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Date In: 14/4/2020 1137	Jeb description	Date & Time Con	npleted	Don	e by
Ref No: NA/QBE20005188/F	SAS e-filing	i			
Veh No:GBD 7076R	E-mail (within Shrs, AIC 2hrs)			- No. 11 - 11	
D.O.A: 14/04/2020 0805	i-Motor Claim Form	i.			
OD : TP-! Reporting Only	i-Motor W/O (Within: OD 2	Dirs, 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: (		Tol:	Fax	:	
TP Particulars: Veh No:	SHA 9189E . INC	( )/Non-INC(	).	,	
Owner / Driver: (		Tel:		)	10255
Policy No: ( ) Peri	iod: (	Cover Type: (		)	
Confirmed by: (	Date:	Time:		)	
Insured/Driver Liability: ( %) [N	lote-Est. Status (WO): N: 0-	20%; P: 21-79%.	F: 80-100	%]	
	/arranty: YES ( ) / NO (	)			
Excess: (\$ ) Loading: \$1,00					-
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co	urtesy Car ( )	Date & Time Comp	e sq	Done	hy
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2) QC Check / Post Repair Inspection	( )			MCSE COM	
	( )				
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#### 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 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.
- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available	
ALL DESCRIPTION OF THE PROPERTY OF THE PARTY	ACCIDENT STATEMENT	
Date Of Report	14/04/2020 11:37	
Date Of Accident	14/04/2020 08:05	
Exact Location Of Accident	GEYLANG EAST CENTRAL TWDS PAYA LEBAR	
Country/State of Loss	SINGAPORE	
A SECTION OF THE PROPERTY AND ASSESSED.	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD7076R	
Insured/Policyholder		
Name Of Registered Owner	COMFORT INSULATION AND ENGINEERING WORKS	
Co Reg No		
Email Address	COMFORTINSULATION@HOTMAIL.COM	
Mobile Phone No	Performance 2 du Primaria de contra en de contra de Primaria de Carlos de Primaria de Carlos de	
Alternative Phone No	OFFICE-96373721	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	DYNA 3.0 MANUAL	
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL	
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	
Insurance Company		
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	8-V0014876-MVA-R003	
Cover Note Number		
Driver		
Name of Driver	SEH HIENG NGEUK	
NRIC No	SXXXX738J	

Date Of Birth 02/02/1957 Occupation OUTDOOR Date Of Driving Pass 04/04/1977

Driving Experience 43 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96373721

Fax Number

Contact Number

EMail Address COMFORTINSULATION@HOTMAIL.COM Address

83 HILVIEW AVENUE #09-07 SINGAPORE 669583

Postcode

669583

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

17.5

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

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

SHA9189E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

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.
- 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
- 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:

- 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
- 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.
- 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)

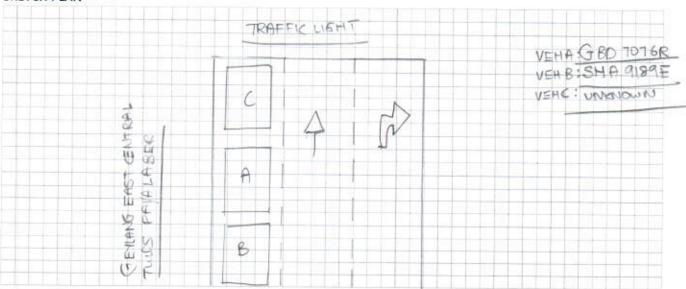
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

#### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the mention road above and I frame
to a Stop at A traffic light going toward PAYA LEBAR.
After Stopping at the tradic light, waiting for the traffic light
to turn green. Suddenly I felt a impact on my rear
of my ver. I came down to inspect my veh damage.
we didn't charge particulars.

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.:

## 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



QBE

GIDEON INSURANCE AGENCIES PTE LTD 吉連保險代理私人有限公司 26 Sin Ming Lane #06-119 Midvlew 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.

Account Name GIDEON INSURANCE AGENCIES

MCI Type MZ300

8-V0014876-MVA-R003

PRIVATE LIMITED

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

GBD7076R

- 2 Name of Policyholder COMFORT INSULATION & ENGINEERING WORKS
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations

24/03/2020

4 Date of Expiry

23/03/2021

- 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

Date of Issue: 06/03/2020

Authorized Signature