NATIONAL Assessment Centre Services (wef 1 Jan 09) MMA418040716

Date In: 26/03/2018 15:21	Job description	Date & Time Completed	Done by
Ref No: NBA/BMC1800562 3/Y	SAS e-filing		
Veh No: SJL7366S	E-mail (within 3hrs, AIC 5hrs)		
D.O.A: 23/03/2018 16:00	i-Motor Claim Form	m1180807690-002	26/03/2018 17:46
OD / TP / Reporting Only	i-Motor W/O (within OD 3hrs, TP 1hrs)		
	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: SCN5873Z , 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: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-in Customer : Customers 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 0016	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

NA1801915

Remarks Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation Checklist			Checked by
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) : INC ($80)			
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
Foreclosing against INC Only (wef 10 Jun 2010)			
6) TR : Re-Inspection	$35		
7) NI : Ida DA + SMRT Survey	$160		
8) NTUC Additional Services			
QIII			
NI : Courtesy Car / Tpt Allowance	$5		
NI : Repair Coordination	$10		
NI : Post Repair Inspection	$35		
NI : DY / Collect Vessel Coordination	$5		
TP (NIL) : TP (Non INC) against INC	$30		
9) NI : Sidal Mobile	$10		
Invoice dated	Not Charged		
Invoice dated	Non Charged		

1/3

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 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	26/03/2018 15:21
Date Of Accident	23/03/2018 16:00
Exact Location Of Accident	ALONG WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL7366S
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	AIDILMUSAISMAIL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82333784
Alternative Phone No	OFFICE-82333784
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096451898
Cover Note Number	
Driver	
Name of Driver	AIDIL MUSA BIN ISMAT
NRIC No	S8715448C
Date Of Birth	28/05/1987
Occupation	INDOOR
Date Of Driving Pass	13/05/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82333784
Fax Number	
Contact Number	OTHERS-82333784
EMail Address	AIDILMUSAISMAIL@HOTMAIL.COM

Address	BLK 805C KEAT HONG CLOSE
Postcode	
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN5873Z
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LIM CHIN SENG,ERNEST(LIN ZHENXING,ERNEST)
NRIC/Passport Number	S7209010A
Contact Number	92361187
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

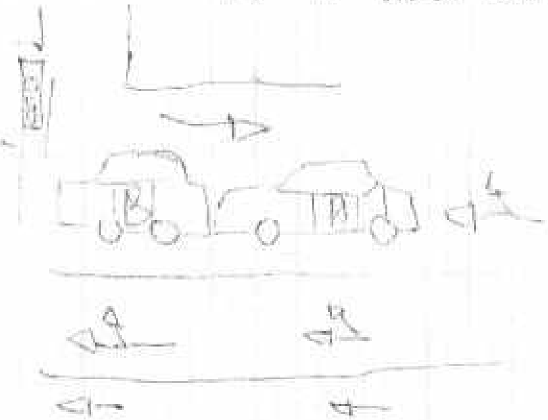
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26-3-2018
12.30PM

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

26/03/2018

SKETCH PLAN Along West Coast Highway



A) SJL7366S

B) SLN5873Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along west cost highway, it was heavy traffic. At around 1750-1800hrs I accidentally knock the rear bumper of the Ernest Rented vehicle. MAZDA 3 SLN5873Z. With me have 3 passenger and with him have 1 passenger All were find and good condition when we left from incident

DECLARATION

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

QUALITY LEASING PTE LTD

[illegible]

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26 3 2018 1230HRS

[illegible] 26/03/2018

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

Claim Handling

Accident MT/0987690

Policy No.	5096431898	Vehicle No.	SJL7366S	GST Registration No.	
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Bmvn CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
eFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	26/03/2018 16:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/03/2018	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COST HIGHWAY (INFRONT OF MCD)				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	No
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		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX 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	SJL7366S	TP Vehicle Number	
Claim Description	SJL7366S / SLN5873Z ON 23 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/03/2018 17:40	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/0987690	Claim No.	002
Last Doc. Received	Yes No	Upload Date	26/03/2018 17:44

Path *		Category *	Confidential	Urgency
Browse...	Clear	Please Select	No	Normal
Browse...	Clear	Please Select	No	Normal
Browse...	Clear	Please Select	No	Normal
Browse...	Clear	Please Select	No	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 17:44	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:44	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:42	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:42	Photos	Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:42	Photos	Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:42	Photos	Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:42	Photos	Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:41	Photos	Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:41	Photos	Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:41	Photos	Normal	Photo:
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 17:41	Photos	Normal	Photo:

▽ **Video List**

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (23/03/2018) (DD/MM/YYYY), TIME: (16.00) (HH:MM)

LOCATION: West coast highway

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJL 7366S
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 5096451898
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA ALLION
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Rent
   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: Quality Leasing Private Limited (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 97882224
   c) ADDRESS: 517 Ownam rd #02-39, concorde Shopping Centre S(169575)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (Including driver) (__)

DRIVER
   a) NAME: Adil Imrsa (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8715448C CONTACT: 82333784
   c) ADDRESS: West living Close, Blk 85C #01-72
   *d) DATE OF BIRTH: (28/05/1987) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Rental
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Normal
   b) ROAD SURFACE: (DRY / WET / OTHERS) Normal
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: — NIL —
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLN 5873Z MODEL: MAZDA

\# No of passenger (Including driver) (__)

   b) DRIVER'S NAME: LIM CHIN SENG, ERNEST (LIN ZHENXIAN, ERNEST)
   c) NRIC/FIN/PASSPORT: S7209010A CONTACT: 92361187
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: SLN 5873 Lwd MODEL:

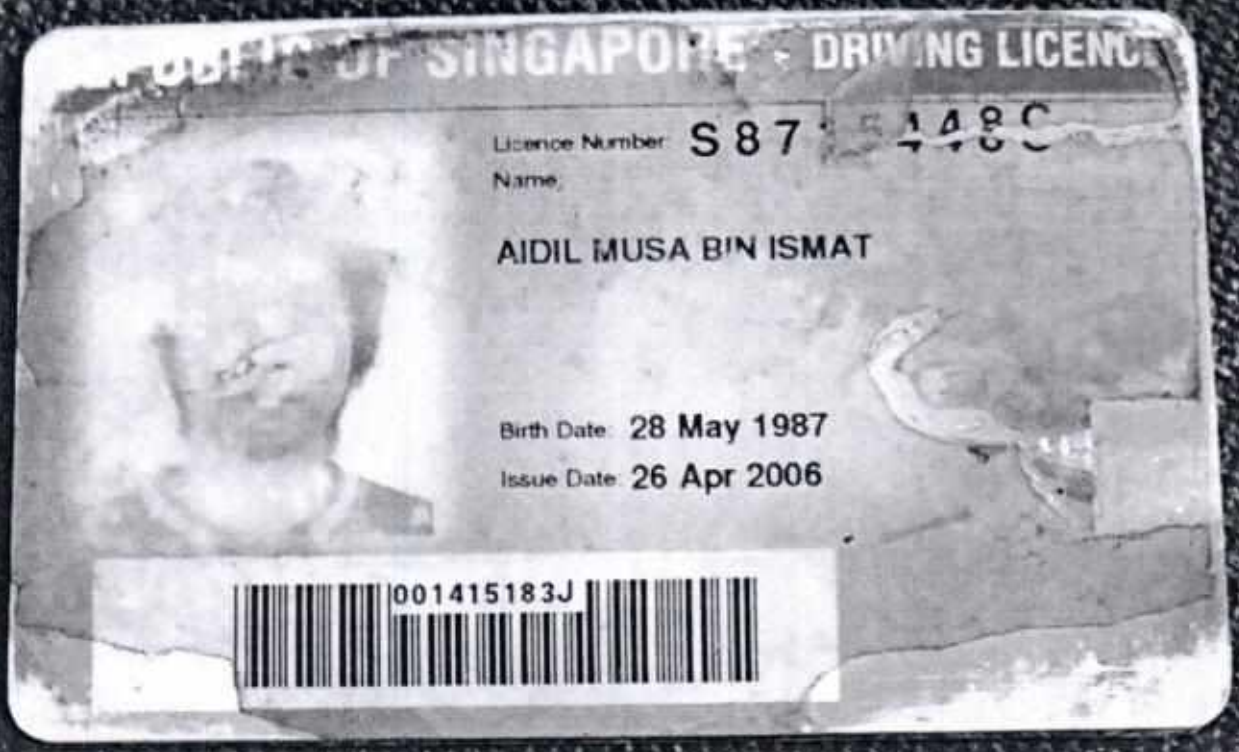
\# No of passenger (Including driver) (__)

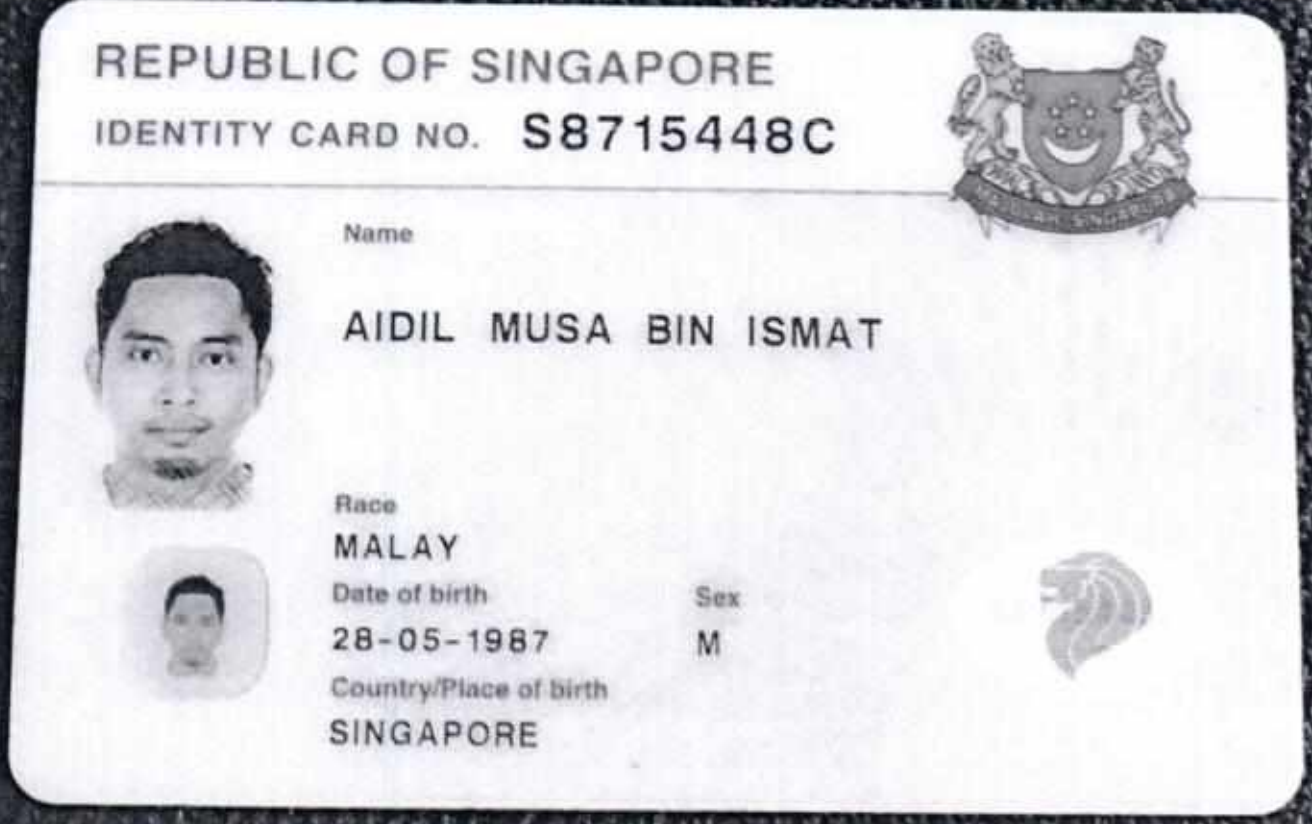
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = adilmusaismail@hotmail.com

fax =

VIDEO


DRIVING LICENCE
Licence Number S87
Name
AIDIL MUSA BIN ISMAT
Birth Date 28 May 1987
Issue Date 26 Apr 2006
001415183J


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8715448C
Name
AIDIL MUSA BIN ISMAT
Race
MALAY
Date of birth
28-05-1987
Sex
M
Country/Place of birth
SINGAPORE

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

		PASS DATE
Class 2B	Motorcycles =< 200 CC	26 Apr 2006
Class 2A	Motorcycles between 201 CC and 400 CC	03 Mar 2009
Class 2	Motorcycles > 400 CC	17 Aug 2010
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	13 May 2008

S8715448C

S / No. 9000129351

Licence No: S8715448C

NP[illegible]8A

5760181

NRIC No. S8715448C

Date of issue

27-06-2017

Address

APT BLK 805C KEAT HONG CLOSE
#04-72
SINGAPORE 683805

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJL7366S
Date of Accident 23/03/2018 15:20

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Venicle No.	Insured Object	Commence Date	Expiry Date
○	5096451898	QUALITY LEASING PRIVATE LIMITED	201312790G	GPC	drive CLASSIC	SJL7366S	SJL7366S	04/12/2017	03/12/2018

Continue