

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA119015-165

Date In: 21/5/19-11:21	Job description	Date & Time Completed	Done by
Ref No: 4A/ABE19008945/24	SAS e-filing		
Veh No: 56084826	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/5/19-14:45	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: 56084826

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:- (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

Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

ON*

*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	21/05/2019 11:21
Date Of Accident	18/05/2019 14:45
Exact Location Of Accident	JUNC SENGKANG EAST WAY & ANCHORVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8482L
Insured/Policyholder	
Name Of Registered Owner	CHIN WAI YEE
NRIC No	S7376351G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98212090
Alternative Phone No	OFFICE-98212090

Vehicle Particulars

Manufacturer	SUBARU
Model	XV 1.6I-S AWD CVT
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-V0020373-MVA
Cover Note Number	

Driver

Name of Driver	CHIN WAI YEE
NRIC No	S7376351G
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	12/03/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98212090
Fax Number	
Contact Number	OFFICE-98212090
Email Address	NOEMAIL

Address	55 COMPASSVALE BOW #04-11
Postcode	544986
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 - 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?	YES
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)	4
Passenger 1	NAME: : YEO HUI SIANG GENDER: : FEMALE
Passenger 2	NAME: : CHIN JIN YANG ETHAN GENDER: : MALE
Passenger 3	NAME: : CHIN YAN XI CHERISSE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190519/2045.

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	SMJ7636M
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)

DETAILS OF INJURED PERSON 1

Name CHIN WAI YEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8482L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name YEO HUI SIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8482L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CHIN JIN YANG ETHAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8482L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name CHIN YAN XI CHERISSE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8482L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

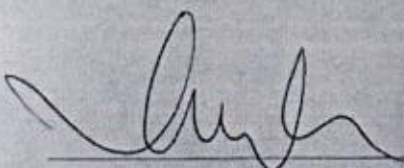
SKETCH PLAN

IMPORTANT NOTICE

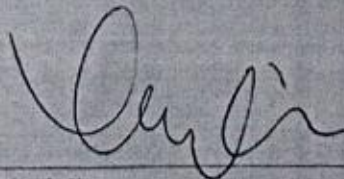
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

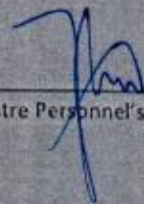
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:


[illegible]

Based on police Report:

DECLARATION


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

I/We declare the foregoing parties



Kelly Hester's Signature

are true in every respect.



Driver's Signature

Signature

Date of Accident : 18/05/2019 Accident Time: 1445 (24-HR-Format)
Accident Place : Seng Kang East Way & Anchorvale Rd X-Junction
Vehicle Reg. No. (Car Plate No.) : SLH 8482L
Vehicle Make/Model : subaru xv 1.6
Insurance Company : GBE Policy No. 8-V0020373-MVA
Owner or Company Name / IC No. : CHIN WA1 YEE S7376351G
Owner or Company Contact No. : 98212090 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : "
DRIVER'S Date Of Birth : 31/12/1973 DRIVER'S License Pass Date 12/03/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Other
DRIVER'S Address : 55 COMPASSVALE BOW #04-11 S(544986)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN@MYCAR.SG
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 04 ① Yeo Hui Jang, Female ② Chin Jin Xing, male ③ Chin Yn Xi, female ④ Cherrisse, female
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMJ 7636M

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20190519/2045

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20190519/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2019 13:29	Vide Report No.: F/20190518/0115	Station Diary No.: 71
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Informant's Particulars

Name of Informant: CHIN WAI YEE			Address: 55 COMPASSVALE BOW #04-11 SINGAPORE 544986	
ID Type / ID No.: NRIC NO / S7376351G			Contact No.: Home/Office: Mobile: 98212090	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 31/12/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: VICE PRESIDENT			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/05/2019 13:05	Type of Location: Traffic Junction
Location: Junction of Road 1 and Road 2 SENGKANG EAST WAY ANCHORVALE ROAD				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU8482L	Car	SUBARU	XV 1.6I-S AWD CVT	Silver	Seriously Damaged	3
SMJ7636M	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190519/2045

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190519/2045

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU8482L	QBE Insurance (Singapore) Pte Ltd	V0020373	15/12/2018	14/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN WAI YEE	ID No.	S7376351G
Related Vehicle	SLU8482L (Car)	Contact No.	98212090
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2019	Date Discharge	18/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 18/05/19 at about 1305hrs, I was driving one silver coloured Subaru with bearing registration number SLU8482L, travelling along Sengkang East Way towards the traffic junction of Anchorvale Rd on Lane 02.

My vehicle consisting with 03 passengers as follows:

- Front passenger:

Yeo Hui Siang, S7637009E (wife)

- Rear passenger

Chin Jin Yang Ethan, T0515368E (right side)

Chin Yan Xi Cherisse, T1003511I (left side)

While I was almost approaching to the said junction (green light) to my right of way, one vehicle (blue coloured KIA bearing SMJ7636M, known as V1) suddenly making a right turn towards Anchorvale Rd in front of me. I then brake, however, there was insufficient time to stop subsequently collided onto V1's left side.

V1 then moved from the spot and parked at the side of Anchorvale Rd however, the driver (Desmond Lim, Hp: 91870931) did not alight from the vehicle. Both me and another male Malay witness then approached the driver to alight and make a check.

After which, both Ambulance and Traffic Police came to our scene.

I make a check on my vehicle and discovered that there were damages at the whole front portion (front bumper, headlights and bonnet) and air bags.

I was then conveyed to Sengkang General Hospital as I felt pain on my shoulder. I was then given 02



**SINGAPORE
POLICE FORCE**



T/20190519/2045

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20190519/2045

CONTINUATION OF REPORT

days of MC dated from 18/05/19 - 19/05/19.

Both me daughter and son had personally gone to KK Hospital and was given MC each as listed:

- Son: 03 days MC dated from 18/05/19 - 20/05/19
- Daughter: 04 days MC dated from 18/05/19 - 21/05/19

I wish to state that my wife has yet to go for medical check up as she did not suffered any injuries as of yet. However, there were some bruises on her hand area due to the accident. However, my wife will be going down to Sengkang General Hospital.

This is the first time happened.



**SINGAPORE
POLICE FORCE**



T/20190519/2045

4 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190519/2045

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 MOHAMAD ADAM BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2019 13:29

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Classification Of Case:

SN 085



Signature:

Authentication Stamp

NP168

Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7376351G



Name

CHIN WAI YEE

陳偉義

Race

CHINESE

Date of birth

31-12-1973

Country of birth

MALAYSIA

Sex

M

S7376351G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S7376351G

Name

CHIN WAI YEE

Birth Date: 31 Dec 1973

Issue Date: 12 Mar 2003

000305549F



4013593



NRIC No. S7376351G



Date of Issue
17-01-2012

Address
55 COMPASSVALE BOW
#04-11
SINGAPORE 544986

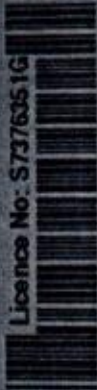
NP 428A

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

PASS DATE
12 Mar 2003

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

Licence No: S7376351G



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-V0020373-MVA** Account Name **PANA HARRISON (ASIA) PTE LTD** MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLU8482L**
2 Name of Policyholder **CHIN WAI YEE**
3 Effective date of Commencement of Insurance for the purpose of the Regulations 15/12/2018
4 Date of Expiry **14/12/2019**

- 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

Authorized Signature

Date of Issue: 15/11/2018