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NATIONAL Assessment Centre	Services	[wet 1 Jan'05] M1	AII904ITA		
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Veh No: 1412393A	E-mail (with	in Shrs, AIC 2hrs)	Ť ·	T	To the second
D.O.A: 7/3/19-71:00	i-Motor Cla		1		
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OD (P) Reporting Only	i-Photo Upl		, 11 40(3)		
				-	
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand to		0.0000000000000000000000000000000000000	<del> </del>	
Preferred Wksp / INC Assign Wksp / QW: (	- Troport	of raxi Hand			
	<b>.</b>	DIC	Tel:	Fax:	
Owner / Driver: (	70.	, INC (		2	
Policy No: ( ) Period	1. /		Tel:	)	
Confirmed by : (	1: (	)	Cover Type: (	)	
	- Fra Cart - /	Date:	Time:	)	
	rranty: YES (		%; P: 21-79%. P: 80	-100%]	
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The state of the contract of t		Same Day of the Control of	Manager & Committee of the Committee of	70 H	
			Carl Commence .	STATE OF STATE	10
( ) Walk-In Customer: Customer's information	tion strictly Co	onfidential & Stri	ctly NO refer of repairer	г.	
( ) Total Loss Case : to e-mail Insurer U.	RGENTLY.		*		- N
Drive-In ( )/ Towed-In ( ); Invoice: YI					1000
, , invoice. 11	ES ( ) / I	NO(); To	wing Co: (		)
Remarks:- (INC horline: 6788 6616)			Date& Time Completed	Done	i.
1) Apply for Transport Allowance ( )/Court	tecy Cor (	<u>)</u>	1	Total Carlo	Ly
2) QC Check / Post Repair Inspection	( )	,		-	
3) Upload Resurvey Photo [Repair Cost > \$3000]	2 (	,	<del></del>		
	1	,	1		
Injury:					
Date/Time Actions			12 CONTRACTOR - 12 PORTO 10 CO		
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In the state of th		100		Anit (S)	Amt
1A 1402308.	7	Invoice Prepa	ration Checklist	in Bill	Add
umant's Particulars :-		1) AR : Accident Re			
iver/Owner:		2) DA : Damage As 3) TF : Towing Fee	sessment (\$100); INC (\$	10/\$45	
		4) FT : Follow-Three	ough Survey	\$120	
ntact No:	50		ough Survey (Resurvey)	530	
maged Portion:	10	6) TR : Re-inspection	nst INC Only (wef 10 Jan 200	\$75	
Boat of thori,		7) N1 : Idac DA + S		\$160	
		8) NTUC Additions			
Checked by (Engr-In-Charge):	1	OD.		\$5	
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S. C. Changer and C. Changer and C. C. Changer and C. Change		*N5: Courtesy Co *N6: Repair Co-o			
ditors! Comments :-		*N6: Repair Co-o *N7: Post Repair	rdination Inspection	\$10 \$25	
		*N6: Repair Co-6 *N7: Post Repair *N8: DV / Collec	rdination Inspection LExcess Coordination	\$10 \$25 \$5	
1:		*N6: Repair Co-6 *N7: Post Repair *N8: DV / Collec	rdination Inspection t Excess Coordination on INC) against INC	\$10 \$25	
ditors' Comments := 1: 2/3:		*N6: Repair Co-o *N7: Post Repair *N8: DV / Collec TP (N11): TP (N	rdination Inspection t Excess Coordination in INC) against INC	\$10 \$25 \$3 \$20 30	

## 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 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.

  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 ladgement 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	30/03/2019 17:21
Date Of Accident	17/03/2019 21:00
Exact Location Of Accident	BLK 3 LOR LEW LIAN LOADING BAY
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK393A
Insured/Policyholder	
Name Of Registered Owner	LOW HAI YEONG
NRIC No	S7247931I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96397711
Alternative Phone No	OFFICE-96397711
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS GS250 PREMIUM AUTO
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-V0018117-MVA
Cover Note Number	
Driver	
Name of Driver	LOW HALVEONG

Name of Driver	LOW HAI YEONG
NRIC No	\$72479311
Date Of Birth	09/12/1972
Occupation	INDOOR
Date Of Driving Pass	26/04/1993
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96397711
Fax Number	

Contact Number OFFICE-96397711

**EMail Address** NOEMAIL Address 9A SENGKANG EAST AVENUE

#17-35

Postcode 544743

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

# **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

REFER TO 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

Vehicle Registration Number

SGY4262U

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

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

- 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. This Form must be companies to as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
   Information provided must be as truthful and accurate as possible.
- facts may allow insurance companies to repudiate policy liability,
- facts may allow insurance companies is not an admission of policy liability on the part of the insurance.

  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance. 5. Any false reporting may be referred to the Police for Investigation. companies.
- 5. Any false report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance

  6. The report will be forwarded by the insurers of that copies of this report will for a fee be made available. The report will be forwarded by the insurers and that copies of this report will for a fee be made available upon application by 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, My insurer, my workshop and the 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 provided by me or possessor and possessor and provided by me or possessor and provided by me o 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)
    - (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
    - (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
    - 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.
    - 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)

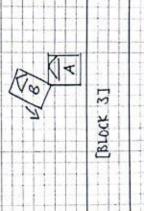
Date & Time:

Reporting Centre Perso

NRIC/FIN No.:

s Signature

Vehicle A: SAK 393 F Vehicle B: SGY 4262 U



W	nen I	returned	10	my vehic	u, there	was a
note	tuom	Mv pham	, NRIC:	58176052	G , HP: 0	1049 7144 ,
tnat	he reve	rsed onto	MM	vehicle.	the stated	tnat
his ve	histe ic	644426	Zu.			
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DECLARATION

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

Policyholder's Signature

La Court Control Plant Com\_V3

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 17 03 2019 1(DD/	MM/YYY), TIME: ( 31 : 00 )(HH:MM)
ACCIDENT DATE:	: 3 Lorong Lew Lian.
LANGUARA BON OI DIE	. 3 wing ter day.
LUCATIO	W
1. DETAILS OF VEHICLE SAK 39	2 E .
ajvehicle NUMBER: 84 54	
blinsurance COMPANY: 6	BE
CIPOLICY NUMBER:	
	HIRD PARTY / THIRD PARTY FIRE &THEFT)
OJPOLICY TYPE TOOUTE / MPV /VAI	
OMAKE & MODEL COUPE / MPV /V AN	N / LORRY / MOTORCYCLE / OTHERS)
F)TYPE: (SALGON / COUPE / MPV / VAI F)TYPE: (SALGON / COUPE / MPV / VAI G)VEHICLE CATEGORY: (PRIVATE / CO G)VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLE)
DIVEHICLE CATEGORY: [FRITO]  DIPURPOSE OF USING AT ACCIDENT TO	IME: MIVATE
HIPURPOSE OF USING AT ACCIDENT IN HIPURPOSE OF USING AT ACCIDENT IN HIPURPOSE OF USING AT ACCIDENT IN	WN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY OF	LAIM / REPORTING ONLY)
IF NO, PLEASE STATE THE	
2. INSURED / POLICY HOLDER	(MALE / FEMALE)
SEUCE) STREET	1311 CONTACT: 9639771
BINRIC/FIN/PASSFORM	AVE #17-35 S(544743).
CIADDRESS: 17 Strip to 19	
· CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
The state of the s	
14 Ho of person go DRIVER .	(MALE / FEMALE)
giname:	CONTACT:
(D) c/ADDRESS:	
*d)DATE OF BIRTH: (_09_/ 12_/1972	J(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOO	R)
TO THE PROPERTY OF THE PROPERT	67 46013
THE AN ENDLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIV	ER WITH INSURED: OWNER
5. g) WEATHER CONDITION: (CLEAR / RAII	NING / OTHERS
bJROAD SURFACE: (DRY / WET / OTHER	es
6. WAS ANYBODY INJURED (YES / KG)	·
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE S	TATION:
8. THIRD PARTY VEHICLE	
He of passenger of VEHICLE NUMBER: 267 4262	MODEL:
Induding driver) b) DRIVER'S NAME:	
	CONTACT:
(UNF)OWN . C) NRIC/FIN/PASSPORT:	
	MODEL:
- I have seen to	MODEL
Including driver) 1) NRIC/FIN/PASSPORT:	CONTACT:
( )	CONTACT

email =

fax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$72479311



Name



LOW HAI YEONG

刘海

Race

CHINESE

Date of Birth

Sex

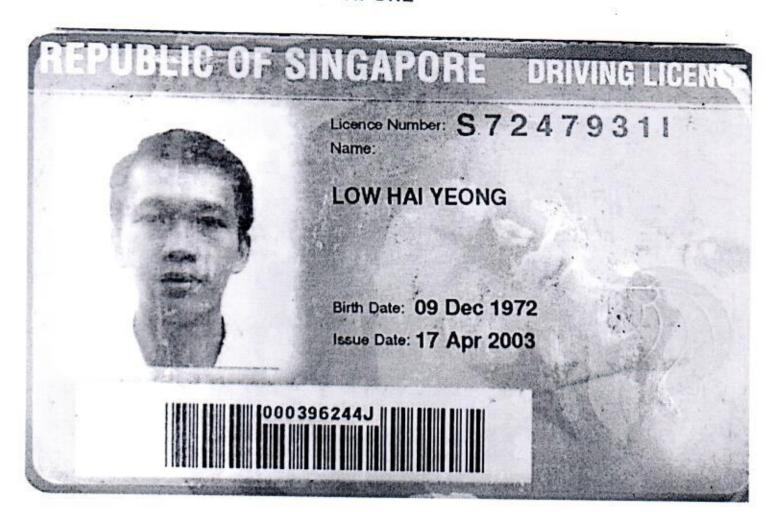
09-12-1972

M

Country of Birth

SINGAPORE







NRIC No. S72479311

Blood Group

Date of issue

24-12-2002

9A SENGKANG EAST AVENUE #17-35 SINGAPORE 544743

NRIC No: \$72479311

Date: 07/03/2016

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

PASS DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

26 Apr 1993

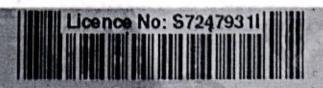
Class 4

Heavy motor cars and motor tractors > 2500 kg

18 Feb 2019

S72479311

S / No.9000288993



NP 428A

# 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-V0018117-MVA

Account Name I INSURANCE SG AGENCY

MCI Type MX1

Index Mark and Registration Number of Vehicle or Chassis No:

SGK393A

2 Name of Policyholder LOW HAI YEONG

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

20/07/2018

4 Date of Expiry

19/06/2019

- 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)

Hire Purchase: SPEEDO CAPITAL PTE LTD

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 12/06/2018