

Page No: 211119 17:05	Job description	Date & Time Completed	Done by
Ref No: MA/QBE 19019370/64	SAS e-filing		
Ver. No: GBB 9556U.	E-mail (within 3hrs, AIC 2hrs)		
Ref A: 211119 13:50.	I-Motor Claim Form		
Ref B: TP * Repairing 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/Whsp		

Insured Whsp / INC Assign Whsp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No:

SKD 42 33 S .

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 &amp; Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC) (MMA 67886610)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: ( )

Date/Time	Actions

MMA 1908268

Customer's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel: ( )

Invoice Particulars	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)	20.00	
2) DA: Damage Assessment (\$100) INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$10		
For claiming status: INC Only (w/c 10 Jan 2003)		
6) TR: Re-Inspection \$75		
7) N1: Idea DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N3: Courtesy Car / Tpt Allowance	55	
*N6: Repair Co-ordination	510	
*N7: Post Repair Inspection	525	
*N8: DV / Collect Excess Coordination	55	
TP (N11): TP (Non INC) against INC	520	
9) N12: Idea 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	02/11/2019 17:05
Date Of Accident	02/11/2019 13:50
Exact Location Of Accident	JLN KAYU OPEN CARPARK OPPOSITE PARK CONNECTOR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB9556U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEI KENG ASSOCIATED
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68419901
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	LUNCH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016256-MVA-R002
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG KENG MENG
NRIC No	S2505693J
Date Of Birth	26/08/1949
Occupation	INDOOR
Date Of Driving Pass	26/04/1974
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98196410
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 310B AMK AVE 1 #23-375
Postcode	562310
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : LIM SIEW YANG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191102/2112

#### 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	SKD4233S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG AI LING JOYCE
NRIC/Passport Number	S7725053J
Contact Number	91080101
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.
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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 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.

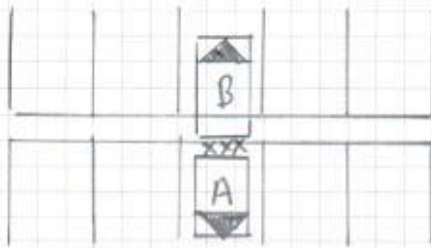


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



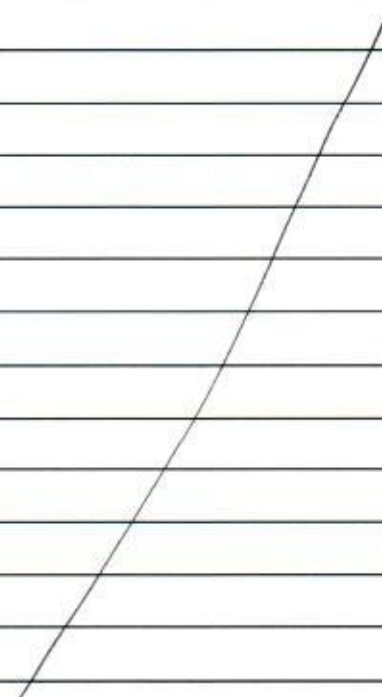
A = GBB 9556U

B = SKD 4233S

Jln Kayu Open Carpark opposite park Connector.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019/102/2112.



## 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.:



Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/11/2019 16:48	Vide Report No.:	Station Diary No.: 61
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**Informant's Particulars**

Name of Informant: NG KENG MENG			Address: APT BLK 310B ANG MO KIO AVENUE 1 #23-375 SINGAPORE 562310		
ID Type / ID No.: NRIC NO / S2505693J			Contact No.: Home/Office: Mobile: 98196410		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 26/08/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Aircondition installer			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2019 01:50	Type of Location: Car Park
Location:  JALAN KAYU MANIS  Jalan Kayu Open Spaced carpark opposite park connector				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9556U	Lorry	NISSAN				0
SKD4233S	Car	JAGUAR				0



**SINGAPORE  
POLICE FORCE**



T/20191102/2112

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20191102/2112

**CONTINUATION OF REPORT**

**Brief Details.**

On the 2/11/2019 at about 1pm, I had parked my company's lorry bearing registration plate number 'GBB9556U' at Jalan Kayu Open spaced carpark. There was car parked behind me bearing registration plate number 'SKD4233S', a white jaguar. I then left for lunch with my colleague. My lorry rear was at least 30cm away from the car's rear. I remembered clearly that I have engaged the lorry's handbrake.

On the same date at about 1.50pm, I received a call from an unknown number and was informed by the caller that my lorry had hit her car. My phone number is listed on my lorry.

My colleague and I returned to the parking lot and discovered that the rear of my lorry and touched the rear of her car. There was a minor black mark on the rear of the car just above the license plate

I wanted to settle the matter amicably with the said driver however she refused as she wanted me to pay for the replacement of the whole car's bumper. She then told me that she will lodge a police report.

Car's driver contact details

Miss Joyce Ng Ai Ling

Tel: 91080101



**SINGAPORE  
POLICE FORCE**



T/20191102/2112

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20191102/2112

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 TAN CHUAN SIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

02/11/2019 16:48

Classification Of Case:

Authentication Stamp

NP168









NISSAN CABSTAR

9556U

**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



**GIDEON INSURANCE AGENCIES PTE LTD**  
吉連保險代理私人有限公司  
28 Sin Ming Lane #06-119 Midview City Singapore 573971  
Tel: (65) 6899 6686 Fax: (65) 6227 7071 E-mail: contact@gnf.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-V0016256-MVA-R002**

Account Name **GIDEON INSURANCE AGENCIES**  
**PRIVATE LIMITED**

MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GBB9556U**
- 2 Name of Policyholder **MEI KENG ASSOCIATED**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **30/10/2019**
- 4 Date of Expiry **29/10/2020**
- 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:-**

- (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

Authorized Signature

Date of Issue: 18/10/2019