

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA120087443

Date In: 7/12/12-11:8	Job description	Date & Time Completed	Done by
Ref No: 19/12/BE2010815/24	SAS e-filing		
Veh No: 5G1887E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/10/12-00.50	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: (Tel:	Fax:
TP Particulars:	Veh No: 5G1887E	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

MHA120087443	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
			Int Bill	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:-			
	Q1:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors Comments:-	*N8: DV / Collect Excess Coordination \$5			
at 1:	TP (N11): TP (Non INC) against INC \$20			
at 2 / 3:	9) N12: Idac 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	07/10/2020 11:18
Date Of Accident	05/10/2020 00:50
Exact Location Of Accident	SLE BEFORE YIO CHU KANG RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX1881E
Insured/Policyholder	
Name Of Registered Owner	PRUDENT PICKERS PTE LTD
Co Reg No	2XXXXX702R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993318
Alternative Phone No	OFFICE-96993318

Vehicle Particulars

Manufacturer	HONDA
Model	PRELUDE M EX
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0008379-MVA-R006
Cover Note Number	

Driver

Name of Driver	NIGEL TAY CHYE NGUANG
NRIC No	SXXXX251A
Date Of Birth	28/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96993319
Fax Number	
Contact Number	OFFICE-96993319
Email Address	NOEMAIL

Address 1 GAMBIR WALK
Postcode 538968

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 - CHANGE/CROSS LANE
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) 2

Passenger 1

NAME: : DARRYL PEH YONG JIE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201006/2003.

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 SGY2727J

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 NIGEL TAY CHYE NGUANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SCX1881E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name DARRYL PEH YONG JIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SCX1881E

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.
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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.

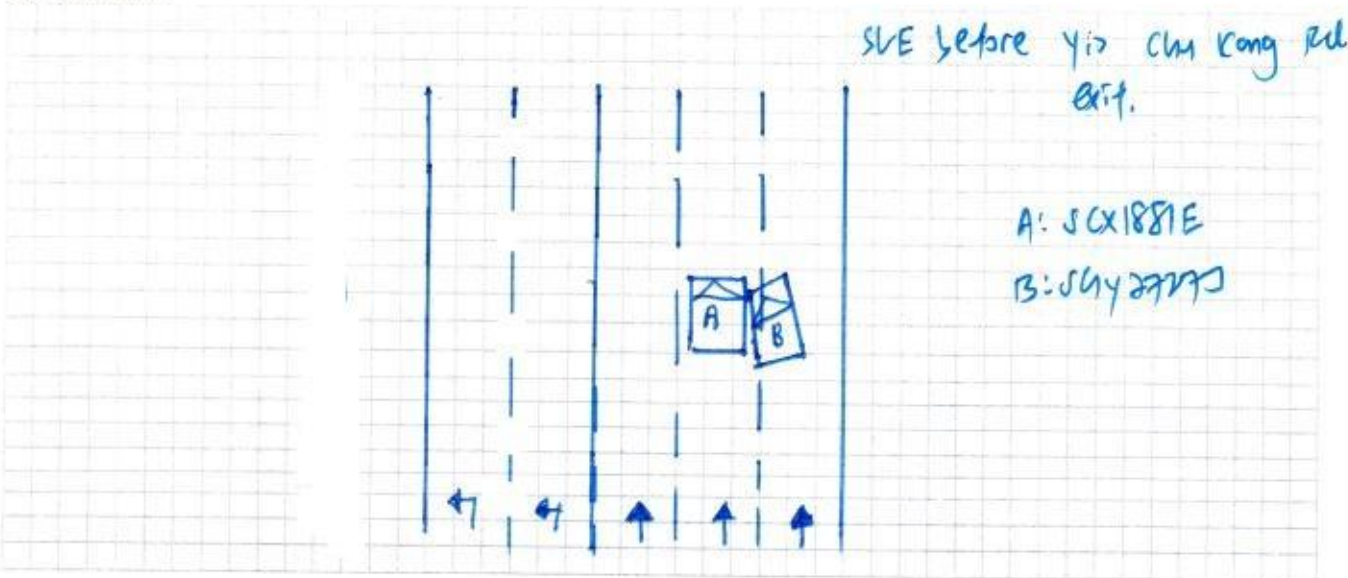


Policyholder's Signature
Date & Time:

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 To Police Report

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.:

Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 10 / 2020) (DD/MM/YYYY), TIME: (00 : 50) (HH:MM)

LOCATION: SLE Before Tio Chu Kang Rd. Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCX1881E
b) INSURANCE COMPANY: QBE
c) POLICY NUMBER: 8-V0008379-MVA-R006
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Prelude
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work purpose
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Prudent Pickers Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201411702R CONTACT: 96993318
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Nigel Tay Chye Nguang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9548251A CONTACT: 96993319
c) ADDRESS: 1 Gambir Walk (S)538968

*d) DATE OF BIRTH: (28 / 12 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) Driver & passenger

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Hagang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGY2727J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ric060autoservices@gmail.com

fax = 6286 7060



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2020 01:36	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: NIGEL TAY CHYE NGUANG		Address: 1 GAMBIR WALK SINGAPORE 538968	
ID Type / ID No.: NRIC NO / S9548251A		Contact No.: Home/Office: Mobile: 96993319	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 28/12/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		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: 05/10/2020 00:50	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - <i>Head To Rear</i> <i>side swipe - same direction</i>			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCX1881E	Car	HONDA		Black	Seriously Damaged	1
SGY2727J	Car	MERCEDES BENZ		Silver	Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201006/2003

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20201006/2003

CONTINUATION OF REPORT

Passenger			
Name	DARRYL PEH YONG JIE		ID No. S9541922D
Related Vehicle	SCX1881E (Car)		Contact No. 97873693
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	Slight
Driver			
Name	NIGEL TAY CHYE NGUANG		ID No. S9548251A
Related Vehicle	SCX1881E (Car)		Contact No. 96993319
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	05/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SYED MOHAMED S/O MOHD MYDEEN		ID No. S2171793B
Related Vehicle	SGY2727J (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 05/10/2020 at about 0050hrs, I was driving along Seletar Expressway (SLE) heading onto Central Expressway (CTE) with a male passenger onboard in my vehicle SCX1881E. I was on the second lane when the vehicle on my right (SGY2727J) came into my driving lane and caused a collision. The left portion of SGY2727J brushed against the right portion of SCX1881E. Both drivers alighted and exchanged particulars. No police or ambulance were at scene. After which, my vehicle was towed away due to the damages.

After the accident, my passenger and I did not feel well as such we sought medical treatment at Our Family Physician Clinic & Surgery. We received 3 days of MC from 05/10/2020 - 07/10/2020. There is an in-car camera installed inside my vehicle and I have a footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20201006/2003

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20201006/2003

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201006/2003

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20201006/2003

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 ASHLEY TOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/10/2020 01:36

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 199401363C

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-V0008379-MVA-R006

Account Name **KWG INSURANCE AGENCY PTE LTD**

MCI Type **MZ9**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **MOTORTRADE**
- 2 Name of Policyholder **PRUDENT PICKERS PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **14/05/2020**
- 4 Date of Expiry **13/05/2021**

- 5 Person or Classes of Person entitled to drive*

As specified in the Policy Schedule

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 motor trade purpose.

The policy does not cover use for hire or reward, racing, peace-making reliability trial or speed-testing.

N.B. Use solely for "BREAKDOWN" purposes is not deemed to be used for hire or reward.

The Policy does not cover:-

(1) Use for hire or reward or 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: 28/05/2020

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 190401363C

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



Page 1 of 2

Date of issue 28/05/2020

**MOTOR TRADE (ROAD RISK)
POLICY SCHEDULE****Renewal****PRUDENT PICKERS PTE LTD**
3 UBI AVENUE 3
#05-03A CROCODILE HOUSE
SINGAPORE 40885**Policy Number**
8-V0008379-MVA-R006**Period of Insurance**
14/05/2020 to 13/05/2021
(Both Dates Inclusive)**Account Number**
01000715
KWG INSURANCE AGENCY PTE LTD

This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of this cover, please inform us.

The Insured : PRUDENT PICKERS PTE LTD**Risk Details****Commercial Vehicle****Risk No 0001****Business/Occupation**

AS DESCRIBED

Cover

Third Party Only

Registration No.

MOTORTRADE

Make & Model

MOTOR TRADE

Type of Body

Motor Trade

Year of Manufacture

2014

Seating Capacity

0.00

No Claims Discount

10.00

Other Information

BUSINESS : CAR DEALER

NAMED DRIVERS

=====

- 1) TAY SOI BAH WILLIE (15/07/1959)
- 2) TAY CHYE NGUANG NIGEL (28/12/1995)
- 3) ANG SIEW LIAN (25/09/1967)

EXCESS ALL CLAIMS
S\$2,000.00 ON NAMED DRIVERSM1 EXCESS ALL CLAIMS
M3P THIRD PARTY ONLY

EXCESS: S\$3,500.00 FOR DRIVER 23 YEARS OLD AND BELOW WITH LESS THAN 2 YEARS OF DRIVING EXPERIENCE.

GEOGRAPHICAL AREA : SINGAPORE ONLY

DEMONSTRATION EXTENSION

=====

THIS POLICY IS EXTENDED TO COVER DRIVING FOR PURPOSES DEMONSTRATION BY PERSONS NOT IN THE EMPLOY OF THE INSURED WHILE ACCOMPANIED BY THE INSURED OR NAMED DRIVERS SPECIFIED IN THE SCHEDULE.

SGPDNP