NATIONAL Assessment Centre Services. MMA119070249 Done by Date In: Job description Date & Time Completed 3015/19 08:45 Ref No: SAS c-filing NAI QUE 19009564/ 44 Vch No E-mail (while this, AIC this) GBE 9769 G I-Motor Claim Form 2915119 11:20 I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proformal Wksp / INC Assign Wksp / QW: (FIXE I'l Particulars: INC (Veh No:)/Non-INC (SHO 3185 P. Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by : (Dates Times 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 (Concolling the second of the s) Walle-In Customar: Customer's information strictly Confidential & Strictly NO refer of repairer, to e-mail Insurer URGENTLY.) Total Loss Case Drive-In ()/Towad-In(); Invoice: YES (Remarks : 100 (ISE 160) IE 1629 FOOTS VALUE OF 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Limit & Actions MA1904038 Chairmant's Parcicular 1) AR 1 Apoldent Reporting (530); ING (\$80) \$40/\$4 Driver/Owner: \$120 4) PT + Follow-Through Survey 5) I'T : Follow-Through Burvey (Resurvey) Contact No: Porglaining against INC Only (wof 10 Jan 2003) 6) TR: Re-Imposition Dunnaged Portion: 7) NI : Ideo DA + SMRT Survey 8) NTUC Additional Services: QC Checked by (Engr-In-Charge): *NS: Courlesy Car / Tpt Allowande * No: Rapale Cu-ordination * N7; Post Repair Inspendion Auditors Commen +NS: DV / Collect Excess Coordination TP (NII) : TP (Kan INC) against INC 9) N121 Idao Mobile Involve dated 11 2/3: Invoice dated

1 . p. 1 of 1 . 25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as <u>truthful and accurate</u> 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	30/05/2019 08:45
Date Of Accident	29/05/2019 11:20
Exact Location Of Accident	AT KAKI BUKIT AVE 6 AUTOBAY
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9769G
Insured/Policyholder	
Name Of Registered Owner	ACE LAUNDRY
Co Reg No	The state of the s
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97697528
Vehicle Particulars	The state of the s
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017638-MVA-R001
Cover Note Number	•
Driver	
Name of Driver	CHAN GEORGE
NRIC No	S1178631F
Date Of Birth	06/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97697528
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 47 MARINE CRES #07-84

Postcode

440047

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - U-TURN

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: RAJAN KALIMUTHU

GENDER:

: MALE

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

SHD3185P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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 CHAN GEORGE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE9769G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name RAJAN KALIMUTHU

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? GBE9769G

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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:

urers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, is law enforcement and government agencies as reasonably required for the purposes stated, or

g with requirements under any regulations, laws or court orders.

Ace Laundry

Driver's Signature

(If driver is not the policyholder)

Date & Time:

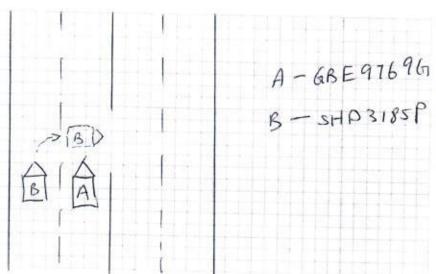
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

Section and a standard and



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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velicle	on	my	lane	. Su	clolenty	an	taxi	make	- a
u-turn	and	hit	in	ning	front	pur	tion.		
			= 11f-1,12=						
LARTO									

I/We declar, the fore oing particulars are true in every respect.

Ace Laundry

Policyholder's Signature Date & Time:

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

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

1.0	
Date of Accident	: 29/5/19 Accident Time: 11 20an (24-HR-Format)
Accident Place	: at kati Butif Ave 6 Autobay
Vehicle. No. (Car Plate No.)	: GBE 97696 Make/Model: Nissun NVS50
Insurace Company	: QBE Policy No: 8-40017638
Owner or Company Name /IC No.	: ACE Laundry /53231474C
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: chan George / 51178631F
DRIVER'S Date Of Birth	: 6/4/1956 DRIVER'S License Pass Date 30/5/1978
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 47 Marine Crescent #07-84 S44004"
DRIVER'S Contact No./ Alt No.	:1) 97 69 75 28 2)
DRIVER'S Occupation	: INDOOR \ OUTPOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): 2 person
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):,	being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle, No: SHD 3185	
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	
* NEW - Passenger's name &	gender:

RAJAN KALIMUTHY (M)

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1178631F

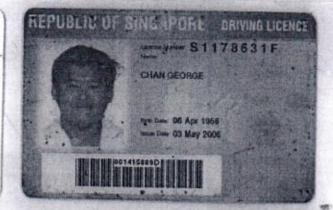


CHAN GEORGE



Page CHINESE 06-04-1958 SINGAPORE









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.

Account Name LCH LOCKTON PTE, LTD

MCI Type MZ300

8-V0017638-MVA-R001

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

GBE9769G

2 Name of Policyholder ACE LAUNDRY

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

12/05/2019

4 Date of Expiry

11/05/2020

- 5 Person or Classes of Person entitled to drive*
 - (a) Any 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 Limitations as to use*
 - (a) Use in connection with the Policyholder's business.
 - (b) Use for the carriage of passengers (other than for hire or reward)
 - (c) Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- Use for hire or reward or for racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 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 : UNITED OVERSEAS BANK LIMITED

QBE Insurance (Singapore) Pte Ltd.

Date of Issue: 12/04/2019

Authorized Signature