I was an arrange of the fact o	Job description	n	Date & Time Comp.	leted	Don	e by
Res No: Har OSEIGNAYAGAY	SAS e-filing	!				
Veh No: 854 46814		a Shrs, AIC 2hrs)	İ	T		
D.O.A: 18/11/19-18:30	i-Motor Cla		1	_		
	i-Motor W/	O (Within: OD 2hr:	, TP 4hrs)			
OD . (TP)! Reporting Only	i-Photo Upl		·	1		
TDI	Assessment/S	Survey Report				
TP Insurer:	Ass't Report	by Fax / Hand t	0 Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: JM	260326	. 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:	80-1009	/6]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000	0()				
General Remarks:-		SHEETS NAMED				
() Walk-In Customer : Customer's in	formation strictly Co	Charles and the second	ictly NO refer of repa		S 32 2 4 1	
() Total Loss Case : to e-mail Insu	CONTRACTOR OF THE PARTY OF THE		iony ito ion of iopi			
		NO () ; To	owing Co: (<u> </u>
				STATE OF		
Remarks:- (INC hodine: 6788 6616)	Ports of the Control		Date&Time Comple	ed .	Done	by
Apply for Transport Allowance ()/	Courtesy Car ()			-	
2) QC Check / Post Repair Inspection	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	(((((((((((((((((((()				
	(((((((((((((((((((()	<u> </u>			
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	((((((((((((((((((((· ·			
3) Upload Resurvey Photo [Repair Cost > 5	(\$3000] ()			Articles	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	((((((((((((((((((((70 No. 172	SPORT) TH	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	(\$3000] ()		77.572	SPORT N	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	(((((((((((((((((((()		77.55-77.5	Acaru-	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	(\$3000] ()			SPORT N	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	(((((((((((((((((((()				
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions	((((((((((((((((((((aration Checklist		Anit (S)	Amt (1)
Jalgos M.	(\$3000] (Invoice Prep	aration Checklist			Amt(3)
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions HAI 908764 Laimant's Particulars:-	([[] [] [] [] [] [] [] [] []	Invoice Prep 1) AR: Accident I 2) DA: Damage A	aration Checklist. Reporting (\$30); SSESSIMENT (\$100); IN	NC (\$80)_	Anit (S)	Amt(3)
Jalgos M.	(\$3000] (Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	aration Checklist Reporting (\$30); ssessment (\$100); It contacts Survey	NC (\$80) \$40/\$45 \$120	Anit (5)	Amt(3)
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions HAI 908764 Laimant's Particulars:-	([[] [] [] [] [] [] [] [] []	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration Checklist Reporting (\$30); ssessment (\$100); It rough Survey rough Survey (Resurvey)	NC (\$80) \$40/\$45 \$120 \$30	Anit (5)	Amt(3)
July: Date/Time Actions HALAOS FATICULARS:- Diver/Owner: Ontact No:	(Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration Checklist. Reporting (\$30); SSESSMENT (\$100); IN rough Survey rough Survey (Resurvey) sinst INC Only (well) Ja-	NC (\$80) \$40/\$45 \$120 \$30	Anit (5)	Amt(3)
Jajanat's Particulars:	(Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA +	aration Checklist. Reporting (\$30); SSESSMENT (\$100); IN Frough Survey Frough Survey (Resurvey) Finst INC Only (well 0 Ja- ion SMRT Survey	NC (\$80) \$40/\$45 \$120 \$30 n_2005)	Ant (5)	Amt(3)
July: Date/Time Actions Halaoka 64 Laimant's Particulars:- river/Owner: Ontact No: amaged Portion:	(\$3000] (Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition	aration Checklist. Reporting (\$30); SSESSMENT (\$100); IN Frough Survey Frough Survey (Resurvey) Finst INC Only (well 0 Ja- ion SMRT Survey	NC (\$80) \$40/\$45 \$120 \$30 0.2005)	Ant (5)	Amt(3)
July: Date/Time Actions HALAOS FATICULARS:- Diver/Owner: Ontact No:	(Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD!* *N5: Courtesy (aration Checklist Reporting (\$30); LISSESSMENT (\$100); IN e rough Survey rough Survey (Resurvey) ainst INC Only (well to Ja- ion SMRT Survey Lal Services:-	NC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	Amit (S)	Amt(3)
July: Date/Time Actions Halgos 64 Laimant's Particulars: river/Owner: Ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(Invoice Prep 1) AR: Accident I 2) DA: Darnege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair	aration Checklist. Reporting (\$30); Issessment (\$100); It rough Survey rough Survey (Resurvey) sinst INC Only (well to Ja- ion SMRT Survey al Services:- Car / Tpt Allowance ordination ir Inspection	NC (\$80) \$40/\$45 \$30 \$30 \$2005) \$75 \$160	Amit (S)	Amt(3)
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions HALAOS 64 Laimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C. Checked by (Engr-In-Charge): Inditors' Comments:-	(\$3000] (Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist. Reporting (\$30); Assessment (\$100); It is rough Survey rough Survey (Resurvey) Ainst INC Only (well 0 Janion SMRT Survey All Services - Car / Tpt Allowance Ardination In Inspection act Excess Coordination	NC (\$80) \$40/\$45 \$:20 \$30 n 2005) \$75 \$160 \$55 \$10 \$25	Ant (5)	Amt(3)
July: Date/Time Actions Halgos 64 Laimant's Particulars: river/Owner: Ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(Invoice Prep 1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist Reporting (\$30); Inserting (\$100); Inserting (\$1	NC (\$80) \$40/\$45 \$:20 \$30 0.2005) \$75 \$160 \$55 \$10 \$25	Anii (5)	Amt(3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number EMail Address

- 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 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.
- 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.

aluresalu.		
美国的大陆和北京企业 医多元 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ACCIDENT STATEMENT	
Date Of Report	19/11/2019 15:00	
Date Of Accident	18/11/2019 18:30	
Exact Location Of Accident	UPP SERANGOON RD AFTER WOODLEIGH LANE	
Country/State of Loss	SINGAPORE	
Company of the Compan	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY4681H	
Insured/Policyholder		
Name Of Registered Owner	KOK SIEW CHING	
NRIC No	S1621636D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96727154	
Alternative Phone No	OFFICE-96727154	
Vehicle Particulars		
Manufacturer	VOLVO	
Model	S80 2.5T AT ABS D/AB 2WD 4DR TC	
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-V0015911-MVA-R002	
Cover Note Number		
Driver		
Name of Driver	FOO CHENG	
NRIC No	S1245071J	
Date Of Birth	26/03/1957	
Occupation	INDOOR	
Date Of Driving Pass	13/04/1977	
Driving Experience	42 YEARS AND 7 MONTHS	

MALE

NOEMAIL

(LOCAL) +65-92953232

OFFICE-92953232

Address BLK 169 WOODLANDS STREET 11

#06-83

Postcode 730169

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

enurance Company of Drivario Over Vehicle

Insurance Company of Driver's Own Vehicle

-

NO

2

NO

YES

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KOK SIEW CHING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SMJ6032L

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)

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.
- 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.
- 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,
- 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 hereby consent to the archiving of this report at the tentre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) 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")
- (E) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/faw firms, may/are permitted to pollect, 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.
- (b) 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.
- (a) the information so collected under (d) above may be shared / displaced:
 - to all insurers end/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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/2019 at about 1830 hrs at along Upper

Serangoon Road towards Braddell Road after Woodleigh

Lane. I was travelling on the Lane 3 along Upper Serangoon

Road and suddenly a Vehicle (B) on my Left veered into

my Lane without checking his blindspot and without proper

lookout hence collided onto my Left front Portion of my

Uehicle (A) causing damages to my vehicle. I have one

passenger inside my vehicle.

(A) SJY 4681 H

(B) SMJ 6032 L

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 report.

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

NRIC/FIN No.;

Pls emal to Mg3 Solution & gmail- Com

SINGAPORE ACCIDENT STATEMENT

Insured Name	Accident Date: 18/11/19 Time: 1830 (hh:mm) 24 hr format
Welicle Number STY 4681 NRIC/FIN \$ (6 > 6) (6) (1) Contact Number \$ (6) \$ 7/84 Make \$ VIVU	Location Upper Serangeon Road after Woodleigh Lane
Insured Name	J. J. J.
Agric / FIN \$ (6 \$ 16 \$ 6 6) Contact Number \$ 6 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6	Vehicle Number (14 468) H
WRIC /FIN	Insured Name Kok SiEw CHIAG
Make VIVU Model SN 2 T A ABS DAT DWO USE The you claiming under your own insurance policy for repair to your vehicle? Yes If No.Pls select: () Third Party () Reporting Insurance Company ABE Type of Policy () Comphensive () Third Party Fire & Theft () TP Only Tolicy Number 8 - VOULTILE WAR - RUDY Tham of Driver To CHERG () Same as Insured WRIC / FIN SOLUTION CONTACT CONTACT Number APA 3 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The Calling of
ARIC / FIN SOLUTION TO CONTACT Number GRIC / FIN Same as Insured NRIC / FIN SOLUTION TO CONTACT Number GRIC / Same as Insured NRIC / FIN SOLUTION TO CONTACT Number GRIC / Same as Insured NRIC / FIN SOLUTION TO CONTACT Number GRIC / Same as Insured NRIC / FIN SOLUTION TO CONTACT Number GRIC / Same as Insured NRIC / FIN SOLUTION TO CONTACT Number GRIC / Same as Insured NRIC / FIN SOLUTION TO CONTACT Number GRIC / Same as Insured NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SOLUTION TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN ON TO CONTACT NUMBER GRIC / SAME AS INSURED NRIC / FIN SAME AS I	Val
New If No.Pls select: () Third Party () Reporting Insurance Company () Comphensive () Third Party Fire & Theft () TP Only Insurance Company () Comphensive () Third Party Fire & Theft () TP Only Insurance Company () Comphensive () Third Party Fire & Theft () TP Only Insurance Company () Comphensive () Third Party Fire & Theft () TP Only Insurance Company () Same as Insured Insured Contact Number () Same as Insured Insured Contact Number () Same as Insured Insured Contact Number () Contact Number () Same as Insured Insurance Company () Outdoor Insured () Indoor () Outdoor Insured () Indoor () Outdoor Insured () Female Insured Company () Yes () No Insured Company () Yes () No Insurance Company of Driver with the Insured Insurance Company of Driver's Own Vehicle Insurance Company of Driver's Ow	110del 300 = 3 1 11 115 July 400 11
Agric Company Agric Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number 8 - Vol 15 11 - WA - 1002 Name of Driver Foo CHEAC ()Same as Insured Agric PFIN 5 12 450 717 Contact Number 92 93 3 3 2 Date of Birth 76 - 03 - 193 3 3 2 Date of Birth 76 - 03 - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 3 2 Driving Pass Date 13 - Aff R - 193 3 2 Driving Pass Dat	
Sype of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number 8 - VOU 5 11 - WA - ROOM Name of Driver FOU CHEAG () Same as Insured NRIC / FIN SIL 450 717 Contact Number 9295 3 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Name of Driver Foo CHEAC () Same as Insured Name of Driver Foo CHEAC () Same as Insured Name of Driver Foo CHEAC () Same as Insured Name of Driver Foo CHEAC () Same as Insured Name of Driver Foo CHEAC () Same as Insured Name of Birth Foo Same as Insured Name of Birth Foo Same as Insured Name of Birth Foo Same as Insured Notice of Birt	
Name of Driver For CHEAL () Same as Insured ORIC / FIN S(12450 HT Contact Number 9295 3) 31 Oriving Pass Date 13 - Afr - 193 4 Oriving Pass Date 13 - Afr - 193 4 Oriving Pass Date 14 - 03 - 195 4 Oriving Pass Date 15 - Afr - 193 4 Oriving Pass Date 16 - 03 - 195 4 Oriving Pass Date 17 - Afr - 193 4 Oriving Pass Date 18 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 193 4 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 - 194 5 Oriving Pass Date 19 - 194 5 Oriving Pass Date 19 - 194 5 Oriving Pass Date 19 - 194 5 Oriving Pass Insured 19 - 194 5 Oriving Pass Date 19 - 194 5 Oriving Pass Insured 19 - 19	
Oriving Pass Date Oriving Pass Oriving Pass Date Oriving Pass Oriving Pass Date Oriving Pass Oriving Pass Date Oriving Pass Oriving Pass Oriving P	NCD: 5
Date of Birth Driving Pass Date 13 - APR - M3 Driver Male () Female Driver Male () Price () Price () No Driver Male () Price () Price () No Driver Male () Price () Price () No Driver Male () Price () Price () No Driver Male () Driver Male () Price () No Driver Male () Driver Male () Price () No Driver Male () Driver Male () Price () No Driver Male () Driver Male () Price () No Driver Male	Joanic as hisuled
Date of Birth Driving Pass Date 13 - APR - 1973 Decupation () Indoor () Outdoor Gender () Male () Female Driving Pass Date 13 - APR - 1973 Decupation () Indoor () Outdoor Decupation () Female Driver Male () Female Driver Own And Universal () Yes () No Tho, Relationship of the Insured's Company? () Yes () No Tho, Relationship of the Driver with the Insured Downer () Spouse () Friend () Relative () Children () Sibling Driver Own Any Other Vehicle? () Yes () No Tyes, Vehicle Registration Number of Driver's Own Vehicle Deather Conditions () Clear () Raining () Others Driver Own Vehicle Draw Driver Own Vehicle involved in this accident? () Yes () No Draw Sanybody injured in the accident? () Yes () No Draw Sanybody injured in the accident? () Yes () No Draw Shere any video captured by Car Camera? () Yes () No Draw Shere any video captured by Car Camera? () Yes () No Draw Shere any Video Captured by Car Camera? () Yes () No Draw Shere any Video Captured by Car Camera? () Yes () No Draw Shere any Video Captured by Car Camera? () Yes () No Draw Shere any Video Captured by Car Camera? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Yes () No Draw Shere Accident reported to the Police? () Y	NRIC/FIN COMPAT CONTINUE ON CO
Driving Pass Date Occupation () Indoor () Outdoor Gender () Male () Female Comail Address Address of Driver Company () Yes () No Company () Yes () No Company () Yes () No Company of Driver With the Insured Owner () Spouse () Friend () Relative () Children () Sibling Company of Driver Own Any Other Vehicle ? () Yes () No Company of Driver's Own Vehicle Company of Dr	The second of th
Cocupation () Indoor () Outdoor Gender () Male () Female Comail Address () NO EMAIL Address of Driver Comail Address () NO EMAIL Address of Driver Company () Yes () No Company () Others () Clear () Raining () Others () Clear () Raining () Others () As any foreign vehicle involved in this accident? () Yes () No () Yes () Yes () No () Yes (
Single () Male () Female Smail Address () NO EMAIL Address of Driver BC () Wood And S STOFET # 106-5 } Single From F 730 169 Was driver an employee of the Insured's Company? () Yes () No (No, Relationship of the Driver with the Insured) Owner () Spouse () Friend () Relative () Children () Sibling Ooes the Driver Own Any Other Vehicle? () Yes () No (Yes, Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Vas any foreign vehicle involved in this accident? () Yes () No (Yes, injured detail Was there any video captured by Car Camera? () Yes () No (Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact (ch B SM) 6032 () (ch C che)	
Address of Driver BC 60 WOOLANDS STREET 11 # 06-53 Singatree 730 169 Was driver an employee of the Insured's Company? () Yes () No (No, Relationship of the Driver with the Insured) Owner () Spouse () Friend () Relative () Children () Sibling Ooes the Driver Own Any Other Vehicle? () Yes () No (Yes, Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others (No as any foreign vehicle involved in this accident? () Yes () No (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 ETAILS OF 3 rd party Name / Nric Contact (She Ceh D	
Address of Driver Sing April 7 Sing April	The state of the s
Vas driver an employee of the Insured's Company? () Yes () No No, Relationship of the Driver with the Insured) Owner () Spouse () Friend () Relative () Children () Sibling loses the Driver Own Any Other Vehicle? () Yes () No Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Veather Conditions () Clear () Raining () Others load Surface () Dry () Wet () Others Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Yes , injured detail Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No)NO ENPIRE
Vas driver an employee of the Insured's Company? () Yes () No (No, Relationship of the Driver with the Insured) Owner () Spouse () Friend () Relative () Children () Sibling (No) (No) (Yes , Vehicle Registration Number of Driver's Own Vehicle (No) (No) (Yes , Vehicle Registration Number of Driver's Own Vehicle (No) (1 400 33
No, Relationship of the Driver with the Insured Owner (Spouse () Friend () Relative () Children () Sibling Does the Driver Own Any Other Vehicle? () Yes () No Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Oad Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No Syes , 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 ETAILS OF 3 rd party Name / Nric Contact The Contact of the Con	150 0
Owner (Spouse () Friend () Relative () Children () Sibling Poes the Driver Own Any Other Vehicle? () Yes () No Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Veather Conditions () Clear () Raining () Others oad Surface () Dry () Wet () Others Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Syes , injured detail Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No Syes Accident reported to the Police? () Yes () No ETAILS OF 3 rd party Name / Nric Contact Syeh D	
Noes the Driver Own Any Other Vehicle? () Yes () No Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Veather Conditions () Clear () Raining () Others Oad Surface () Dry () Wet () Others Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Syes , injured detail Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact The Contact of Contact The Contact of Contact o	
Neather Conditions () Clear () Raining () Others Oad Surface () Dry () Wet () Others Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Syes , injured detail Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact Seh B SM 1 60 3 2 () Contact	
Veather Conditions () Clear () Raining () Others oad Surface () Dry () Wet () Others Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Yes, injured detail Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact Teh B SM 1 60 3 2 () Teh C	If Yes, Vehicle Registration Number of Driver's Own Vehicle
Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact Teh B M 6031	Insurance Company of Driver's Own Vehicle
Vas any foreign vehicle involved in this accident? () Yes () No Vas anybody injured in the accident? () Yes () No Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3rd party Name / Nric Contact Teh B	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Vas anybody injured in the accident? Vas () Yes () No Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3rd party Name / Nric Contact Teh B	
Yes, injured detail Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact The Board Gold Contact The Contact Contact The Contact Contact The Contact Contact The Contact Contact Contact The Contact Contact Contact Contact Contact The Contact	
Vas there any video captured by Car Camera? () Yes () No Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact Seh B SM) 6032 L Seh C Seh D	
Vas the Accident reported to the Police? () Yes () No If yes attach police report ETAILS OF 3 rd party Name / Nric Contact The Bord of Contact The Contact Contact The Contact Contact Contact The Contact Con	
ETAILS OF 3 rd party Name / Nric Contact Teh B Sh 1 6032 L Teh C Teh D	
eh B	The state of the s
eh C eh D	
eh D	Veh C
eh E	Veh D
	Veh E
eh F	Veh F

Include Dier 2 person only

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.sbe.com/sp



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.

Account Name I INSURANCE SG AGENCY

MCI Type MX1

8-V0015911-MVA-R002

1 Index Mark and Registration Number of Vehicle or Chassis No:

SJY4681H

2 Name of Policyholder KOK SIEW CHING

3 Effective date of Commencement of Insurance for the purpose of the Regulations 06/09/2019

4 Date of Expiry

05/09/2020

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 : TOKYO CENTURY LEASING (SINGAPORE) PTE

QBE Insurance (Singapore) Pte Ltd

LTD

Date of Issue: 28/08/2019

Authorized Signature