

Date In: 3/2/20 15:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI QBE 20001773164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: STD 345R	I-Motor Claim Form		
TP No: 1/2/20 11:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="radio"/> Reporting Only	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: SMK 3757T	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: ( )

Remarks: (ISC hotline: 6788 6616)	Date Claim 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

MA 2000979	Invoice Preparation Checklist	Ass't (\$)	Ass't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 19 Jan 2020)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2:	7) NI: Idao DA + SMRT Survey \$160		
Ref 3:	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (5-in INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	03/02/2020 15:32
Date Of Accident	01/02/2020 11:50
Exact Location Of Accident	CTE EXIT AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD345R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHA CHIN SIONG
NRIC No	SXXXX330A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94301441
Alternative Phone No	OFFICE-94301441

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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-V0016415-MVA-R002
Cover Note Number	

### Driver

Name of Driver	SHA CHIN SIONG
NRIC No	SXXXX330A
Date Of Birth	27/02/1979
Occupation	INDOOR
Date Of Driving Pass	04/10/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94301441
Fax Number	
Contact Number	OFFICE-94301441
Email Address	NOEMAIL

Address	BLK 35 YISHUN ST 51 #11-31
Postcode	767992
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	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	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)	4
Passenger 1	NAME: : ANG YI ZHI GENDER: : FEMALE
Passenger 2	NAME: : SHA QUN RUI GENDER: : MALE
Passenger 3	NAME: : SHA LEYXUAN 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

REFER TO POLICE REPORT T/20200201/2106

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3757T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF4580S  
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 SHA CHIN SIONG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJD345R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ANG YI ZHI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJD345R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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 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:

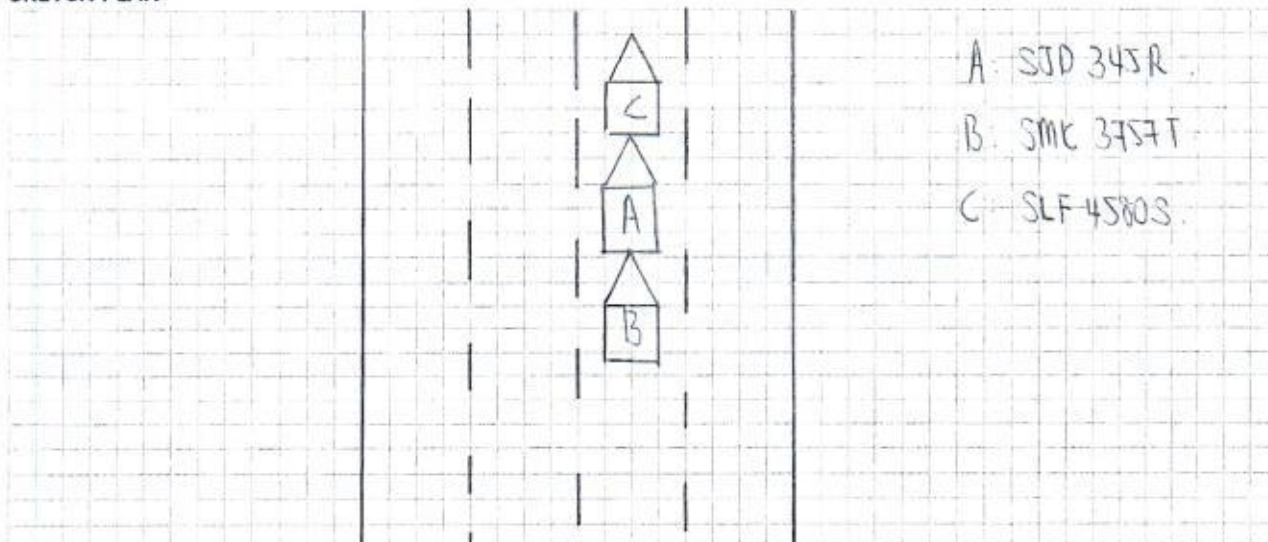


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Refer attached the Police Report : T/ 2020 0201 / 2106.

## 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.:



Date of Accident : 01.02.2020 Accident Time: 11.51 am (24-HR-Format)  
Accident Place : CTE Exit Avenue 3  
Vehicle. No. (Car Plate No.) : STD 345R Make/Model: Honda Jazz.  
Insurance Company : ABE Policy No: 8-V0016415-MVA-R002  
Owner or Company Name /IC No. : Sha chin Siong (S7977330A)  
Owner or Company Contact No. : - Owner's Hp 9430 1441 Company Tel  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 27.02.1979 DRIVER'S License Pass Date 04.10.2002  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : Blk 35 Yishun Street 51 H 11-31 (S) 767992  
DRIVER'S Contact No./ Alt No. : 1) - 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : -  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 Driver 1 3 pa  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): YES

Vehicle : B Other Party Driver's Particular (if any) Vehicle : C  
Vehicle. No: SMK 3757T Vehicle. No: SLF 4580S  
Vehicle Make/Model: Vehicle Make/Model:  
Name Driver: Name Driver:  
IC No. Driver/Contact: IC No. Driver/Contact:

**\* NEW - Passenger's name & gender:**

Ang Yi Zhi Female  
Sha Qun Rui Male  
Sha Ley Xuan Female



**SINGAPORE  
POLICE FORCE**



T/20200201/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20200201/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2020 17:10		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SHA CHIN SIONG			Address: APT BLK 35 YISHUN STREET 51 SIGNATURE AT YISHUN SINGAPORE 767992		
ID Type / ID No.: NRIC NO / S7977330A			Contact No.: Home/Office: Mobile: 94301441		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 27/02/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ASSISTANT MANAGER			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: 01/02/2020 11:50	Type of Location: EXPRESSWAY
Location: Along Road 1 CENTRAL EXPRESSWAY  ALONG CTE BEWTEEN ANG MO KIO AVE 1 AND ANG MO KIO AVE 3 EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD345R	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Slightly Damaged	4
SLF4580S	Car					1
SMK3757T	Car					1





**SINGAPORE  
POLICE FORCE**



T/20200201/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200201/2106

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD345R	QBE Insurance (Singapore) Pte Ltd	V0016415	05/12/2019	04/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	ANG YI ZHI		ID No.	S8334787B
Related Vehicle	SJD345R (Car)		Contact No.	NIL
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	SHA CHIN SIONG		ID No.	S7977330A
Related Vehicle	SJD345R (Car)		Contact No.	94301441
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	TAY YEOW TENG		ID No.	S1394510A
Related Vehicle	SLF4580S (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20200201/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200201/2106

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	OH SIOK TIN MELISSA		ID No.	S7306423F
Related Vehicle	SMK3757T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 01/02/20 at about 1151hrs, I was driving my vehicle bearing vehicle number SJD345R with 3 other passenger(my wife and 2 children) onboard along CTE between Ang Mo Kio Ave 1 and Ang Mo Kio Ave 3 exit. As I was driving along the said road, I observed that there was a heavy vehicle on the most right lane moving slowly. Hence, there were vehicle changing to the next lane. As I was driving along the said road, I observed that the vehicle infront bearing vehicle number SLF4580S had braked. I followed and stopped my vehicle. Subsequently, I felt an impact from the rear of my vehicle and that impact had caused my vehicle to lunge forward causing my vehicle to collide with the vehicle infront. The vehicle behind is bearing vehicle number SMK3757T. After the collision, we alighted from the vehicle and exchanged particulars.

After the accident, I felt pain at my neck area, my wife felt nausea, hence we went to consult the doctor and was granted 5 days MC respectively.





SINGAPORE  
POLICE FORCE



T/20200201/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200201/2106

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:

F /

Sgt 3 LOUIS SEAH ZHENG LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2020 17:10

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

SN 035

**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-V0016415-MVA-R002**

Account Name **LCH LOCKTON PTE. LTD**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SJD345R**
- 2 Name of Policyholder **SHA CHIN SIONG**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations 05/12/2019
- 4 Date of Expiry 04/12/2020
- 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 : OVERSEA-CHINESE BANKING CORPORATION  
LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 05/11/2019

Authorized Signature