NATIONAL Assessment Centre :	Services.	(wel 1 Jan 05) .	MMA 119 0 34	747.		
Date In: 15 13 119 14:04	Job description	1	Date &Time Co	mpleted	Done	s by
Rel No: MAI QBE 19004717164.	SAS c-filing					
Veh No: SGC 406 P	E-mall (within	Shrs, AIC 2hrs)				
D.O.A : 1513 119 07:00.	i-Motor Clai	m Form			+	
	I-Motor W/C) (Within: OD 2hr)	(TP 4brs)			
(11) Reporting Only	I-Photo Uplo	aded	1			
	Assessment/St	nvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand to	o Owner/Wksp		CHARLES TO THE	
Preferred Wksp / INC Assign Wksp / GW: (THE PERSON NAMED IN COLUMN	1	Tol:	Fax:)
TP Particulars: Veh No: Ski	W 4789 E	. NC(.)/Non-INC().		
Owner / Driver: (Tcl:)	
Policy No: () Period	1: ()	Cover Type: ()	
Confirmed by : (Dates	Time:)	
Insured/Driver Liability: (%) [Not	c-Est. Status (\	WO): N: 0-20	0%; P: 21-79%.	P; 80-1009	/6]	
	ranty: YES ()			
Excess: (\$) Loading: \$1,000		Name and Address of the Owner, where the Parker	aramanan (a-rimer)	315.00°5550	Landarda.	
General Reparks : State 12 18 18 18 18	MICOLINA.	(Mark) January	是是特殊的	E. F. Zinnie	4 9,	
() Walk-In Customer: Customer's informa	itlen strictly Co	nfidential & Str	ictly NO refer of	epalrer.		
() Total Loss Case : to e-mail Insurer U	RGENTLY.		,			
Drive-In ()/ Towed-In (); Invoice: Y	ES()/ I	10 () ; To	owing Co: (3,)
itemneles: 4 (186 ilbanie 6709 6616) S			H5hte & Funt Col	ude any	a (Done	Бу
the control of the co	tesy Car ()				
2) QC Check / Post Repair Inspection	(`)					A. O. O.
1) Upload Resurvey Photo [Repair Cost > \$3000)] ()	-			
Injury :			<u> </u>			
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itimunt's Particulars is the term of the first		2) DA : Damage /	Assessment (\$100);	INC (550)		
iver/Owner:		3) TP 1 Towing Pe 4) PT : Follow-Th	rough Survey	\$40/\$45 \$120		
ntact No:	Alle Cale	5) PT : Follow-Th	rough Survey (Resurv	ey) \$30 (0 Jan 2005)		
The same of the sa		6) TR: Re-inspect	tion	373		
maged Portion:		7) N1 : Idau DA + 3) NTUC Addition	SMRT Survey			
: Checked by (Engr-In-Charge):		OD.				
Cocceed by Congression Rel.		*N6: Repair Co		510		
iditors Comments :	现象学说 所	*N7: Post Repa		525 in 53		
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		9) N12: Ideo Mob	Fe	• Charged		MARKET MAN
2/3:		Landard dated	1000	Charged	MARK	

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.
- Information provided must be as <u>truthful</u> 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.

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.

a hand one of the second of the	ACCIDENT STATEMENT
Date Of Report	15/03/2019 14:04
Date Of Accident	15/03/2019 07:00
Exact Location Of Accident	CTE (PIE CITY) B4 AMK AVE 5 / AVE 3 EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC406P
Insured/Policyholder	
Name Of Registered Owner	CHO SAT YEE
NRIC No	S8583448G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90966559
Alternative Phone No	OFFICE-90966559
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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-V0014382-MVA-R002
Cover Note Number	2
Driver	
Name of Driver	LIEW WAN SENG(LIU WANCHENG)
NRIC No	S7530020D
Date Of Birth	04/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82017664
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 684D EDGEDALE PLAINS #16-669

Postcode 824684

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

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 ATTACHED STATEMENT.

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

SKW4789E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NG FARENTINO NRIC/Passport Number S1754121H

Contact Number

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.
- 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.
- 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 insurers) 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) 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:
 - 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 gignature

Driver's Signature

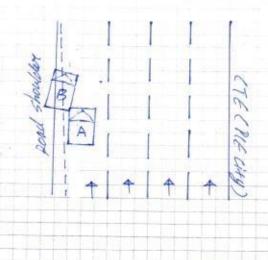
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Vehicle B: SKW 4789E

LJCKIDE	CINCO	MSTANCES	OF THE ACC	IDENT					
On	the	stated	date S	time.	1. vehicle	'A' h	ins	travel	ling Strain
ulong	the	Stated	venue.	Suddenly,	vehicle i	3' aut	into i	my di	ane
from	road	Shoulder	and	his onto	my vehice	le front.	left ,	portion.	

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.:

ACCIDENT STATEMENT

	The state of the s	YYY), TIME: 07 : 00 (HH:MM)	
	LOCATION: (TE(PIE (ity) before	Ang Mo. Kio AVE & AVEZ EXIT	
	1. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SGC 406 P		
	DINSURANCE COMPANY: RBE		
		3. 3	
	CIPOLICY NUMBER: 8-100/4382-MVA-		
	a)POLICY TYPE: (COMPREHENSIVE / THIRD	- The state of the	
	e)MAKE & MODEL: Toyota wish		
	F)TYPE: (SALOON / COUPE / MPY /VAN / LO	ORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)	
	h) PURPOSE OF USING AT ACCIDENT TIME:		
	I) ARE YOU CLAIMING UNDER YOUR OWN IN		
	IF NO, PLEASE STATE (THIRD PARTY CLAIM)		
	2. INSURED / POLICY HOLDER		
	AINAME: Cho Sat Yeo	(Mig. 2 / FEMALE)	
	bINRIC/FIN/PASSPORT: 585834486	CONTACT: 90966 tt 9	
	CIADDRESS: ATT BUK GRUD EOGEORIE		
	CIADORESS. ATT ON OBOY ENGEVALE	1601NS 416-001 0000000	
	" CONTINUE TO 3.d IF DRIVER ALSO POLICY	UOLDED	
Marie of ann	CONTINUE TO S. OF DRIVER ALSO POLICY	HOLDER	
Ano of pass	and all The Can Sen	9 (MALP / FEMALE)	
Concluding	hiver) ANAME: 1 LIEW CAN SON		
(01)	CIADDRESS: APT BUK 6840 60660		9
-	CHOOKESS. TIPI BUK BIGU	608 / WALKS A 16-00/ (2824074	
	*d) DATE OF BIRTH: (04) 09 1 1995)(DI	5/444 00001	
		D/MM/1111)	
	e) OCCUPATION: (INDOOR / OUTOOR)		
	f) YEARS OF DRIVING EXPRERIENCE:	DEDIC COMPANYS (VEC. 1610)	
	f)YEARS OF DRIVING EXPRERIENCE:		
	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: Husband	
	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. G)WEATHER CONDITION: (CLEAR / RAINING)	ITH INSURED: Husband	
	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W 5. DIWEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS	ITH INSURED: Husband	
	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W 5. D)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)	ITH INSURED: Husband	
	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. DIWEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO)	ITH INSURED:	
	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. DIWEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	ITH INSURED:	
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file of passen	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. a)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO 8. THIRD PARTY VEHICLE 924 a) VEHICLE NUMBER: SKW 4789 E	ITH INSURED:	
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into of passon landarding du	f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. a)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO 8. THIRD PARTY VEHICLE 92 a) VEHICLE NUMBER: SKW 4789 E 104 b) DRIVER'S NAME: DG PARE DTINO C) NRIC/FIN/PASSPORT: SCT-4121 H	ITH INSURED: Husband	
(0)	F)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. DIWEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO 8. THIRD PARTY VEHICLE 102 DRIVER'S NAME: SKW 4789 E 104 DRIVER'S NAME: NG TARE WITHO C) NRIC/FIN/PASSPORT: S(7+412) H 9. THIRD PARTY VEHICLE	ON:	
(0)	F)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT NO, RELATIONSHIP OF THE DRIVER W 5. DIWEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATIO 8. THIRD PARTY VEHICLE 9. VEHICLE NUMBER: SKW 4789 E 1020 DRIVER'S NAME: NG PARE NTINO C) NRIC/FIN/PASSPORT: S(7+4 2 H) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	ITH INSURED:	
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email = ricoboautosurvices egmall. com fax = 6286 7060





ORIVER

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry any load
and the unladen weight > 7250kg Class 3 Class 4

Class 5

icence No:S7530020D

3925554 NC No. S7530020D Date of issue 01-09-2006 APT BLK 684D EDGEDALE PLAINS #16-669 SINGAPORE 824684 NRIC No: \$75300200 Date: 27/05/2018

NP 428A

IDENTITY CARD NO \$8583448G





CHO SAT YEE

CHINESE 97-11-1985 F MALAYSIA



MALAYSIAN 31-01-2013

APT BLK 105 JACAN BUKIT MERAH #12-1940 SINGAPORE 160105

QBE Insurance (Singapore) Pte Ltd

Fighes Group - Unique Entity No. 198401963C

1 Raffles Quay, #29-10 South Yower, Singapore 048583 Tel: 65-6224 6633 Fax: 66-6533 3279 GST Registration No.: M200644018 www.qbe.com.ne



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 CHONG YIT CHUN

MCI Type MX1

8-V0014382-MVA-R002

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

SGC406P

2 Name of Policyholder CHO SAT YEE

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

05/01/2019

4 Date of Expiry

04/01/2020

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

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

Authorized Signature

Date of Issue: 03/01/2019

THUBLIC OF MANY

Birth Date 22 Sep 1966 Issue Date 05 Jul 2004

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLAS

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

ASS DATE

Licence No: S1754121H

NP 428A