

# NATIONAL Assessment Centre Services.

part 1 23/02/20

NIA20064356

Date In: 80/02/2020 14:31/1	Job description	Date & Time Completed	Done by
Ref No: NIA/QR20007874/Y	SAS e-filing		
Veh No: SUQ 28414	E-mail (Update this, AIC this)		
O.O.A: 27/01/2020	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wh32		

Preferred Wkep / INC Assign Wkep / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: YP 81165 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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of raparior.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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NIA2003938

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (110)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (over 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NIUC Additional Services	
	9) NIUC Additional Services	
	• NI: Courtesy Car / Tpl Allowance \$3	
	• NI: Repairs Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Reports Coordination \$3	
	• TP (N11) / TP (N11 INC) against INC \$30	
	• NI: Idea Mobile \$30	
	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	30/07/2020 14:31
Date Of Accident	27/07/2020 17:45
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 1/ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ2841U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEOW HWEE
NRIC No	SXXXX633I
Email Address	HWEESEOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92957973
Alternative Phone No	OTHERS-92957973
<b>Vehicle Particulars</b>	
Manufacturer	JAGUAR
Model	XE-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO MALL
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	8-V0018112-MVA-R002
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEOW HWEE
NRIC No	SXXXX633I
Date Of Birth	10/02/1969
Occupation	INDOOR
Date Of Driving Pass	20/01/1989
Driving Experience	31 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92957973
Fax Number	
Contact Number	OTHERS-92957973
EEmail Address	HWEESEOW@GMAIL.COM

Address	36 JALAN TARI SERIMPI
Postcode	799123
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	COLLISION - HEAD TO REAR
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	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)	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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8116S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZONG CHONG YEE
NRIC/Passport Number	GXXXX135W
Contact Number	90865791
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 **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.

SEOW HUIEE [Signature]

Policyholder's Signature

Date & Time:

30/11/2020 124pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 30/11/2020  
Reporting Centre Personnel's Signature

Name:

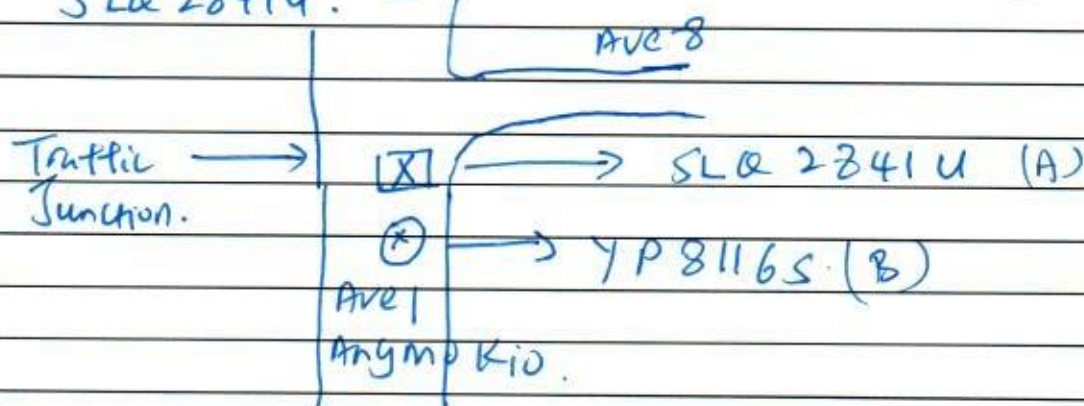
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/7/2020 at about 1745 hrs, I was travelling along Ang Mo Kio Ave 1 and was about to turn into Ang Mo Kio Ave 8. As the traffic light had turned amber/red, I stopped my car. A Tomy driven by Mr Zong Chong Yee car number 7P 8116S knocked onto my car (vehicle number SLQ 2841U) from behind. I have retrieved the video recording of my car and submitted via whatsapp to IATC.

I'm the policy holder as well as driver of vehicle SLQ 2841U.



DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

30/7/2020 1234 hrs

*[Signature]*

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

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

30/07/2020

*[Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 07 / 2020 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: ANG MO KIO AVE 1 ANG AMK AVE 8 JUNCTION

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 28414  
 b) INSURANCE COMPANY: ARE  
 c) POLICY NUMBER: 8-V0018112-MVA  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: JAGUAR / XE 2.0D  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO MALL  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SEOW HWEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6904633I CONTACT: 92957973  
 c) ADDRESS: 36 TALAN TARI SERIMPET 8(799123)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: DR ABRAHAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 10 / 02 / 1969 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 20 JAN 1989

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWN VEHICLE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLE

b) ROAD SURFACE: (DRY / WET / OTHERS) SLIGHTLY WET

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YP 8116S MODEL: LORRY

b) DRIVER'S NAME: ZONG CHONG YEE

c) NRIC/FIN/PASSPORT: G2873135W CONTACT: 90865791

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)  
01

No of passengers  
(including driver)  
( )

email = hweeseow@gmail.com  
 VIDEO yes



**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-V0018112-MVA-R002** Account Name **PANA HARRISON (ASIA) PTE LTD** MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLQ2841U**
- 2 Name of Policyholder **SEOW HWEE**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **30/06/2020**
- 4 Date of Expiry **29/06/2021**
- 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: 04/05/2020



Authorized Signature