NATIONAL Assessment Centre Services. MNA4180367I6

Date In: 19/03/2018 09:42	Job description	Date & Time Completed	Done by
Ref No: NBA/ZNCC1800558SV	SAS e-filing		
Veh No: SJG 1887S	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 17/03/2018 13:00	I-Motor Claim Form	M7109876S7	26/03/2018 15:16
OD / TP (Reporting Only)	I-Motor W/O (within OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLC 312S INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: BSL Status (WO): N: 0-20%; P: 21-79%; F: 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 (NS hotline: 67880016)	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	Action

NA1801914

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Mngr-In-Charge):

Invoice Comments:

Invoice Preparation (Charges)		Bill	Add Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($80)		
3) TP: Towing Fee	$80/$43		
4) FT: Follow-Through Survey	$150		
5) FT: Follow-Through Survey (Resurvey)	$70		
For claims against INC Only (wef 10 Jun 2010)			
6) TR: Re-Inspection	$35		
7) NI: 1 for DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OD:			
*NI: Courtesy Car / Tpt Allowance	$3		
*NI: Repair Co-ordination	$10		
*NI: Post Repair Inspection	$35		
*NI: DY / Collect Unsecured Co-ordination	$3		
TP (NI): TP (Non INC) against INC	$30		
9) NI: Sales Mobile	$10		
Invoice dated	Not Charged		
Invoice dated	Not Charged		

(1)

1 2 / 3

MNA418036718 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 19/03/2018 09:42
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 26/03/2018 15:11

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 ability.
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	19/03/2018 09:42
Date Of Accident	17/03/2018 13:00
Exact Location Of Accident	AYE TOWARDS MCE/CTE 7.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1487S
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	SALBIAH.KHALID75@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94293100
Alternative Phone No	OFFICE-94293100
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082552257-01
Cover Note Number	
Driver	
Name of Driver	SALBIAH BTE KHALID
NRIC No	S7514300A
Date Of Birth	29/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94293100
Fax Number	
Contact Number	OTHERS-94293100
EMail Address	SALBIAH.KHALID75@GMAIL.COM

Address	BLK 443 YISHUN AVENUE 11 #03-24
Postcode	760443
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC312S
Vehicle Make/Model/Colour	TOYOTA CAMRY
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD4056A
Vehicle Make/Model/Colour	VOLKSWAGEN
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKK3178M
Vehicle Make/Model/Colour	CITROEN
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)	

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.

QUALITY LEASING PTE LTD

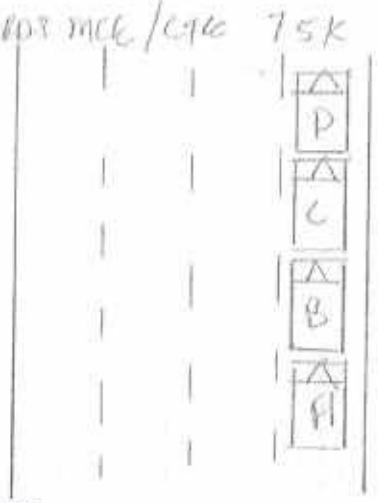
26/03/2018

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



A) SJG 1487 B
B) SLE 315 S
C) SLD 4063 A
D) SLK 3178 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 March 2018 @ 18hrs I was travelling along AYE Tslm towards MCE/CTE. My car was travelling at a speed of 50km/hr. When I was in middle lane I saw 3 vehicles ahead travel close to one another. Suddenly the vehicle infront jam break. I apply the Emergency brake but my SJG 1487 B was not able to halt stop in time and therefore hit the front car SLE 315 S. I stop my car then came out to take some photos of the accidents. As I was still in the state of shock and also there other riders in my car gone to Airport, the driver of vehicle SLE 315 S told me that I can go first and will settle later. After I drop off my riders I call him for an update but he told me that the vehicle infront of him want to make a report instead. I would also like to highlight there was no injury to everyone involved in this accident.

DECLARATION

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

QUALITY LEASING PTE LTD

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.:

28/03/2018

Claim Handling

Accident MT/0987651

Policy No.	5082552257-01	Vehicle No.	SJG1487S	GST Registration No.	
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	97882224	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
XFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	26/03/2018 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	17/03/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS MCE/CTE 7.5KM				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	Lot-57	Related Policy Number	5098731344		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	SALBIAH BTE KHALID	Driver NRIC	S7514300A	Driver DOB	
Register Date of Driver License	28/02/2012	Driver Age	42	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 443 #03-24	Address 2	YISHUN AVENUE 11	Address 3	
Address 4	SINGAPORE 760443	Address Type	Foreign address	Post Code	
Unit No.	03-24				
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SJG1487S	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ○ No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	QUALITY LEASING PRIVATE LIM	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJG1487S	TP Vehicle Number	
Claim Description	SJG1487S / SLC3125 ON 17 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/03/2018 15:13	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

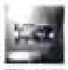
Save Submit

Attachment

Accident No.	MT/0987651	Claim No.	001				
Last Doc. Received	● Yes ○ No	Upload Date	26/03/2018 15:14				
	Path *			Category *		Confidential	Urgency
	Browse... Clear			Please Select			Normal

Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 15:14	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 15:14	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 15:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 15:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 15:14	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 15:13	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 03 / 2018) (DD/MM/YYYY), TIME: (13 : 00) (HH:MM)

LOCATION: AYE TOWARDS MCE / ETE 7.5km

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJG 1487S
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: _____
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   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: (HIDALIY) (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 97882224
   c) ADDRESS: _____

▼ CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (Including driver) (__)

DRIVER
   a) NAME: SALBIAH BTE KHALID (MALE / FEMALE) 94829100
   b) NRIC/FIN/PASSPORT: S7514300A CONTACT: _____
   c) ADDRESS: BLK 443 YISHUN AVE 11 #03-34
   d) DATE OF BIRTH: (29 / 04 / 1975) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS - 11/12/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HERE
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
   b) ROAD SURFACE: (DRY / WET / OTHERS) _____
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: SLC 3125 MODEL: TOYOTA CAMRY
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: SLC 4056A MODEL: VOLKSWAGEN
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (Including driver) (__)

SKK 3178M CITROEN

email = salbiah.khalid75@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7514300A

Name

SALBIAH BTE KHALID

سلبيه بنت خالد

Race
MALAY

Date of birth
29-04-1975

Sex
F

Country of birth
SINGAPORE

3747652

NRIC No. S7514300A

Date of issue
28-07-2005

APT BLK 443 YISHUN AVENUE 11 #03-24
SINGAPORE 760443

NRIC No: S7514300A Date: 14/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals(Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	28 Feb 2012

NP 428A

Licence No: S7514300A

income
made different

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S082552257-01 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SJG1487S**
   Chassis Number : GE61076242
2. Name of Policyholder : QUALITY LEASING PRIVATE LIMITED
3. Effective Date of Insurance : 22 Jul 2017
4. Expiry Date of Insurance : 21 Jul 2018
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder.
   (b) Any other 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 driving the Motor Vehicle.
6. Limitations as to Use#
   (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 19 Jul 2017 17:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive