

NATIONAL Assessment Centre Services.

Ref No: **N/A 20091153**

Date In: **19/10/2020** **11/42**
 Ref No: **N/A 20091153**
 Vch No: **2117187X**
 O.O.A: **16/10/2020** **09:30**

Job description

Date & Time Completed

Done by

(1) **TP** Reporting Only

TP Insurer:

SAS e-illing

E-mail (by date sheet, AIO sheet)

I-Motor Claims Form

I-Motor W/O (With: OD sheet, TP sheet)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Witness

Preferred Wreck INC Assign Wreck / QW:

Tel:

Fax:

TP Incident/Ref:

Vch No:

CASH 3650M

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%; F: 80-100%)

Year of Registration:

Warranty:

YRS:

NO:

Excess: (\$)

Loading:

\$1,000 ()

\$2,000 ()

() Walk-In Customer: Customer's information strictly Confidential & strictly NO Refor of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

N/A 2005524

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (330)

2) DA Damage Assessment (3100)

3) TP Towing Fee

4) PT Follow-Through Survey

5) PT Follow-Through Survey (Resurvey)

Forfeiting against HQ Only (over 10 Jan 200)

6) Title Re-inspection

7) NI: Idea DA + EMRT Survey

8) NIUC Additional Services

9) NIUC

• NIUC Courtesy Car / Tpl Allowance

• NIUC Repairs Coordination

• NIUC Post Repair Inspection

• NIUC DV / Collat Through Coordination

• NIUC TP Form INC against DRG

• NIUC: Idea Mobile

Invoice dated

Invoice dated

Fee Charged

Fee Charged

PAID

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	19/10/2020 11:21
Date Of Accident	16/10/2020 09:30
Exact Location Of Accident	ANG MO KIO AVENUE 5 SLIP ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7187X
Insured/Policyholder	
Name Of Registered Owner	JUSMIN TAN HWEE LING (CHEN HUINING)
NRIC No	SXXXX233H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83822962
Alternative Phone No	OTHERS-83822962

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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-V0016759-MVA-R002
Cover Note Number	

Driver

Name of Driver	JUSMIN TAN HWEE LING (CHEN HUINING)
NRIC No	SXXXX233H
Date Of Birth	03/04/1985
Occupation	INDOOR
Date Of Driving Pass	23/03/2009
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83822962
Fax Number	
Contact Number	OTHERS-83822962

Address	BLK 230 COMPASSVALE WALK #06-420
Postcode	640230
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201016/2051

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH3650M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA YEW LEE
NRIC/Passport Number	
Contact Number	98230652
Address	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JUSMIN TAN HWEE LING (CHEN HUINING)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLU7187X

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:

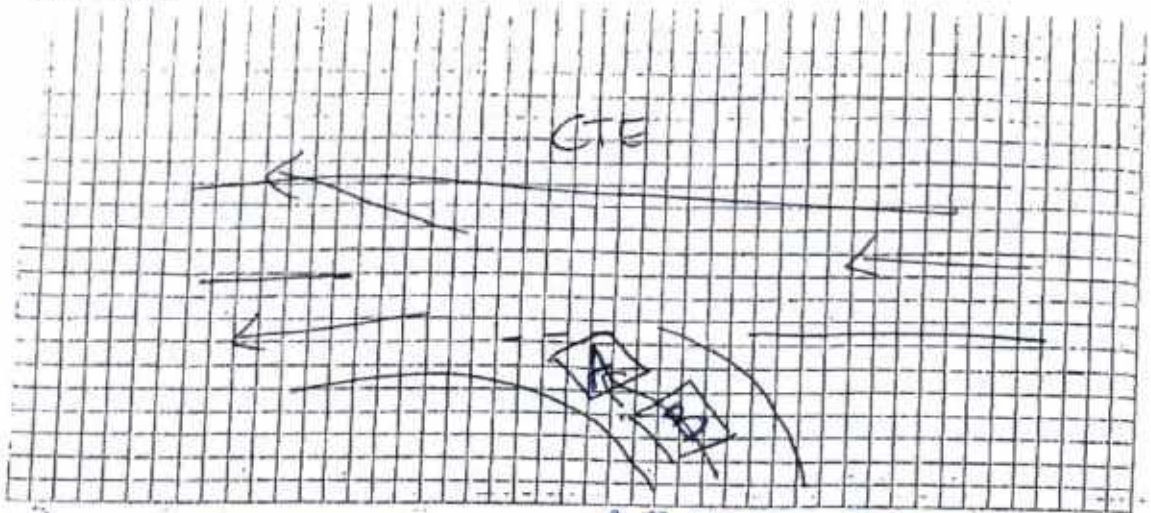
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the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

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

19/10/2023
Reporting Centre Personnel's Signature
Name: *Kok Li*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Banking Road Ave 5

A) SLV 7187X

B) GBT 3650M

Refer to police report : 7/2020/1016/2051

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

APPROPRIATE SIGNATURE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/10/2020

Resh Vintar

MY CAR

VEHICLE NO: SLU 7187 X

MAKE & MODEL: Mercedes Benz A180

DATE OF ACCIDENT	16 / 10 / 20	
TIME OF ACCIDENT	930 (AM) / PM	
LOCATION OF ACCIDENT	Ang Mo Kio Ave 5.	
Exact Purpose use during accident	Working.	
NAME OF OWNER	Jusmin Tan Hwee Ling.	
TELP NO	8382 2962.	
NRIC	S85102334	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / NO ?	
INSURANCE CO.	QBE Insurance (Singapore) Pte Ltd.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	8-V0016759-MVA-R002.	
NAME OF DRIVER	<u>As above</u> / If No,	
NRIC	S85102334 Any passengers, —	
DATE OF BIRTH	03 / 04 / 1985	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	23 / 03 / 2009	
GENDER	Male / <u>Female</u>	
CONTACT NO.	8382 2962 Office, Home.	
ADDRESS	Blk 230 COMPASSVALE WALK #06-420(S) 640230	
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg-No,	
RELATIONSHIP	Employee / If No,	
WEATHER CONDITION	<u>Clear</u> / Raining / Other,	
ROAD SURFACE	<u>Dry</u> / Wet / Other,	
ANY INJURIES	No / If yes, Who? Driver	
CONTACT NO.	8382 2962.	
POLICE REPORT	No / If yes, Where?	
VEHICLE B NO.	GBH3650 M. Any Passenger,	
NAME	Chua Yew Lee	
CONTACT NO.	9823 0652.	
VEHICLE C NO.	Any Passenger,	
VEHICLE D NO.	Any Passenger,	
VEHICLE E NO.	Any Passenger,	
VEHICLE F NO.	Any Passenger,	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO CAPTURE?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



**SINGAPORE
POLICE FORCE**



T/20201016/2051

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No: T/20201016/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2020 15:02		Vide Report No.:		Station Diary No.: 376	
Informant's Particulars					
Name of Informant: JUSMIN TAN HWEE LING			Address: APT BLK 230 COMPASSVALE WALK #06-420 SINGAPORE 540230		
ID Type / ID No.: NRIC NO / S8510233H			Contact No.: Home/Office: Mobile: 83822962		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 03/04/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES			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: 16/10/2020 09:30	Type of Location: Bend
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBH3650M	Van	NISSAN		White	Slightly Damaged	0
SLU7187X	Car	MERCEDES BENZ	A180D AMG LINE AUTO	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU7187X	QBE Insurance (Singapore) Pte Ltd	V0016759	12/12/2019	11/12/2020



**SINGAPORE
POLICE FORCE**



T/20201016/2051

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20201016/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Chua Yew Lee	ID No.	S0007075J
Related Vehicle	GBH3650M (Van)	Contact No.	98230652
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
Driver			
Name	JUSMIN TAN HWEE LING	ID No.	S8510233H
Related Vehicle	SLU7187X (Car)	Contact No.	83822962
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

V1) SLU7187X - Blue Mercedes A180D

V2) GBH3650M - White Nissan Van

On 16/10/2020 at about 0931hrs, while I was turning left along the filter lane of AMK Ave 5 to CTE, I braked as there were incoming vehicles on my right along the expressway. Subsequently, V2 braked however, did not brake in time which then collided into my vehicle. We then exchanged particulars.

I wish to state that I have an in-vehicle camera and no government property damaged. I wish to state that there were no ambulance or Traffic Police that attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20201016/2051

3 of 3

Report No. T/20201016/2051

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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:

L /

Sgt 1 LIM WEI YU L



Signature:

Signature Of Interrogator:

Not applicable

Signature Of Informant:

Date/Time:

16/10/2020 15:02

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. 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-V0016759-MVA-R002

Account Name **I INSURANCE SG AGENCY**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLU7187X**
- 2 Name of Policyholder **TAN HWEE LING JUSMIN**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **12/12/2019**
- 4 Date of Expiry **11/12/2020**
- 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: 11/11/2019

Authorized Signature

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MAIA4200 91153 Vehicle Registration No. : SLU 7187X
Name (as shown in NRIC) : Jusman Tan Huan Lin NRIC/FIN/Passport No. : 5200233H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 83822962
Email Address : _____
Date of Accident : _____ Time of Accident : 09:30
Place of Accident : DAI HONG KIO AVE 5 SLIP ROAD TOWARDS CTE
Insurance Company : DBF

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

GENDER OF THE OWNER TO FEMALE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 19/10/2020