

NATIONAL Assessment Centre Services <small>Form 1 Jan 2009</small> NMA/19095929			
Date In: 22/07/2009 19:41	Job description	Date & Time Completed	Done by
Ref No: NBA/08E/190139H/Y	SAS e-filing		
Veh No: SLK 2263U	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 21/07/2009 14:20	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD Thru, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLK 2263U	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

CLAIMANT'S PARTICULARS		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		In Bill	Add. Bill
Contact No:		2) DA: Damage Assessment (\$100);	INC (\$40)		
Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2009)			
		6) TR: Re-inspection	\$75		
		7) NI: Idno DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		(21)			
		*N3: 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	\$70		
		N12: Idno Mobile	\$0		
		Invoice dated	Pen Charged		
			Pen Charged		

07-MAY-2019 18:39

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	22/07/2019 19:41
Date Of Accident	21/07/2019 14:20
Exact Location Of Accident	ANGULLIA PARK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4819Z
Insured/Policyholder	
Name Of Registered Owner	SIEK WEIYING WAYNE
NRIC No	S8132584G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97947832
Alternative Phone No	OTHERS-97947832

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 ES250 AUTO (A)
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-V0021387-MVA
Cover Note Number	

Driver

Name of Driver	SIEK WEIYING WAYNE
NRIC No	S8132584G
Date Of Birth	13/10/1981
Occupation	INDOOR
Date Of Driving Pass	14/11/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97947832
Fax Number	
Contact Number	OTHERS-97947832
EMail Address	NOEMAIL

Address	BLK 32 SEGAR ROAD #17-23
Postcode	677722
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?	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

PLEASE REFER TO SKETCH PLAN

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	SLK2263U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN REN XIN
NRIC/Passport Number	S9547280Z
Contact Number	98315610
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

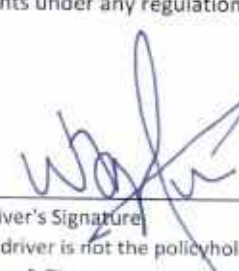
IMPORTANT NOTICE

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**.
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.

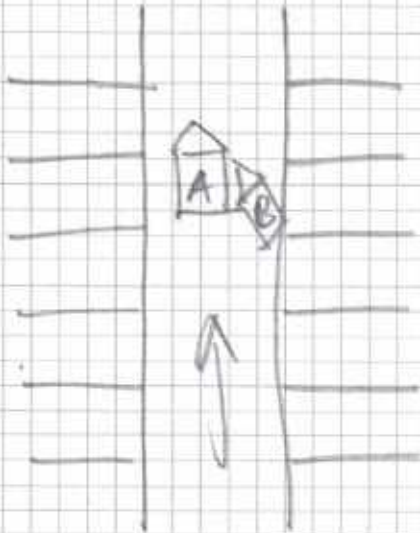

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

ANGULLIA PARK (CARPARK)



A: SLL 4819Z

B: SLK 22634

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/7/19 I was inside Angiulla park (car park) road.
(pl. refer sketch plan) @ 1420 hrs.

Vehicle B cut into my lane and hit the right side
front of my car.

My car was damaged as a result of the accident.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 21/7/19	TIME: 1420	(hh:mm) 24 hrs Format
LOCATION: Angullia Park (Car park)		
VEHICLE NUMBER: SIL 4819 Z		
INSURED NAME: Suck Wai Ying Wayne		
NRIC / FIN: S8132584G	CONTACT: 9794-7832	
MAKE: Lexus	MODEL: ES250	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: QBE		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 8-V0021381-MVA		
NAME DRIVER : (<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN:	CONTACT:	
DATE OF BIRTH: 13/10/81		
DRIVING PASS DATE: 14/11/03		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 32 Segar Rd #17-23 (677722)		
Number Of Passenger Include Driver: 1 driver Only		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES () NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver) Contact
Veh B Tan Ren Xin	S9547280 Z	() / Not Sure () 98315610
Veh C SIL 2263 U		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()

3408028



NRIC No. S8132584G



For LKK/NAC Use Only

Date of issue:
04-10-2003

APT BLK 32 SEGAR ROAD #17-23
SINGAPORE 677722

NRIC No: S8132584G Date: 20/07/2015

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8132584G



For LKK/NAC Use Only



SIEK WEIYING WAYNE

谢威颖

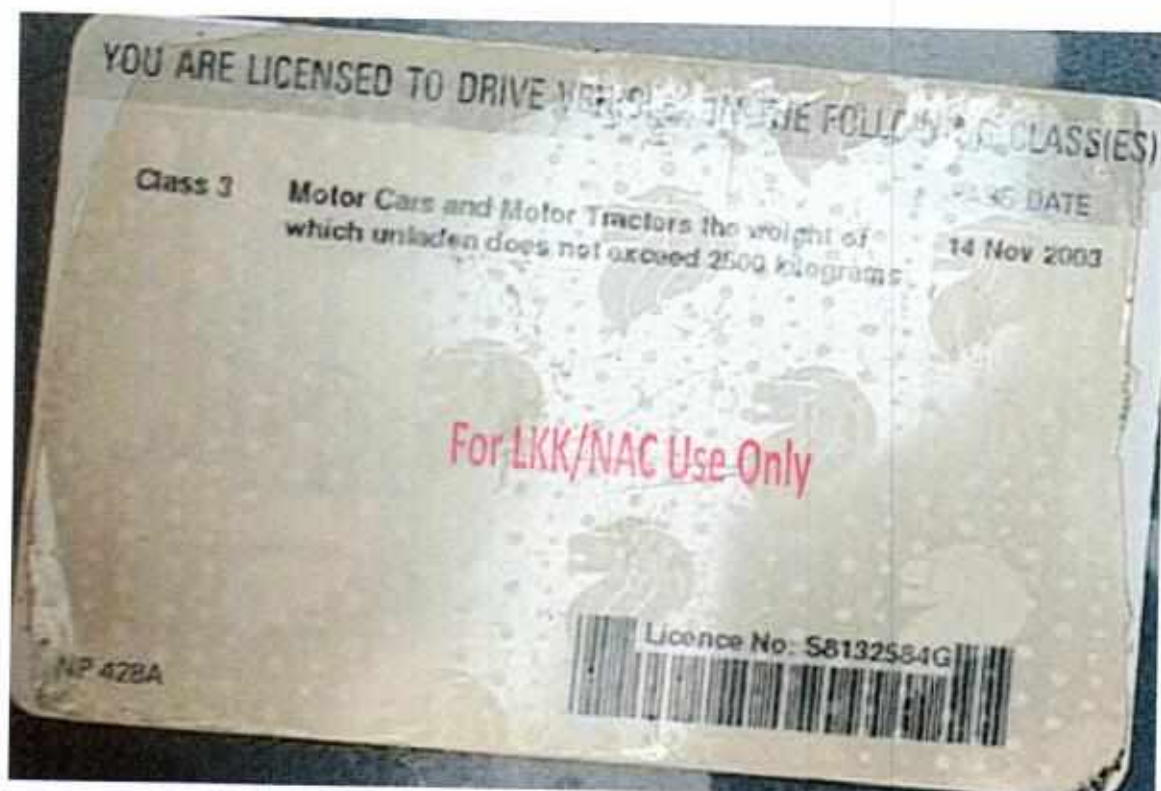
Race
CHINESE

Date of birth
13-10-1981

Country of birth
SINGAPORE

Sex
M





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-V0021387-MVA**Account Name **PANA HARRISON (ASIA) PTE LTD**MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLL4819Z**
- 2 Name of Policyholder **SIEK WEIYING WAYNE**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **28/02/2019**
- 4 Date of Expiry **27/02/2020**
- 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 : DBS BANK LTD

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 15/02/2019

Authorized Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	584G
Vehicle Details	
Vehicle No.:	SLL4819Z
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS ES250 LUXURY A/T S/R
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	2ARF254189
Chassis No.:	JTHBJ1GG402095146
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$40,888.00
Original Registration Date:	28 Feb 2017
First Registration Date:	28 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$49,244.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Feb 2027
PARF Rebate Amount:	\$36,933.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$48,556.00
COE Rebate Amount:	\$36,544.00
Total Rebate Amount:	\$73,477.00

The information contained herein is correct as at 22 Jul 2019

OK