

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 23/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/QBE19000513/13	SAS e-filing		
Veh No: SMH74154	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/12/19 1320	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: (M4A76E	Tel:	Fax:
TP Particulars:	Veh No: GBK652L	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)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1909619	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	23/12/19
	Invoice dated	Fee Charged	23/12/19



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	23/12/2019 17:40
Date Of Accident	20/12/2019 13:20
Exact Location Of Accident	JUNC OF JLN ANAK BUKIT & JLN JURONG KECHIL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH7415U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW GUO JIE
NRIC No	SXXXX651J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93848588
Alternative Phone No	OTHERS-93848588
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	08-VX020594-MVA
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHEW GUO JIE
NRIC No	SXXXX651J
Date Of Birth	26/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93848588
Fax Number	
Contact Number	OTHERS-93848588
EEmail Address	NOEMAIL

Address	BLK 257 BANGKIT RD #12-61
Postcode	670257
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	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : DAPHNE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK652L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.

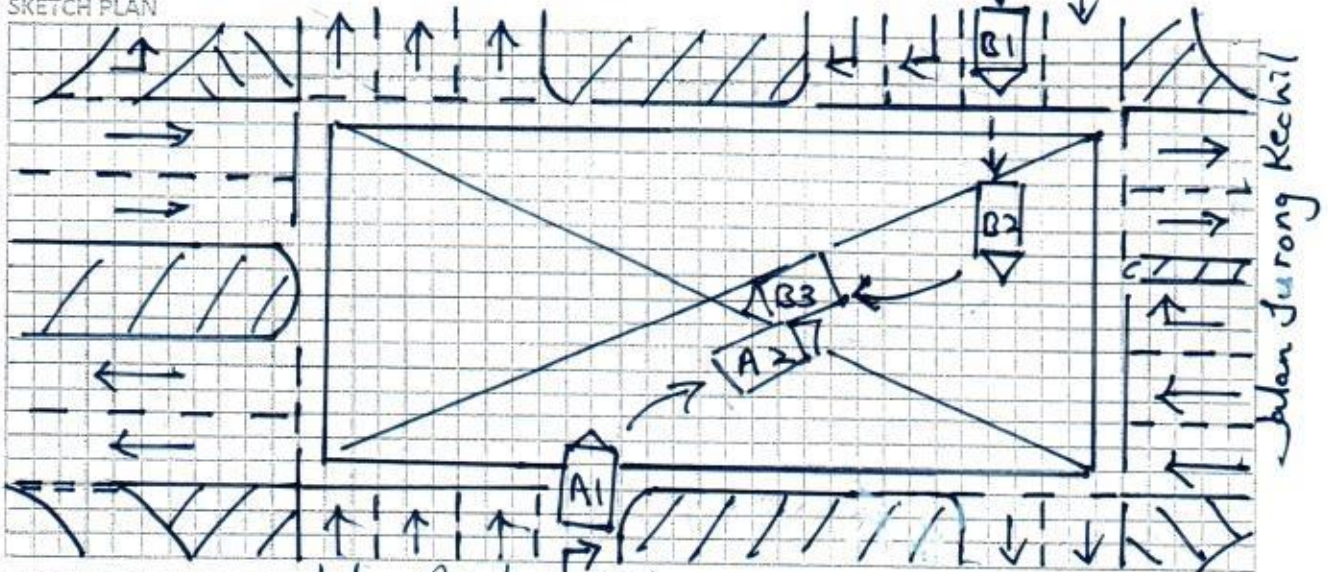
  
Policyholder's Signature  
Date & Time:

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

 23/12/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Jalan Anak Bukit

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - SMH74154

B - GBK652L

Refer to Police Report

Report No:-

T/20191220/2088

*[Handwritten signature]*

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.

*[Handwritten signature]*  
Policyholder's Signature  
Date & Time:

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

*[Handwritten signature]* 23/12/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 15:09		Vide Report No.:		Station Diary No.: 54	
<b>Informant's Particulars</b>					
Name of Informant: CHEW GUO JIE			Address: APT BLK 257 BANGKIT ROAD #12-61 SINGAPORE 670257		
ID Type / ID No.: NRIC NO / S9306651J			Contact No.: Home/Office: Mobile: 93848588		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 26/02/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCIAL CONSULTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/12/2019 13:20	Type of Location: X-Junction
Location: Along Road 1 JALAN ANAK BUKIT  Jalan Anak Bukit Turning right into Jalan Jurong Kechil				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH7415U	Car	HONDA	CIVIC 1.6 VTI CVT	Black	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH7415U	QBE Insurance (Singapore) Pte Ltd	VX020594	19/06/2019	18/06/2020



SINGAPORE  
POLICE FORCE



T/20191220/2088

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20191220/2088

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHEW GUO JIE	ID No.	S9306651J
Related Vehicle	SMH7415U (Car)	Contact No.	93848588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/12/19 at about 1320hrs, I was driving my car (SMH7415U) along Jalan Anak Bukit making a right turn into Jalan Jurong Kechil. The traffic light displayed a green right turn arrow hence I proceeded to make a right turn. While making the turn another van from the opposite side which was making a right turn into BKE collided onto my car. The van was observed to be making a wide right turn. Once I saw the van making the wide turn I pressed my brake and horned the van. However the van continued moving and hit onto my left side of the car.

Subsequently, the driver drove off without stopping. I do not know the van's registration plate. I have a car camera. Based on the footage I managed to derive that the registration plate number is believed to be 'GBK652L'. It is a white and blue in color company van.

My car's left side bumper and fender had some scratches and dents.

No one was injured. No government property was damaged.





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

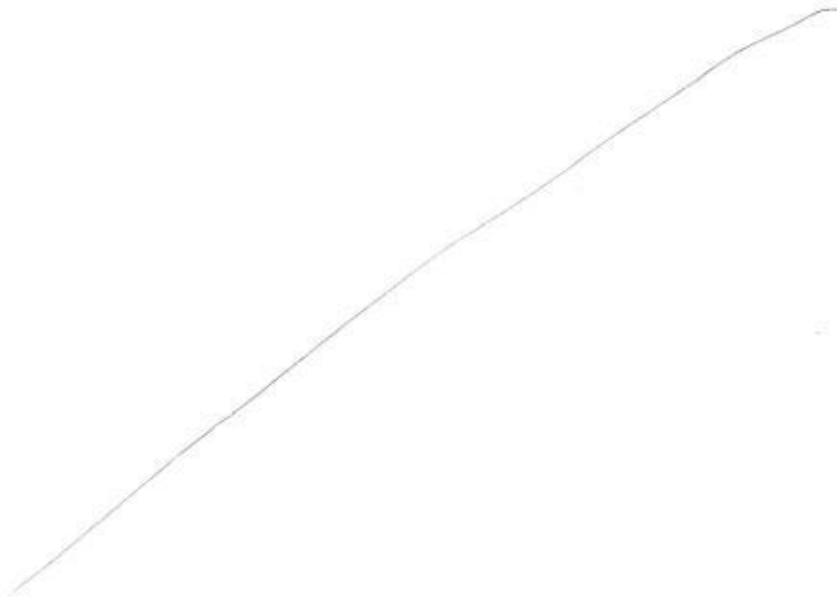
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Report No. T/20191220/2088

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:  
E /  
Sgt 3 YUVARANI D/O MAHENDRAN

Signature Of Informant:

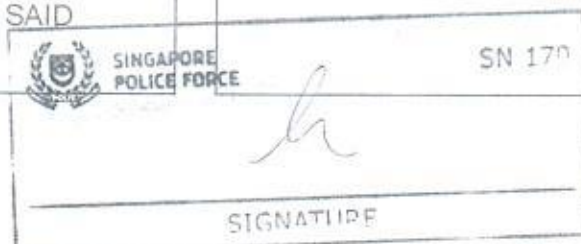
Signature Of Interpreter:  
Not applicable

Date/Time:  
20/12/2019 15:09

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Classification Of Case:

Authentication Stamp  
NP168



## SINGAPORE ACCIDENT STATEMENT

Pls email to

my3solution@gmail.com

Accident Date:	20/12/2019	Time:	1320hrs	(hh:mm) 24 hr format
Location	Junction of Jalan Anak Bukit & Jalan Jurong Keckil			
Vehicle Number	SMH 74154			
Insured Name	Chew Guo Jie			
NRIC /FIN	59306651J	Contact Number	9384 8588	
Make	Honda	Model	Civic 1.6	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	QBE			
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number	08-VX020594-MVA			
Name of Driver	Chew Guo Jie	( / ) Same as Insured		
NRIC /FIN	59306651J	Contact Number	9384 8588	
Date of Birth	26/02/1993			
Driving Pass Date	15/08/2011			
Occupation ( ) Indoor ( / ) Outdoor				
Gender ( / ) Male ( ) Female				
Email Address	( / ) NO EMAIL			
Address of Driver	Blk 257 Bangkit Road #12-61 S(670257)			
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 <sup>rd</sup> party		Name / Nric		Contact
Veh B	GBK 652L			
Veh C				
Veh D				
Veh E				
Veh F				

2 person including driver

1 female passenger

Daphne Ang



**QBE Insurance (Singapore) Pte Ltd**

A member of the worldwide QBE Insurance Group – Unique Entity No. 198401363C

1 Raffles Quay, #29-01 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: **08-VX020594-MVA**Account Name: **KWG Insurance Agency Pte Ltd**MCI Type: **MX1**

- |   |   |                     |
|---|---|---------------------|
| 1 | Index Mark and Registration Number of Vehicle or Chassis No:                    | <b>SMH7415U</b>     |
| 2 | Name of Policyholder:   | <b>CHEW GUO JIE</b> |
| 3 | Effective date of Commencement of Insurance for the purpose of the Regulations: | <b>19/06/2019</b>   |
| 4 | Date of Expiry:   | <b>18/06/2020</b>   |
| 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 loss or damage

**6 Limitation 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, 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 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: **OCBC BANK LTD**

QBE Insurance (International) Limited

Date of Issue: **19/06/2019 2:47:10 PM**  
Authorized Signature