

**NATIONAL Assessment Centre Services.** [ver 1 Jan 03] MNA 118167427

Date In: 31/12/18 10:58	Job description	Date & Time Completed	Done by
Ref No: NAI 12BE 19 000064/164	SAS e-filing		
Veh No: PC 3014 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/12/18 13:15	I-Motor Claim Form		
<input checked="" type="radio"/> 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: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: Railing 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%; P: 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MNA 1900033

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Tel 1: Tel 2/3:	<b>Invoice Preparation Charges:</b> 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$50) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (ver 10 Jan 2003) 6) TR: Re-inspection \$75 7) N1: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:- Q1: *N5: Courtesy Car / Tpl 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: Idao Mobile \$0		Amt (\$): 20.00	Add'l Bill (\$): Add'l Bill
	Invoice dated _____ Fee Charged _____ 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 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. 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	31/12/2018 10:58
Date Of Accident	30/12/2018 13:15
Exact Location Of Accident	LIM CHU KANG RD TWDS JLN BAHAR (LP 96)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC3014K
Insured/Policyholder	
Name Of Registered Owner	BOO & BOO MARINE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68966770
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0009264-MVA-R004
Cover Note Number	-
Driver	
Name of Driver	LIM BOON LUI
NRIC No	S1778786A
Date Of Birth	29/12/1966
Occupation	INDOOR
Date Of Driving Pass	26/04/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91910023
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	15 WEST COAST WALK #21-26
Postcode	127162
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	RAILING
Details Of Properties	
Vehicle Category	GOVERNMENT
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


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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:

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

# SKETCH PLAN

Lim Chu Kang Rd towards Jln Bahar

Drain & Railing  
↓



A = PC3014K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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.:





**SINGAPORE  
POLICE FORCE**



T/20181230/2069

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20181230/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/12/2018 17:23	Vide Report No.: L/20181230/0104	Station Diary No.: 107
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**Informant's Particulars**

Name of Informant: LIM BOON LUI			Address: 15 WEST COAST WALK #21-26 SINGAPORE 127162	
ID Type / ID No.: NRIC NO / S1778786A			Contact No.: Home/Office: Mobile: 91910023	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 29/12/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SECTION MANAGER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 30/12/2018 13:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LIM CHU KANG ROAD JALAN BAHAR Lamp Post Number: 96				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3014K	Van				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181230/2069

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20181230/2069

**CONTINUATION OF REPORT**

Driver			
Name	LIM BOON LUI	ID No.	S1778786A
Related Vehicle	PC3014K (Van)	Contact No.	91910023
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/12/2018 at about 1315hrs, I was driving along Lim Chu Kang Road towards Jalan Bahar. As I was driving, I spotted a stray dog dashed across the road. In order to avoid collision, I swerved my vehicle left and crashed into the railings and ended up halfway in the drain. I managed to exit my vehicle. Traffic Police also came and my van was towed.

I did not suffer any injury.





**SINGAPORE  
POLICE FORCE**



T/20181230/2069

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3





Report No. T/20181230/2069

**CONTINUATION OF REPORT**


**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 MUHAMMAD SYAHMI BIN SENIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2018 17:23
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076 	Classification Of Case:  SN 37
Authentication Stamp NP168	 SIGNATURE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1778786A



Name  
LIM BOON LUI

林 文 磊

Race  
CHINESE

Date of birth  
29-12-1966

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1778786A

Name  
LIM BOON LUI

Birth Date 29 Dec 1966

Issue Date 27 Apr 2004

001205806C

4376257



NRIC No. S1778786A



Date of issue  
09-03-2009

15 WEST COAST WALK #21-28  
SINGAPORE 127162

NRIC No: S1778786A Date: 21/02/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 2B Motorcycles <= 200 CC	22 Mar 1989
Class 2A Motorcycles between 201 CC and 400 CC	22 Mar 1989
Class 2 Motorcycles > 400 CC	11 Apr 2014
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Apr 1995
Class 4 Heavy motor cars and motor tractors > 2500 kg	23 Apr 1995

S / No. 9000196598

S1778786A

NP 426A

Licence No: S1778786A







Jenny CC  
27 minutes ago



**QBE Insurance (Singapore) Pte Ltd**

A member of the worldwide QBE Insurance Group - Unique Entity No. 198491363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583  
Tel: 65-6324 6633 Fax: 65-6833 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.

B-V0008264-MVA-R064

Account Name **TEO XING MEI HEATHER**

MCI Type **MZ500**

1 Index Mark and Registration Number of Vehicle or Chassis No: **PC3014K**

2 Name of Policyholder **BOO & BOO MARINE PTE LTD**

3 Effective date of Commencement of Insurance for the purpose of the Regulations **04/11/2018**

4 Date of Expiry **03/11/2019**

5 Person or Classes of Person entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their 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\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business.

The Policy does not cover :-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) 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).

Hire Purchase : **MALAYAN BANKING BERHAD**

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: **02/11/2018**