

NATIONAL Assessment Centre Services

Date In: 13/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/QBE19014005/13	SAS e-filing		
Veh No: SLF9110H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/08/19 1255	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: (M GARAGE Tel: Fax:)

TP Particulars: Veh No: SL59584E 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time Actions

NA1906060

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- RT : Follow-Through Survey (Resurvey) \$30
For claiming against INC Only (wef 10 Jan 2005)
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
OD*
- *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
- 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	13/08/2019 14:51
Date Of Accident	11/08/2019 12:55
Exact Location Of Accident	JLN BOON LAY TWDS AYE OUTSIDE JURONG FIRE STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9110H
Insured/Policyholder	
Name Of Registered Owner	QUEK BOON CHOON
NRIC No	S1176312Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94797189
Alternative Phone No	OTHERS-94797189

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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-V0015874-MVA-R001
Cover Note Number	

Driver

Name of Driver	QUEK BOON CHOON
NRIC No	S1176312Z
Date Of Birth	06/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94797189
Fax Number	
Contact Number	OTHERS-94797189
Email Address	NOEMAIL

Address	BLK 651 SENJA LINK #04-36
Postcode	670651
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 - HEAD TO REAR
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?	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)	3
Passenger 1	NAME: : NELSON QUEK GENDER: : MALE
Passenger 2	NAME: : IRENE TAN KIAT SUAN 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	SLS9584E
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 QUEK BOON CHOON

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLF9110H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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 situated 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:

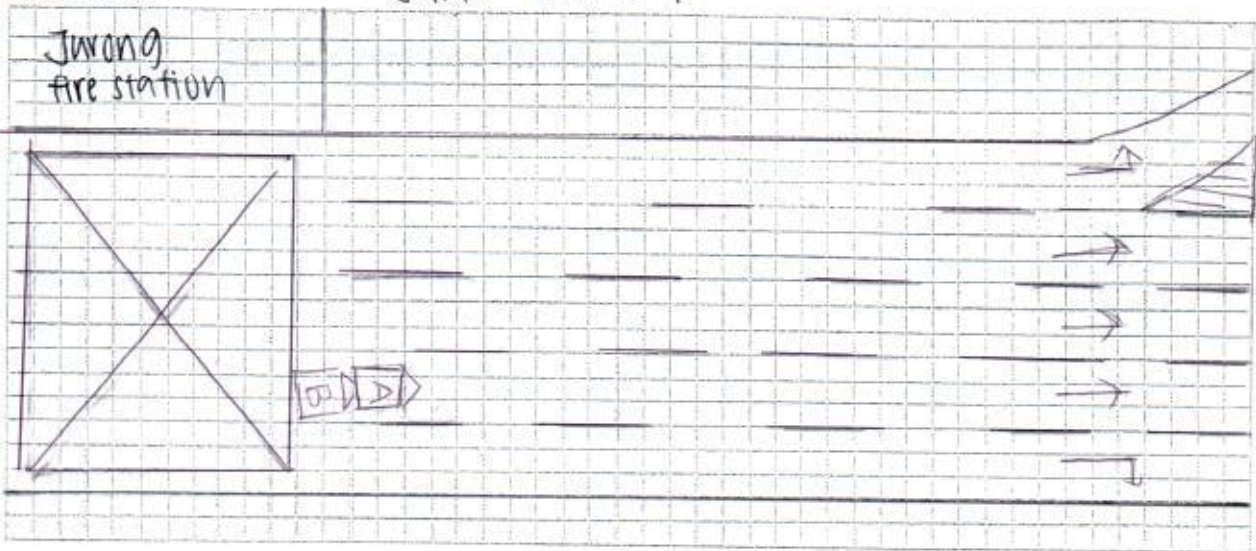
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/08/19

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

SKETCH PLAN

Jalan Boon Lay towards AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/08/2019 at about 1255pm, I was travelling along Jalan Boon Lay Towards AYE outside Jurong Fire Station, I was on the extreme right lane and traffic was heavy, my front vehicle slow down and stop, hence I follow suit.

Suddenly, I heard a loud bang from behind and when I alighted, I realise it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

(A) SLF9110H (B) SLS95B4E

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.

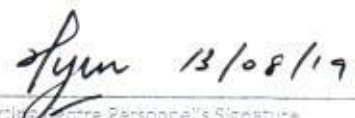
DECLARATION

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:

 13/08/19

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

* m93solution@gmail.com
* AdvanceAg@hotmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/08/2019		Time: 1255		(hh:mm) 24 hr format	
Location Jalan Boon Lay Towards AYE outside Jurong Fire Station					
Vehicle Number SLF9110H					
Insured Name Quek Boon Choon					
NRIC / FIN S11763122			Contact Number 9479 7189		
Make Honda		Model Civic 1.5			
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					
Insurance Company QBE					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 8-V0015874-MVA-R001					
Name of Driver				(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN S 11763122		Contact Number 9479 7189			
Date of Birth 06/11/1959					
Driving Pass Date 29/03/1976					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address				(<input checked="" type="checkbox"/>) NO EMAIL	
Address of Driver Blk 651, senja link #04-36 s(670651)					
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					
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 () 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? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B	SLS9584E				
Veh C					
Veh D					
Veh E					
Veh F					

3 person

- Nelson Quek (M)
- Irene Tan (F)
Kiat Shan



owner & driver

SLF 9110H





owner & driver

SLF 9110H



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-V0015874-MVA-R001

Account Name **I INSURANCE SG AGENCY**

MCI Type **MX1**

Index Mark and Registration Number of Vehicle or Chassis No: **SLF9110H**

2 Name of Policyholder **QUEK BOON CHOON**

3 Effective date of Commencement of Insurance for the purpose of the Regulations **15/09/2018**

4 Date of Expiry **14/09/2019**

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

A handwritten signature in black ink, appearing to be a stylized name, positioned above the "Authorized Signature" text.

Authorized Signature

Date of Issue: 14/08/2018