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C Checked by (Engr-In-Charge):	OD: • NS: Co	ourlesy Car / Tpt Allowance	\$5
	5) NTUC	Additional Services:-	
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Contact No:	Por clai	ming against INC Only (well 10 Jan 20)	\$75
Priver/Owner:	4) FT : Fo	llow-Through Survey llow-Through Survey (Resurvey)	\$120 \$30
	3) TF : To	wing Pee 3	40/\$45
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Injury:			
3) Upload Resurvey Photo [Repair Cost > \$30	00) ( )		
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Policy No: ( ) Perio	Date:	Time:	)
Owner/Driver: (	-A. (	) Cover Type: (	)
I TO A STATE OF THE STATE OF TH	F11228	Tel:	
Proforred Wksp / INC Assign Wksp / QW; (			
1	Ass't Report by Fax / II	COLUMN TO SERVICE DE LA COLUMN TRANSPORTE DE LA COLUMN	Fax: • )
TP Insurer:	Assessment/Survey Rep		
	1-Photo Uploaded		
OD Reporting Only	i-Motor W/O (Within: C	D 2hts, TP 4hts)	
DOA: 19/12/18 19:00.	i-Motor Claim Form		
Veh No. SLR 1711 M	E-mail (within 5hrs, AIC 2	hrs)	<u> </u>
Ref No MAIQBE 18022 863/44.	SAS c-filing		
Date In: 20 1 12 118 16:20	Jeb description	15ac terms	
The state of the s	II.	Date & Time Completed	Done by
NATIONAL Assessment Centre	Services. poet 1 said	51. MWA 118163807.	

- per at 1.00

### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 5. 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.

Section States and the section of	ACCIDENT STATEMENT
Date Of Report	20/12/2018 16:20
Date Of Accident	19/12/2018 19:00
Exact Location Of Accident	ALONG HOLLAND RD
Country/State of Loss	SINGAPORE
TO REPORT OF THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR1711M
Insured/Policyholder	
Name Of Registered Owner	TAN KER WEN MELVIN
NRIC No	S6936191I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97466409
Alternative Phone No	OFFICE-97466409
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	NOAH HYBRID 1.8G A
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-V0018539-MVA
Cover Note Number	·
Driver	
Name of Driver	TAN KER WEN MELVIN
NRIC No	S6936191I
Date Of Birth	17/09/1969
Occupation	INDOOR
Date Of Driving Pass	31/12/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97466409
Fax Number	
Contact Number	OFFICE-97466409

NOEMAIL

Address

BLK 14 DOVER CLOSE EAST #03-222

Postcode

130014

OWNER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLF1122B

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)

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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) ail 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:
  - 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:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated dute and time I was travelling

DN	the	stated	derte	and -	time	Swa	n tra	velling
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aler	ng Ho	Mard Re	ead o	n la	ne 1	Su	dden	y vehicle
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# 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:

NRIC/FIN No .:

	10 Value 10
Date of Accident	: 19/12/18 Accident Time: 7 pm (24-HR-Format)
Accident Place	: Along Holland Road:
Vehicle. No. (Car Plate No.)	:SLR 171/1 M Make/Model: Tayta Noch Hybrid
Insurace Company	: QBF Policy No: 8- V0018539
Owner or Company Name /IC No.	: Tan Ker Wen Melvin/56936191 I
Owner or Company Contact No.	Owner's Hp 97466409 Company Tel
DRIVER'S Name / IC No.	: as where
DRIVER'S Date Of Birth	: 17/9/1969 DRIVER'S License Pass Date 3/12/190
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: BIK14 DOVE Close East # 03-222
DRIVER'S Contact No./ Alt No.	:1) <u>2)</u> £/30014
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 Da	river): 1 Driver
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private yes \ Work
Other P	arty Driver's Particular (if any)
Vehicle. No: SLF 1132B	(Al6) Vehicle, No:
Vehicle Make\Model:	
Name Driver:	100
C No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S.69361911





TAN KER WEN MELVIN

陈克温

CHENESE 17-09-1860 M SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

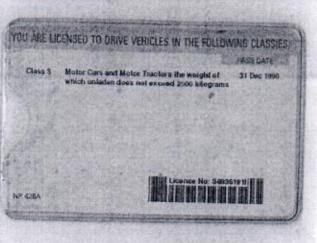
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TAN KER WEN MELVIN

then Tree: 17 Sep 1969 how Day 10 Dec 2003







# 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.sq



Page 1 of 2

Date of issue 08/08/2018

# PRIVATE CAR POLICY SCHEDULE

**New Business** 

TAN KER WEN MELVIN BLK 14 DOVER CLOSE EAST #03-222 SINGAPORE 130014

Policy Number 8-V0018539-MVA Period of Insurance 07/09/2018 to 06/09/2019

01000769

Account Number

(Both Dates Inclusive) LCH LOCKTON PTE. LTD

This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of this cover, please inform us.

The Insured:

TAN KER WEN MELVIN

Risk Details

Private Motor

Risk No 0001

Business/Occupation

MANAGER

Cover

Comprehensive

Sum Insured

Market Value

Registration No.

SLR1711M

z Do repost stansaczenniem

TOYOTA NOAH HYBRID 1.8G A

Cubic Capacity

1797

Make & Model
Type of Body

OTA NOAN NEEKID 1.8G A

Chassis No.

ZWR800262777

Year of Manufacture

Stationwagon/Wagon 2017

Engine No.

2ZR1964769

No Claims Discount

10.00

0.00

Safe Driver Discount

Excess

SGD

500 700 Insured/Named Driver Unnamed Driver

### Other Information

M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS) EA162 LOSS OF USE BENEFIT EZ93 YOUNG AND INEXPERIENCED DRIVER EXCESS - OWN DAMAGE CLAIMS (EXCESS : \$\$3,500.00)

# MEMORANDUM A

IT IS HEREBY DECLARED AND AGREED THAT FOR VEHICLE REPAIR AT QBE AUTHORISED WORKSHOP: FULL WAIVER OF EXCESS IS GRANTED BUT YOUNG AND INEXPERIENCED DRIVER (YIED) EXCESS IS STILL APPLICABLE.

SUBJECT OTHERWISE TO THE TERMS CONDITIONS AND EXCLUSIONS OF THIS POLICY