

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA 2-006733**

Date In: <b>11/12-14:04</b>	Job description	Date & Time Completed	Done by
Ref No: <b>401235200824924</b>	SAS e-filing		
Veh No: <b>SK071107</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>8/12-19:50</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No: **SM852816**

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:-

(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

## Invoice Preparation Checklist

Am't (\$)  
Inv Bill

Am't (\$)  
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

QJ\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:



## 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	11/08/2020 14:04
Date Of Accident	08/08/2020 19:50
Exact Location Of Accident	HAVELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7110T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIONG MEI FONG
NRIC No	SXXXX861A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81126573
Alternative Phone No	OFFICE-81126573

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8 A
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 HIRE

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017826-MVA-R002
Cover Note Number	

### Driver

Name of Driver	CHENG HOCK CHING (ZHENG XUEQUAN)
NRIC No	SXXXX452G
Date Of Birth	31/03/1973
Occupation	INDOOR
Date Of Driving Pass	13/06/1994
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94886625
Fax Number	
Contact Number	OFFICE-94886625
Email Address	NOEMAIL

Address	BLK 43 BEDOK SOUTH ROAD #06-771
Postcode	460043
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	- - -
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) involved in the accident	2
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)	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 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	SMB3528K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	NG LEE SENG (RICKEE)
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHENG HOCK CHING (ZHENG XUEQUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD7110T
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:

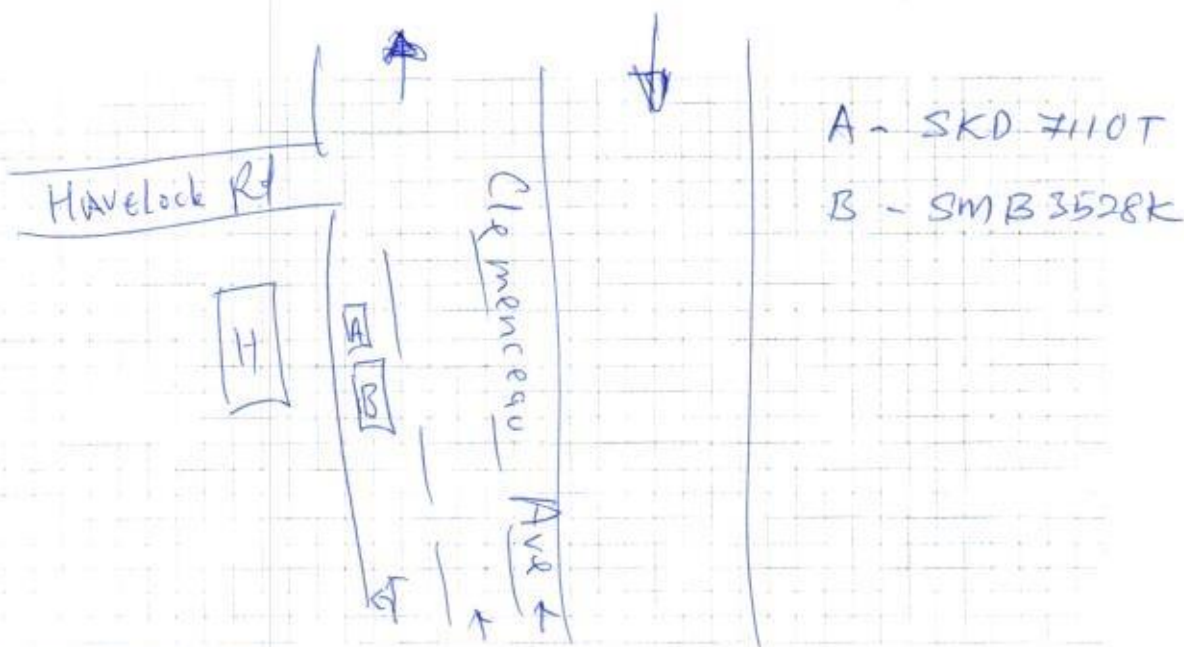
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

x   
\_\_\_\_\_  
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

On the date 08/08/2020 about 1950 hrs, I driving my vehicle SKD 7110T along Clemenceau Ave. I stopped my vehicle to waiting for traffic light turn green. Suddenly I felt a strong impact from my back. and I realised a SBS Bus (SMB 3528K) had hit onto my car rear portion.

\* After the accident I felt my neck and back feeling Numbness and Cramp. \*

## DECLARATION

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

2 M.

Policyholder's Signature  
Date & Time:

2f

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

[Signature]

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



<b>Vehicle No.</b>	SKD 7110T	<b>Model / Make</b>	Toyota Isis
<b>Date of Accident</b>	08/08/2020		
<b>Time of Accident</b>	1950	<b>HRS</b>	
<b>Location of Accident</b>	Have lock Rd		
<b>Exact purpose use during accident</b>	Private Used		
<b>Name of Owner</b>	KIONG MEI-FONG		
<b>Telephone No.</b>	H/P: 81126573	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7285861A		
<b>Address</b>	Blk 43 Bedok South Road # 06-771 S460043		
<b>Claim type</b>	OD (THIRD PARTY)	REPORTING ONLY	
<b>Insurance Company</b>	QBE Insurance (S) Pte Ltd		
<b>Type of Coverage</b>	Comprehensive (Third Party) Third Party / Fire / Theft		
<b>Policy No.</b>	8-V0017826-MVA-R002		
<b>Name of Driver</b>	As Above If No, CHENG HOCK CHING		
<b>NRIC</b>	S7311452G	<b>Any Passengers :</b>	0
<b>Date of birth</b>	31/03/1973		
<b>Occupation</b>	Outdoor / (Indoor)		
<b>Driving License Pass Date</b>	13 Jun 1994		
<b>Gender</b>	(Male) / Female		
<b>Contact No.</b>	H/P: 9488662	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Blk 43 Bedok South Rd #06-771 S'460043		
<b>Driver have any own vehicle</b>	(No,)	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state spouse	
<b>Weather condition</b>	(Clear)	Raining Other	
<b>Road Surface</b>	(Dry)	Wet Other	
<b>Any Injuries</b>	No,	(If Yes, Who? cheng hock ching neck & back pain)	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SMB 3528K	<b>Any Passengers :</b>	SBS Bus
<b>Name of Driver</b>	Ng Lee Seng	<b>Contact No. :</b>	(many-many)
<b>Vehicle C No.</b>	(Rickee)	<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	rear portion		
<b>Camera Recorder</b>	(Yes) No		
<b>Email Address</b>	jamescheng@my.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive P/L		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



**QBE Insurance (Singapore) Pte Ltd**

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

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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-V0017826-MVA-R002**

Account Name **I INSURANCE SG AGENCY**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SKD7110T**
- 2 Name of Policyholder **KIONG MEI FONG**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **06/05/2020**
- 4 Date of Expiry **05/05/2021**
- 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)**

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 04/05/2020