW/YYYY)	, TIME:	TOUR
DINSURANCE COMPANY: QBE  DINSURANCE COMPANY: QBE  CIPOLICY NUMBER: 8 - VOOL5 217 - MVA - ROOL  GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  HITTPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SWV  GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) SWV  GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) SWV  HIPURPOSE OF USING AT ACCIDENT TIME: TANGL TO WORK  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  DINRIC/FIN/PASSPORT: STQ06384C CONTACT: 92735947  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  JONAME: MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  TO JUNE TO 3.D IN 1999  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WINER.  DINROAD SURFACE: (DBY / WET / OTHERS  CI NEIGE/FIN/PASSPORT: STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  CI VEHICLE NUMBER: STATE WHICH POLICE STATION:  PURPLE NUMBER: MODEL:  DINRIC/FIN/PASSPORT: STAGE WHICH POLICE STATION:  PURPLE NUMBER: MODEL:  DINRIC/FIN/PASSPORT: STAGE WHICH POLICE STATION:  DINROAD SURFACE: ON THE CHING  CI NRIC/FIN/PASSPORT: STAGE WHICH POLICE STATION:  PURPLE NUMBER: MODEL:  DINROAD SURFACE: NAME: TEOM CHIRC CHING  PURPLE NUMBER: MODEL:  DINROAD SURFACE: NAME: TEOM CHIRC CHING  DINROAD SURFACE: NAME: TEOM CHIRCE  DINROAD SUR	LOCA	ION: CTE near	moulment ex	700003	1.
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE 120/10 AND DETECTION ONLY)  IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: TAN Y LIN (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: ST906384C CONTACT: 92733947  c) ADDRESS: T2 SENGRANG CONTACT: 92733947  c) ADDRESS: T2 SENGRANG CONTACT: 92733947  c) ADDRESS: (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS: (DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDM/M/YYYY)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDM/M/YYYY)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDM/M/YYYY)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDM/M/YYYYY)  1) DATE OF BIRTH: (TA) O2 / 1979 (IDM/M/YYYY	1.	a)VEHICLE NUMBER:	CBE 8-VOOL5317- EHENSIVE / THIRD PAR SUBARN FORRE	TY / THIRD PARTY STER XT.	OTHERS) SUL
ANAME: TAN Y CIN  D) NRIC/FIN/PASSPORT: ST906384C CONTACT: 9273394  C) ADDRESS: T2 SENGRANG COMARE #15 - 49 S(549706)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Q) NAME: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: (CONTACT: CONTACT: D) NRIC/FIN/PASSPORT: (CONTACT: CONTACT: CONTACT: D) NRIC/FIN/PASSPORT: (CONTACT: CONTACT: CON		DARFYOU CLAIMING UN	DER YOUR OWN INSU	RANCE MANNO	UNDER THIRD
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINIC/FIN/PASSPORT:  CJADDRESS:  *dJDATE OF BIRTH: (26/02/1979   (DD/MM/YYYY))  =JOCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF DRIVING PASS**  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. DJWEATHER CONDITION: (CLEAR / RAINING / OTHERS)  DJROAD SURFACE: (DBY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: TEOH CHIR CHING  C) NRIC/FIN/PASSPORT: \$766 45166 CONTACT: 8339 5461  9. THIRD PARTY VEHICLE  CI VEHICLE NUMBER: MODEL:  O) VEHICLE NUMBER: MODEL:	2.	AINAME: TAN YI	270063847	CONTICT	17733441
DRIVER  (I) ANAME:  DINRIC/FIN/PASSPORT:  CJADRESS:  **dJDATE OF BIRTH: (26/02/1979_I(DD/MM/YYYY))  B) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF DRIVING PASS  **WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANYZ (YES/NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  DIROAD SURFACE: (DRY / WET / OTHERS)  **AUSTRACE: (DRY / WET / OTHERS)  **AU				- A - A	
DINAME: (MALE / FEMALE)    CONTACT: CON	)		IVER ALSO POLICE INC		
** CJADDRESS:  *** CJADDRESS:	100 A 100 C	a)NAME:	*	The second of th	/ FEMALE)
BJOCCUPATION: (INDOOR / OUTDOOR)  1) DATE: OF DRIVING PASS - 22 JUN 1999  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  7. DIREPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: GBB 4105 X MODEL:  10. DRIVER'S NAME: TEOH CHING  C) NRIC/FIN/PASSPORT: STA66 45166 CONTACT: 8339 5461  9. THIRD PARTY VEHICLE  CI VEHICLE NUMBER: MODEL:  C) DRIVER'S NAME: MODEL:  DRIVER'S NAME: MODEL:  C) DRIVER'S NAME: MODEL:  C) DRIVER'S NAME: MODEL:  C) DRIVER'S NAME: MODEL:  C) DRIVER'S NAME:	(_)	ALCOHOLD SALES TO THE SALES TO THE SALES AND A SALES A		1.	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY (TEST OF THE DRIVER WITH INSURED:  15. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS)  16. WAS ANYBODY INJURED (YES / NO)  17. DIREPORTED TO POLICE (YES / NO)  18. THIRD PARTY VEHICLE  20. VEHICLE NUMBER: GBB 4105 / MODEL:  21. DIVER'S NAME: TEOH CHING CHING  21. OINIC/FIN/PASSPORT: \$766 45166 CONTACT: 8339 546	>	BOCCUPATION: (INDOC	OR / OUTDOOR)	UN 1999 .	
5. D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. D)REPORTED TO POLICE (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  4. VEHICLE NUMBER: GBB 4105 > MODEL:  1. D) DRIVER'S NAME: TEOH CHIR CHING  1. O) NRIC/FIN/PASSPORT: \$766 45166 CONTACT: 8339 586  9. THIRD PARTY VEHICLE  1. O) VEHICLE NUMBER: MODEL:  1. DRIVER'S NAME: MODEL:	4.	WAS DRIVER AN EMPL	DYEE OF THE INSUR	ED'S COMPANY	WNER.
b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. D)REPORTED TO POLICE (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  10) VEHICLE NUMBER: GBB 4105 > MODEL:  11. CHIRD PARTY VEHICLE  12. C) NRIC/FIN/PASSPORT: STAGE CONTACT: 8339 586  9. THIRD PARTY VEHICLE  13. DRIVER'S NAME: MODEL:  14. CHIRD PARTY VEHICLE  15. DRIVER'S NAME: MODEL:  16. DRIVER'S NAME: MODEL:	5	DIWEATHER CONDITION	(CLEAR / RAINING /	OTHERS	
7. OJREPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OJ VEHICLE NUMBER: GBB 4105 / MODEL:  D) DRIVER'S NAME: TEOH CHIR CHING  C) NRIC/FIN/PASSPORT: STA66 45166 CONTACT: 8339 5861  9. THIRD PARTY VEHICLE  OJ VEHICLE NUMBER: MODEL:  ODRIVER'S NAME:		b)ROAD SURFACE: (DRY	/ WET / OTHERS		•
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  9. VEHICLE NUMBER: GBB 4105 X MODEL:  1. DELVER'S NAME: TEOH CHIR CHIRG  1. DRIVER'S NAME: TEOH CHIRGE  9. THIRD PARTY VEHICLE  1. DRIVER'S NAME: MODEL:  1. DRIVER'S NAME: MODEL:  1. DRIVER'S NAME: MODEL:	6.	WAS ANYBODY INJURED	(YES / NO)		
8. THIRD PARTY VEHICLE  (a) VEHICLE NUMBER: GBB 4105 X MODEL:  (b) DRIVER'S NAME: TEOH CHIR CHING  (c) NRIC/FIN/PASSPORT: \$766 45166 CONTACT: 8339 5861  9. THIRD PARTY VEHICLE  (d) VEHICLE NUMBER: MODEL:  (e) DRIVER'S NAME:	16	IF YES, PLEASE STATE W	HICH POLICE STATION	L	
c) NRIC/FIN/PASSPORT: S766 45166 CONTACT: 8339 566	8.	THIRD PARTY VEHICLE			
c) NRIC/FIN/PASSPORT: S766 45166 CONTACT: 8339 566	of purchaser	<ul><li>o) VEHICLE NUMBER:</li></ul>	TENH CHIA	CHING	
9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER:MODEL:	duding dit to)	b) DRIVER'S NAME:	5766 45166	CONTACT:	8339 586
d) VEHICLE NUMBER:MODEL:		THIRD PARTY VEHICLE			
DRIVER'S NAME:		D. AMELINGUE AND LABOR.		MODEL:	19 W
a stop derivate 1) NRIC/FIN/PASSPORT: CONTACT:	s of betterdic	e) DRIVER'S NAME:			1.0
	a story defect	1) NRIC/FIN/PASSPOR		CONTACT:_	<del></del>

email = yIttan@gmail.com

fax = tengchuenamotorimage.net

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7906384C



TAN YI LIN (CHEN YILIN)

CHINESE

26-02-1979 M

SINGAPORE



4412918



HRIC NO. S7906384C

04-06-2009

72 SENGKANG SQUARE #15-49 SINGAPORE 544708

NRIC No: \$7906384C

Date: 10/12/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motorcycles not exceeding 286 cc
Class 2A Motorcycles between 201 oc and 460 cc
Class 2 Motorcycles exceeding 400 cc
Motor Class and Motor Tractics the weight of which unlader closs not exceed 2500 killing into

01 (kgi 1998) 07 Dec 1999 20 Feb 2001 22 Jun 1999

## 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.gbe.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 I INSURANCE SG AGENCY

MCI Type MX1

8-V0015317-MVA-R001

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

SJT546T

2 Name of Policyholder Tan Yi Lin

3 Effective date of Commencement of Insurance for the purpose of the Regulations

30/06/2018

4 Date of Expiry

29/06/2019

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

Date of Issue: 24/05/2018

Authorized Signature