

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119 06282**

Date In: 12/5/19-12:20	Job description	Date & Time Completed	Done by
Ref No: NA12081920845374	SAS e-filing		
Veh No: JD 874X	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 12/5/19-10:15	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: JKMS1D	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)	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	Actions

NA190599	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	13/05/2019 20:00
Date Of Accident	12/05/2019 15:15
Exact Location Of Accident	JUNC YUAN CHING RD & BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8074X
Insured/Policyholder	
Name Of Registered Owner	HUANG KUN LIE WILSON
NRIC No	S9023729B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82822508
Alternative Phone No	OFFICE-82822508

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5
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-V0018104-MVA
Cover Note Number	

Driver

Name of Driver	WAI LAI YEE
NRIC No	S9011798Z
Date Of Birth	05/04/1990
Occupation	INDOOR
Date Of Driving Pass	07/04/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91396356
Fax Number	
Contact Number	OFFICE-91396356
EMail Address	NOEMAIL

Address	BLK 165B YUNG KUANG ROAD #16-36
Postcode	612165
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 - CROSS JUNCTION
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)	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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM51D
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH ZHI QUAN
NRIC/Passport Number	S8628020E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	WAI LAI YEE
------	-------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLD8074X

YES

NO


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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.

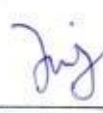
8. Consent under the Personal Data Protection Act (PDPA)

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:

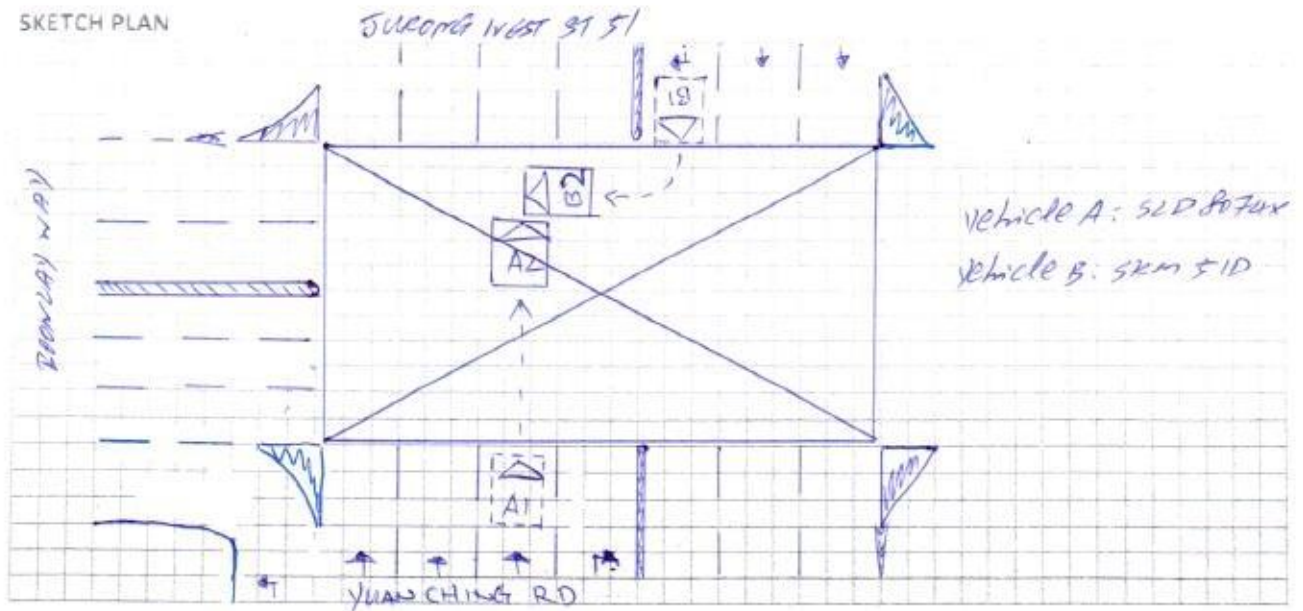


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE & TIME, I, VEHICLE A WAS TRAVELLING
 LIGHT MY
 STRAIGHT ON THE STATED VENUE AS TRAFFIC IN A FAVOUR. SUDDENLY,
 VEHICLE B MADE A U-TURN, AS SUCH, VEHICLE B COLLIDED ONTO MY
 VEHICLE FRONT 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

ACCIDENT DATE: 12 / 05 / 2017 (DD/MM/YYYY), TIME: 15 : 15 (HH:MM)

LOCATION: JUBE of YUAN CHING RD & BOON LAY WAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 8074X
 b) INSURANCE COMPANY: QBE
 c) POLICY NUMBER: 8-V0018104-MVA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VOLKSWAGEN JETTA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USED
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: HUANG KUN LIE NILSON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S902379 B CONTACT: 82822408
 c) ADDRESS: BUK 1655 YUNGE KUANG RD #16-36 (S) 612115

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WAI LAI VEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9011798E CONTACT: 91396346
 c) ADDRESS: BUK 1655 YUNGE KUANG RD #16-36 (S) 612115

*d) DATE OF BIRTH: 05 / 04 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (YES)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKM 51 D MODEL: AUDI Q5
 b) DRIVER'S NAME: TOH ZHI RUAN
 c) NRIC/FIN/PASSPORT: SPA28020E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
()

Email = ric060autoservices@gmail.com

fax = 6286 7060

DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9011798Z**
Name: **WAI LAI YEE**

Birth Date: **05 Apr 1990**
Issue Date: **07 Apr 2011**

001953650A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9011798Z**

Name: **WAI LAI YEE**
韋麗怡
Race: **CHINESE**
Date of birth: **05-04-1990** Sex: **F**
Country of birth: **SINGAPORE**



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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

EFFECTIVE DATE: **07 Apr 2011**

NP 428A

Licence No: **S9011798Z**

3703528

NRIC No. **S9011798Z**

Date of issue: **18-04-2005**

APT BLK 185B YUNG KUANG ROAD #18-36
SINGAPORE 612165

NRIC No: **S9011798Z** Date: **01/01/2018**



OWER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9023729B**

Name: **HUANG KUNLIE, WILSON**

Birth Date: **07 Jul 1990**

Issue Date: **12 Nov 2008**

001674357C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9023729B**

Name: **HUANG KUNLIE, WILSON**

黄 坤 烈

Race: **CHINESE**

Date of birth: **07-07-1990** Sex: **M**

Country of birth: **SINGAPORE**

3738915

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

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	12 Nov 2008
Class 2A	Motorcycles between 201 CC and 400 CC	29 Dec 2009
Class 2	Motorcycles > 400 CC	10 Feb 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Aug 2009

S/No. 9009144019

Licence No: S9023729B

NP 428A

3738915

NRIC No. **S9023729B**

Date of issue: **08-07-2005**

APT BLK 165B YUNG KUANG ROAD #16-36
SINGAPORE 612165

NRIC No: **S9023729B** Date: **01/01/2018**

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-V0018104-MVA**Account Name **LCH LOCKTON PTE. LTD**MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLD8074X**
- 2 Name of Policyholder **HUANG KUN LIE WILSON**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **29/06/2018**
- 4 Date of Expiry **28/06/2019**

- 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 : **MALAYAN BANKING BERHAD**

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 12/06/2018

Authorized Signature