

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

PN 489016773

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 01/02/2015 12:11 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/QBE/19002207/1 | SAS e-filing | | |
| Veh No: SCC 488 P | E-mail (w/da 2hrs, AIC 2hrs) | | |
| D.O.A: 01/02/2015 14:50 | 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: SL4 1178E | 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: | 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: | Assigned: |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|---------|
| NA1900914 | Invoice Particulars | Amount (\$) | Remarks |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 | | |
| | 5) PT: 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: | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-in INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$30 | | |
| | 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 | 07/02/2019 12:11 |
| Date Of Accident | 05/02/2019 14:50 |
| Exact Location Of Accident | KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLS4818P |
| Insured/Policyholder | |
| Name Of Registered Owner | MINAMI SHUNSUKE |
| NRIC No | S7888189E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97620407 |
| Alternative Phone No | OFFICE-97620407 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | NISSAN |
| Model | TEANA-3.5 (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-V0016665-MVA-R001 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | MINAMI SHUNSUKE |
| NRIC No | S7888189E |
| Date Of Birth | 11/03/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/11/2009 |
| Driving Experience | 9 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97620407 |
| Fax Number | |
| Contact Number | OFFICE-97620407 |
| EMail Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 26 KIM TIAN ROAD #26-02 |
| Postcode | 169277 |
| 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 (including own vehicle) involved in the accident | 2 |
| 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------------------|
| Vehicle Registration Number | SLH1178E |
| Vehicle Make/Model/Colour | CITROEN |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | STEFFANIE LUI TAI SIONG |
| NRIC/Passport Number | S7128458A |
| Contact Number | 97566141 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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.

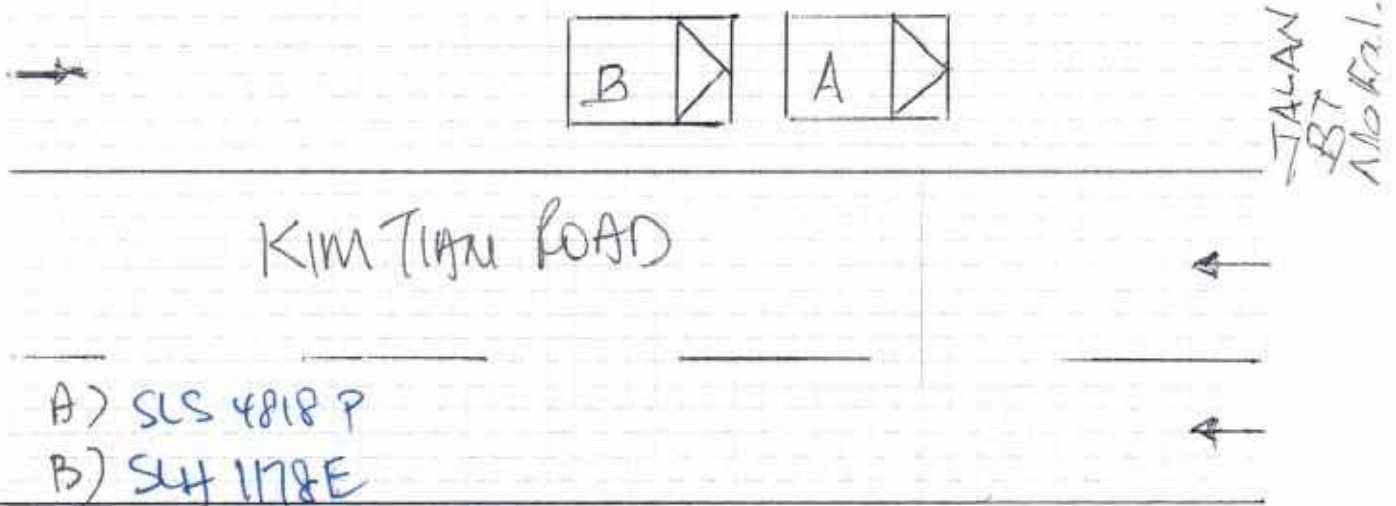
南 德 輔

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Resh W. A. A. A.*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I came out my condo and driving on Kim Tiam Road towards Jalan Butit Merah. Before I come to junction a car Citroen SLH 1178E bang to the back of my car.

Damage is very bad. I was moving about 40-50km/h when lody driver bang my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

南 俊輔

Policyholder's Signature
Date & Time:

南 俊輔

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resdi Lina Har

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rebuttals policy ability.
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available elsewhere.

ACCIDENT STATEMENT

Date Of Report

Date Of Accident 1 time 050219 1450 HRS

Exact Location Of Accident

Country/State Of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS 4818P

Insured/Policyholder

Name Of Registered Owner / company MR MINAMI SHUNSUKE

NRIC No / LO - REG NO. S778 S7888189E

Email Address

Mobile Phone No

96720407

Alternative Phone No

Vehicle Particulars

Manufacturer

NISSAN TEANA

Model

Exact Purpose for which vehicle was being used at time of accident PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken CLAIM THIRD PARTY

Vehicle Category

Insurance Company

QBE

Name of Insurance Company

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

8V001665

Cover Note Number

Driver

Name of Driver

AS ABOVE

NRIC No

S7888189E

Date Of Birth

11 03 78

Occupation

Year 2000

Date Of Driving Pass

Driving Experience

30 NOV 2009

Gender

MALE

Mobile Number

Fax Number

Contact Number

Email Address

Address

Postcode

Was driver an employee of the Insured's Company

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

Weather Conditions

Road Surface

Other Information:

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting offering accident claims assistance.

Number of Passengers (including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of Intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (including Driver)

Details of Witness

Name

Phone Number

Email Address

FRT TO REAR
CLEAR
DRY

NO
NO
YES
NO
-01-

NO
NO
NO

SLH 1178E
CITROEN SILVER
STEFFANIE LUI TAI SIONG
S7128458A
97566141

FRONT
-01-

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7888189E**
Name:



MINAMI SHUNSUKE

Birth Date: **11 Mar 1978**

Issue Date: **05 Jan 2015**



002382776A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7888189E**



Name

MINAMI SHUNSUKE



Race

JAPANESE

Date of birth

11-03-1978

Sex

M

Country/Place of birth

JAPAN



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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 30 Nov 2009

IP 428A

Licence No: S7888189E



9328003



NRIC No. S7888189E

Nationality

JAPANESE

Date of issue

14-04-2014

26 KIM TIAN ROAD #26-02
SINGAPORE 169277

NRIC No: S7888189E Date: 13/12/2017

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.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-V0016665-MVA-R001

Account Name **I INSURANCE SG AGENCY**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLS4818P**
- 2 Name of Policyholder **MINAMI SHUNSUKE**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **18/12/2018**
- 4 Date of Expiry **17/12/2019**
- 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: 09/11/2018

Authorized Signature

Vehicle Details

Vehicle No.: SLS4818P

Vehicle Type: P10 - Passenger Motor Car Vehicle Scheme: Normal

Vehicle Make: NISSAN

Vehicle Model: TEANA 3.5 SMT ABS D/AB
HID SR 2WD 4DR

Chassis No.: JN1BAUJ32Z0000308

Engine No.: VQ35323711C

Motor No.: -

Trailer Chassis
No.: -

Propellant: Petrol

Passenger 4

Engine Capacity: 3498 cc

Capacity: -

Unladen Weight: 1560 kg

Power Rating: -

Primary Colour: Grey

Maximum Laden
Weight: 2050 kg

IU Label No.: 1123496770

→ Secondary Colour: -

First Registration
Date: 18 Dec 2009

Maximum Power
Output: 185.0 kW (248 bhp)

Manufacturing
Year: 2008

Original
Registration Date: 18 Dec 2009

PARF Eligibility: Yes

Open Market
Value: \$37,341.00

No. of Transfer: 2

Minimum PARF
Benefit: \$18,670.00

Actual ARF Paid: \$37,341.00

Owner Particulars

Owner Name: MINAMI SHUNSUKE

Owner ID Type: Singapore NRIC

Owner ID: S7888189E

Registered
Address Type: HDB / HUDC

Registered
Block/House No.: 26

Registered Street
Name: KIM TIAN ROAD

Registered Unit
No.: # 26 - 02

Registered

Building Name: -

Registered Postal
Code: 169277

COE No./Expiry
Date: 2009110107000135D / 17 Dec 2019

COE Bid Category: E - Open Category

QP Paid: \$16,151.00

Transaction Details