

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

11/11/2019 11:50

Date In: 11/11/2019 11:50	Job description	Date & Time Completed	Done by
Ref No: N/A/10/190/9920/4	SAS e-filing		
Veh No: SLP 483P	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 08/11/2019 11:50	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Withlet 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: (Tel:	Fax:
TP Particulars:	Veh No: SLP 61034	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date Time	Ass't	Completed by

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (over 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance \$3	
*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: Idas 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	11/11/2019 11:50
Date Of Accident	08/11/2019 11:50
Exact Location Of Accident	AYE TOWARDS MCE AFTER ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4563P
Insured/Policyholder	
Name Of Registered Owner	NEW LAY PENG (LIANG LIPING)
NRIC No	S7329164Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91395974
Alternative Phone No	OTHERS-91395974
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA-1.5 X CVT (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-V0018047-MVA-R001
Cover Note Number	
Driver	
Name of Driver	NEW LAY PENG (LIANG LIPING)
NRIC No	S7329164Z
Date Of Birth	23/08/1973
Occupation	INDOOR
Date Of Driving Pass	06/04/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91395974
Fax Number	
Contact Number	OTHERS-91395974
Email Address	NOEMAIL

Address	39 BANGKIT ROAD #08-01
Postcode	679977
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	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	SJP6103U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK4255G
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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

NEW LAY PENG (LIANG LIPING)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLP4563P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

8/11/19 @ 12:20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/11/2019
Rashmi
123456789

SKETCH PLAN

AYE TOWARDS MCE
AFTER ALEXANDRA
EXIT.

(A) SLP 4563 P
(B) SJP 6103 U
(C) SJK 4255 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards MCE on lane 1 of 3 lanes.
Weather was wet, traffic was moderate. There was an accident involving a
car and motor bike in front of me, so I slowed down and stopped.
After a few seconds, I felt an impact from the rear. I alighted and
realised it was a chain collision involving 3 vehicles.

DECLARATION

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

Policyholder's Signature

Date & Time:

8/11/19 @ 12 noon

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

11/11/2019
Rossi

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08.11.2019	TIME: 11:50 HRS.	(hh:mm) 24 hrs Format	
LOCATION: AYE Towards MCE After Alcindor Exit			
VEHICLE NUMBER: SLP 4563P			
INSURED NAME: New Lay Peng (Liana Liping)			
NRIC/FIN: S73291642	CONTACT: 91395974		
MAKE: Toyota	MODEL: Sienna 1.5X CVT		
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: OVE			
TYPE OF POLICY: () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 8-V001804T-mvA-R001			
NAME DRIVER: () SAME AS INSURED			
NRIC/FIN: S73291648	CONTACT:		
DATE OF BIRTH: 23.08.1973			
DRIVING PASS DATE:			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE			
EMAIL ADDRESS: cindynewlyp@hotmail.com	() NO EMAIL		
ADDRESS OF DRIVER: 39 Bangkit Road #06-01 S(679977)			
Number Of Passenger Include Driver: 2 incl 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: () Clear () Raining (<input checked="" type="checkbox"/>) Drizzling () Others			
Road Surface: () Dry (<input checked="" type="checkbox"/>) 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 details:			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) 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	SJP 6103U (Direct Asia)	() / Not Sure ()	
Veh C	SJK 42556	() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

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 6833 Fax: 65-6533 3270

GST Registration No.: M200844018

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-V0018047-MVA-R001Account Name **LCH LOCKTON PTE. LTD**MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLP4563P**
- 2 Name of Policyholder **NEW LAY PENG**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **05/06/2019**
- 4 Date of Expiry **04/06/2020**
- 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 : UNITED OVERSEAS BANK LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 08/05/2019

Authorized Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 164Z

Vehicle Details

Vehicle No.: SLP4563P
Vehicle to be Exported: No
Intended Deregistration Date: 30 Nov 2019
Vehicle Make: TOYOTA
Vehicle Model: SIENTA 1.5X CVT
Primary Colour: White
Manufacturing Year: 2016
Engine No.: 2NR8644498
Chassis No.: NSP1707042118
Maximum Power Output: 80.0 kW (107 bhp)
Open Market Value: \$21,050.00
Original Registration Date: 05 Jun 2017
First Registration Date: 05 Jun 2017
Transfer Count: 0
Actual ARF Paid: \$11,470.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 04 Jun 2027
PARF Rebate Amount: \$8,602.00

Intended COE Rebate Details

COE Expiry Date: 04 Jun 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$46,489.00
COE Rebate Amount: \$34,918.00
Total Rebate Amount: \$43,520.00

The information contained herein is correct as at 08 Nov 2019

OK