

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA119092638**

Date In: 15/7/19-18:45	Job description	Date & Time Completed	Done by
Ref No: NA119092638/24	SAS e-filing		
Veh No: 60630206	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: NA119-12:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **1402552** 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

NA119092638	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
	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:-			
QC Checked by (Engr-In-Charge):	OD*			
Auditors' Comments:-	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$3		
	TP (N11): TP (Non 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	15/07/2019 18:43
Date Of Accident	12/07/2019 22:05
Exact Location Of Accident	SELETAR WEST LINK BEFORE CTE (AYE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3020L
Insured/Policyholder	
Name Of Registered Owner	FOO CHEE SENG
Co Reg No	08154500B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91222694
Alternative Phone No	OFFICE-91222694

Vehicle Particulars

Manufacturer	MAXUS
Model	G10 VAN 6AT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0018453-MVA
Cover Note Number	

Driver

Name of Driver	FOO SECK CHUAN
NRIC No	S1822062H
Date Of Birth	20/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91222694
Fax Number	
Contact Number	OFFICE-91222694
EEmail Address	NOEMAIL

Address	BLK 230D TAMPINES STREET 24 #02-53
Postcode	527230
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	SIDE SWIPE
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

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	SHD235Z
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)	1

SKETCH PLAN

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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.

 **FOO CHEE SENG**

Policyholder's Signature
Date & Time:



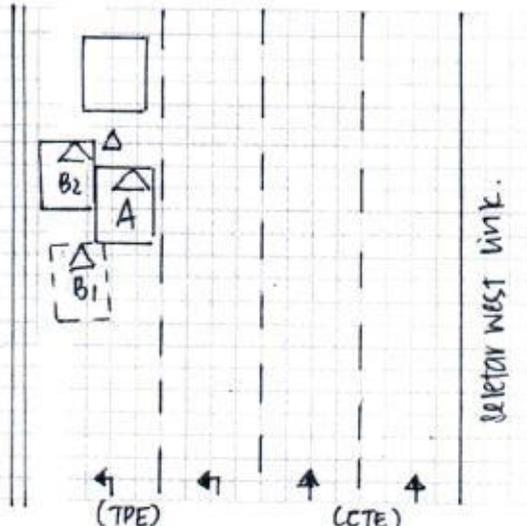
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Vehicle A: 6B6 3020L
 Vehicle B: 8HD 235Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A, 6B6 3020L was travelling along the stated venue. Due to a breakdown lorry ahead, I stopped my vehicle. About 1-2 seconds later, vehicle B, 8HD 235Z, hit onto my stationary vehicle's rear left portion. After which, vehicle B, then grazed and damaged my left portion.

DECLARATION

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

 FOO CHEE SENG
 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 / 07, 2019 (DD/MM/YYYY). TIME: 22:03 (HH:MM)

LOCATION: Seletar West Link, before (TECAYE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6B6 3000L
b) INSURANCE COMPANY: GBE
c) POLICY NUMBER: 8-V0018453-MVA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Maxus G10
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: FOO CHEE SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 061545006 CONTACT: _____
c) ADDRESS: 230D Tampines St 24, #02-53 S(527230)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Foo Seck Chuan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1822062H CONTACT: 91222694
c) ADDRESS: 230D Tampines Street 24, #02-53 S(527230)

*d) DATE OF BIRTH: (20 / 01 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 1TD235Z MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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) male

* No of passenger
(including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1822062H



Name

FOO SECK CHUAN

符策荃

Race

CHINESE

For LKK/NAC Use Only

Date of Birth

20-01-1967

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S1822062H

Name:

For LKK/NAC Use Only

FOO SECK CHUAN

Birth Date: 20 Jan 1967

Issue Date: 20 Oct 2003



1620163



NRIC No. S1822062H

For LKK/NAC Use Only

Blood Group Date of issue
B+ 26-01-1994

Address

APT BLK 230D TAMPINES STREET 24 #02-53
SINGAPORE 527230

NRIC No: S1822062H Date: 02-01-2005 No: 5100648

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

09 Dec 1986

For LKK/NAC Use Only

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-V0018453-MVA**Account Name **ALPET AGENCY**MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GBG3020L**
- 2 Name of Policyholder **Foo Chee Seng**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations 19/07/2018
- 4 Date of Expiry **18/07/2019**
- 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:-

- (1) 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)

QBE Insurance (Singapore) Pte Ltd

A handwritten signature in black ink, appearing to be a stylized name, positioned above the authorized signature label.

Authorized Signature

Date of Issue: 30/07/2018