

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MA11900738**

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 17/1/05 14:56 | Job description | Date & Time Completed | Done by |
| Ref No: NA/OBE 1900738/24 | SAS e-filing | | |
| Veh No: 66W 660R | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 17/1/05 14:00 | 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: **POH 48474** 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | for Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Date 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Date 2/3: | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | QD: | | | |
| | *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 | | | |
| | 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 | 14/02/2019 14:56 |
| Date Of Accident | 13/02/2019 14:00 |
| Exact Location Of Accident | CTE TWDS CITY BEFORE EXIT 7D |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SGW660R |
| Insured/Policyholder | |
| Name Of Registered Owner | LIANG QIYAO ALEX |
| NRIC No | S8328261D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91441571 |
| Alternative Phone No | OFFICE-91441571 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | EVO 9 |
| 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 | 08-VX020185-MVA |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIANG QIYAO, ALEX |
| NRIC No | S8328261D |
| Date Of Birth | 14/09/1983 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/12/2008 |
| Driving Experience | 10 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91441571 |
| Fax Number | |
| Contact Number | OFFICE-91441571 |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 157 MEI LING STREET #01-72 |
| Postcode | 140157 |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : VIVIEN OIE JOE YEE GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SERANGOON NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4880999 - FAX NO: 64883561 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190214/2007.

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 | FBH4847G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VIVIEN OIE JOE YEE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SGW660R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

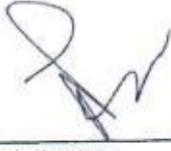
IMPORTANT NOTICE

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:

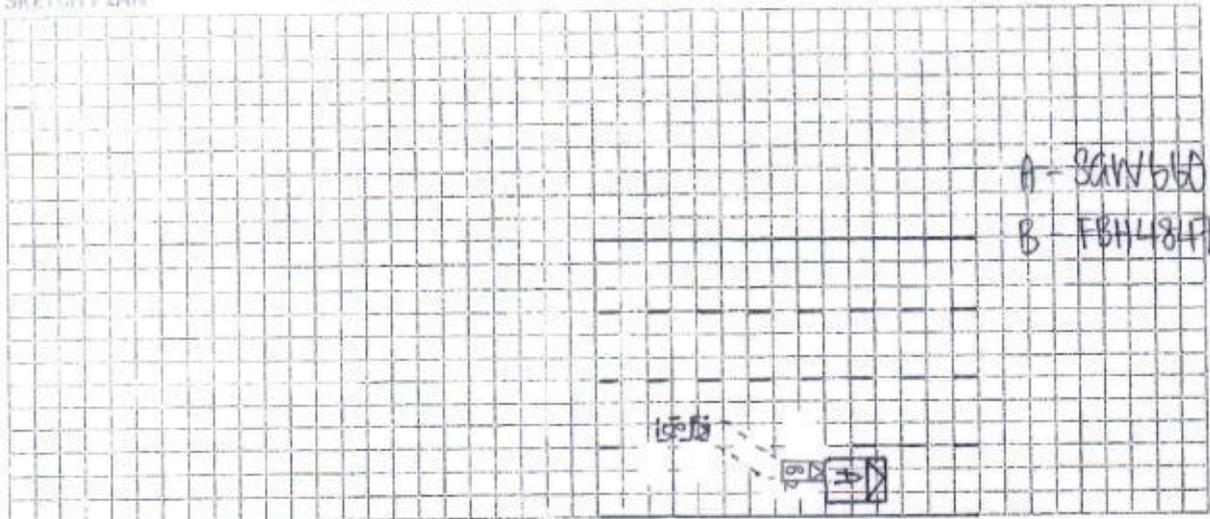


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 ACCIDENT STATEMENT

PURPOSE

Submit this form to the individual insurance authorised reporting centre, correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|---------------------------------|------------|
| Date of accident | 13/2/2019 | (DD/MM/YY) |
| Time of accident | 2.00pm | (HH:MM) |
| Exact location of accident | CTE towards Town before Exit 7D | |

DETAILS OF VEHICLE

| | | | |
|--|---|--|---|
| Vehicle registration number | SGW660R | | |
| Vehicle make and model | Mitsubishi Evo 9 | | |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | | | |
|-------------------|--|---|----------------------------------|
| Insurance company | QBE | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | |
|---------------------------|--|--|
| Name | LIANG QIYAO ALEX | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| C / Fin / Passport number | S8328261P | |
| Contact | 91441571 | |
| Address | Blk 157 Mei Ling Street #01-72 S(140157) | |

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

| | | |
|---------------------------|--|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| C / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Date of birth | 14/9/1983 | |
| Occupation | Indoor <input checked="" type="checkbox"/> | Outdoor <input type="checkbox"/> |
| Issuing date pass | 22/12/2008 | |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|----------------------|--|
| Employee of company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Ground surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| Number of passenger | 2 (Inclusive of driver) |

PASSENGER 1

| | |
|--------|--|
| Name | LIANG QIYAO Alex |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 2

| | |
|--------|--|
| Name | Vivien oie Joe yee |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

PASSENGER 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

OTHER INFORMATION

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

DETAILS OF POLICE ACTION

| | |
|---------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | |

WITNESS 1

| | |
|------|--|
| Name | |
|------|--|

WITNESS 2

| | |
|------|--|
| Name | |
|------|--|

| THIRD PARTY VEHICLE 1 | |
|------------------------------|----------|
| Vehicle registration number | FBH4847G |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|--|---|
| Name | Vivien oie joe yee |
| Injuries sustained | neck & back |
| Which vehicle person in? | SGW660R |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|----------------------------|--|
| Date/Time Report Made: 14/02/2019 01:33 | | Vide Report No.: | | Station Diary No.: 12 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIANG QIYAO, ALEX | | | Address: APT BLK 157 MEI LING STREET #01-72 SINGAPORE 140157 | | |
| ID Type / ID No.: NRIC NO / S8328261D | | | Contact No.: Home/Office: Mobile: 91441571 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 14/09/1983 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | | Institution / School Name: | |
| Occupation: Hair stylist/Hairdresser | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|----------------------------------|------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 13/02/2019 14:00 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE near exit 7D. | | | | |
| Weather: Clear | | Road Surface: Slight damp | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBH4847G | Motorcycle | | | | Slightly Damaged | 0 |
| SGW660R | Car | | | | Slightly Damaged | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190214/2007

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20190214/2007

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------|--|---------------------------------|
| Name | LIANG QIYAO, ALEX | ID No. | S8328261D |
| Related Vehicle | SGW660R (Car) | Contact No. | 91441571 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 13/02/2019 at around 1400hrs, I was travelling along CTE on lane 1 in my vehicle (SGW660R). I then noticed a motorbike (FBH4847G) was skidding on the road when I am near exit 7D of CTE.

The motorbike then hit onto the rear left of my car. The motorcyclist then stood up to move his bike to the side of the road. I also realized there was a vehicle from behind signalling to enter lane 1 from lane 2, that said vehicle then drove off from the vicinity after the motorcyclist shifted his bike to the sides.

I then contacted police and they came to scene along with the ambulance. The motorcyclist (Mohamad Hafiz Bin Mohamad Nor, S9105154J) was then conveyed to hospital by the ambulance. I then left the vicinity after Traffic Police carried out their investigations.

I would like to mention that I currently does not have any injury, but I will be going to make a check with the doctor.

As such, I am here to lodge a police report under Traffic Police instructions.



**SINGAPORE
POLICE FORCE**



T/20190214/2007

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20190214/2007

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: F / Sgt 2 CHAN KAI WENG GABRIEL | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 14/02/2019 01:33 |
| Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232 | Classification Of Case: |

Authentication Stamp

NP168

Singapore Police



**SINGAPORE
POLICE FORCE**



F/20190214/2011

1 of 2

POLICE REPORT (NP299)

Report No. F/20190214/2011

Police Station Of Origin
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

| | | | | | |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 14/02/2019 01:43 | | Vide Report No. | | Station Diary No. 16 | |
| Name Of Informant LIANG QIYAO, ALEX | | Address APT BLK 157 MEI LING STREET #01-72 SINGAPORE 140157 | | | |
| ID Type / ID No. NRIC NO / S8328261D | | Contact No. Home/Office | | Mobile 91441571 | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation Hair stylist/Hairdresser | | Sex Male | Age 35 | Date of Birth 14/09/1983 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 28/09/2018 12:00 | | Location Of Incident Toronto CANADA | | | |

Brief details.

On the 28/09/2018, I was in Toronto and discovered that my wallet was missing. I believed it to be pickpocketed. My IC is among the items stolen.

As such, I am lodging this report for my own replacement purposes.

| Property Information | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: F / Sgt 2 CHAN KAI WENG GABRIEL | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 14/02/2019 01:43 |
| Officer In-Charge Of Case: F / Ang Mo Kio Division HQ / Sgt 2 CHAN KAI WENG GABRIEL Contact No.: 64880999 | Classification Of Case: |

Authentication Stamp





| S/N | Item | Type | Brand/ Account/ Property/ Security- Type | Make/ Model/ Bank/ Address/ Counter | Serial No./ IMEI/ Acct No. | Quantity | Value | Description |
|-----|---------------|--------|--|---|-------------------------------------|----------|-------|---------------------------------------|
| 1 | Identity Card | Stolen | SINGAP ORE NRIC | | S832826 1D | 1 | | one Singapore pink IC S8328261D |

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: F / Sgt 2 CHAN KAI WENG GABRIEL | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 14/02/2019 01:43 |
| Officer In-Charge Of Case: F / Ang Mo Kio Division HQ / Sgt 2 CHAN KAI WENG GABRIEL Contact No.: 64880999 | Classification Of Case: |

Authentication Stamp

Signature:

SN.164

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

00285535G

LIANG QIYAO, ALEX

14 Sep 1983

10 Oct 2018



00285535G

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 22 Dec 2008

HP 428A



Licence No: S0320261D

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 106401363C

1 Raffles Quay, #29-01 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: **08-VX020185-MYA** Account Name: **KWG Insurance Agency Pte Ltd** MCI Type: **MX1**

- | | | |
|---|---|-------------------------|
| 1 | Index Mark and Registration Number of Vehicle or Chassis No: | SGW660R |
| 2 | Name of Policyholder: | LIANG QIYAO ALEX |
| 3 | Effective date of Commencement of Insurance for the purpose of the Regulations: | 01/03/2019 |
| 4 | Date of Expiry: | 31/01/2020 |
| 5 | Person or Classes of Person entitled to drive*: | |

(a) Any other person who is driving on the Policyholder's 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 **Limitation 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, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.**

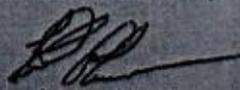
7 **Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings**

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)

Hire Purchase: **NA**

QBE Insurance (International) Limited

Date of Issue: **01/03/2019 3:24:02 PM**


Authorized Signature