NATIONAL Assessment Centre	Services		
Date In 02/08/19	Jeb description Date & Time Completed	Done	by
Rel No. NA/QBE 19013558/13	SAS e-filing		
Veh No \$20 2560 €	E-mail (within Stre. AIC 2hrs)		
DOA 01/08/19 0735	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
tr insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (M GARAGE Tel: Fax:)
TP Particulars: Veh No: 4	BA968/x INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No. () Perio	od: () Cover Type: ()	
Confirmed by : (Date: Time:)	
	ote-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-1009	6]	
	arranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()	-	
General Remarks:-	nation strictly Confidential & Strictly NO refer of remains		
	nation strictly Confidential & Strictly NO refer of repairer.		
Drive-In () / Towed-In (); Invoice:			1
Drive-In () / Towed-In (); Invoice:	YES () / NO () ; Towing Co. (
Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done	by
	urtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		
Injury:			
Date/Time Actions			
	3		
NA1905886	Invoice Preparation Checklist	Anit (\$)	Amt (\$) Add Bill
laimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Priver/Owner:	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		
ontact No:	For claiming against INC Only (wef 10 Jan 2005)		
amaged Portion:	6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
C Checked by (Engr-In-Charge):	*N5; Courtesy Car / Tpt Allowande \$5		
ndia di C	*N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25	-	
uditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
nt. 1.	9) N12: Idae Mobile 30		
nt. 2 / 3:	Invoice dated Fee Charged Invoice dated Fee Charged	or the same	10000000000000000000000000000000000000
	Invoice dated Fee Charged	BOTTOM RESIDENCE	

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.
- Information provided must be as truthful and accurate 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.
- 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.	ent to the archiving of this report at the centre and to copies of the report being made available
Mark the second of the second	ACCIDENT STATEMENT
Date Of Report	02/08/2019 11:31
Date Of Accident	01/08/2019 07:25
Exact Location Of Accident	JURONG EAST AVE 1 TWDS JURONG TOWN HALL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2560E
Insured/Policyholder	
Name Of Registered Owner	KARPAGAM JYAH RAMAN
NRIC No	S7832141E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94896431
Alternative Phone No	OTHERS-94896431
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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 08-VX020616-MVA

Cover Note Number

Driver

Name of Driver KARPAGAM JYAH RAMAN

 NRIC No
 \$7832141E

 Date Of Birth
 24/10/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 19/07/2004

Driving Experience 15 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94896431

Fax Number

Contact Number OTHERS-94896431

EMail Address NOEMAIL

Address BLK 307C ANG MO KIO AVE 1

#20-453 563307

Was debias as appalates of the leaves dis Comment

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

/ohicle

13

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

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 4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SIDDARTH

GENDER:

: MALE

Passenger 2

NAME:

: GAUTHAM

GENDER:

: MALE

Passenger 3

NAME:

: KAMALAM

GENDER:

: FEMALE

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

PLS REFER TO THE 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

GBA9681X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Plc cmm) to mgs solution (3 gmail- con

SINGAPORE ACCIDENT STATEMENT

Accident Date: 01/08/2019 Time: 0725 hg (hh:mm) 24 hr format
Location Along Throng East Avenue I toward Throng town Hall
before Jurono East esso Petros Station
Vehicle Number SLQ 2560 E
Insured Name Karpagam Tyah Raman
NRIC /FIN S+832 4 E Contact Number 9489 643
Make Volkiyagen Model 9017
Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No.Pls select: (/) Third Party () Reporting
Insurance Company & BE
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number 08- VX020616- MVA
Name of Driver (/)Same as Insured
NRIC / FIN S 78 32141 E Contact Number 9 489 6431
Date of Birth 24/10/1948
Driving Pass Date 19/07/2004
Occupation (/) Indoor () Outdoor
Gender () Male (/) Female
Email Address (>)NO EMAIL
Address of Driver BIK 307C Ang mo kio Avenue 1 #20-453 5(563307)
Was driver an employee of the Insured's Company? () Yes (/) No
If No, Relationship of the Driver with the Insured
(/) Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes (/) No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (/) No
Was anybody injured in the accident? () Yes (/) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (>) No
Was the Accident reported to the Police? () Yes (/) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B G1BA 9681 X
Veh C
Veh D
Veh E Veh F

4 persons including diver

- Siddarth

- Kamalan

- Gautham

SKETCH PLAN

MPORTANT NOTICE

- 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.
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- 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 hareby consent to the archiving of this report at the centre and to copies of the report being made evallable aloresaid.
- S. Consent under the Personal Data Protection Act (POPA)

t understand, acknowledge, agree and consent that:

- (*) My insurer, my workshop and the General Insurence 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
- (a) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third porty service providers or agents (including their lawyers) (aw firms), which may be sized outside of Singapore, for one or more of the above Purposes.
- (b) Thy Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, threatigation and management in present and all future dalms.
- (e) the information to collected under (d) above may be shared / disclosed:
 - 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 Signature Date & Time:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Juveny East Ave I towards
Juveny town
Retrol Station
Hall

ESSO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SKETCH PLAN

On	0108 2019 at about 0725 nours at along Juring East
944	1 towards Jurong Town Hall before Jurong Eatl Esso
Petrol	Station. I was traveling on the extreme left lane and
sudde	enly, a renicie(B) from My right lane cut across into my
0/1/0	without checking his blindspot and allided with my nght
rrhrn	of my vehicle (A) causing damages to my vehicle. I have 3
pasi	enger imide my venicle.
(A) !	STØ3280E
(3) (GBA 9681X

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

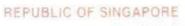
1/We declare the foregoing particulars are true in every respect.

Policyholder Signature Date & Time:

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

02/08/19

Name: NRIC/FIN No.: over & dur SZQ 2560E



IDENTITY CARD NO. S7832141E





KARPAGAM JYAH RAMAN

INDIAN 24-10-1976 F SINGAPORE

2/832161

HIT No S7832141E For LKK/NAC Use Only 24-03-2005

APT BLK 307C ANG MO KIO AVENUE 1 #20-453 SINGAPORE 563307 NEIC No: \$7832141E Deic: 02/08/201/

Date: 02/08/2015

Owner & durer SLQ 25LDE



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

PASS DATE

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

For LKK/NAC Use Only

NP 428A



QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401383C

1 Raffles Quay, #29-01 South Tower, Singapore 048583 Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018



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: 08-VX020616-MVA

Account Name: KWG Insurance Agency Pte Ltd

MCI Type:

MX4

Index Mark and Registration Number of Vehicle or Chassis No:

2 Name of Policyholder: KARPAGAM JYAH RAMAN

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

30/06/2019

4 Date of Expiry:

29/06/2020

5 Person or Classes of Person entitled to drive*:

> (a) Any other 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 less or damage

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, the carriage of goods other than samples in connection with any trade or business or use for any purposes 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

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)

Date of Issue: 26/06/2019 11:39:00 AM

Authorized Signature