NATIONAL Assessment Centre Services. MAIA4180483333

Date In: 11/04/2018 15:47	Job description	Date & Time Completed	Done by
Ref No: NBA/MC18006694/4	SAS e-filing		
Veh No: SFQ 1938	E-mail (within 3hrs; AIG 3hrs)		
D.O.A: 11/04/2018 08.30	I-Motor Claim Form	M1/0980115	12/04/2018 14:59
(OD) / TP / Reporting Only	I-Motor W/O (W/in 1 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: YM 9863C , 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: 30-100%)

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 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

NA/802314

Summary of Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Manager's Comments:

L.T:

L.7/2:

Invoice Preparation Checklist		
1) AR: Accident Reporting ($30)		
2) DA: Damage Assessment ($100); INC ($40)		
3) TF: Towing Fee	$40/$	
4) FT: Follow Through Survey	$130	
5) FT: Follow Through Survey (Resurvey)	$30	
Fee claim applicable INC Only (wef 10 Jun 2010)		
6) TR: Rectification	$35	
7) N: DA + SMRT Survey	$160	
8) NTUC Additional Services:		
OIII		
NI: Courtesy Car / Tpt Allowance	$3	
NI: Repair Coordination	$10	
NI: Post Repair Inspection	$3	
NI: DV / Collect Excess Coordination	$3	
ZZ (NI): TP (Non INC) refund INC	$10	
9) NI: Idex Mobile	$0	
Invoice dated	Not Charged	
Invoice dated		

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	11/04/2018 15:47
Date Of Accident	11/04/2018 08:30
Exact Location Of Accident	503 BUKIT BATOK STREET 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ193R

Insured/Policyholder

Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	LATIFAH88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90013778
Alternative Phone No	OFFICE-90729015

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-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?	YES
If No, Please state action to be taken	
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	5094419436
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ISMAIL BIN MOHAMED MEERASHA
NRIC No	S8721179G
Date Of Birth	26/06/1987
Occupation	INDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013778
Fax Number	
Contact Number	OTHERS-90729015
EMail Address	LATIFAH88@GMAIL.COM

Address	BLK 817B KEAT HONG LINK #12-83
Postcode	682817
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?	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

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	YM9863C
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MUHAMMAD ISMAIL BIN MOHAMED MEERASHA

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SFQ193R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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

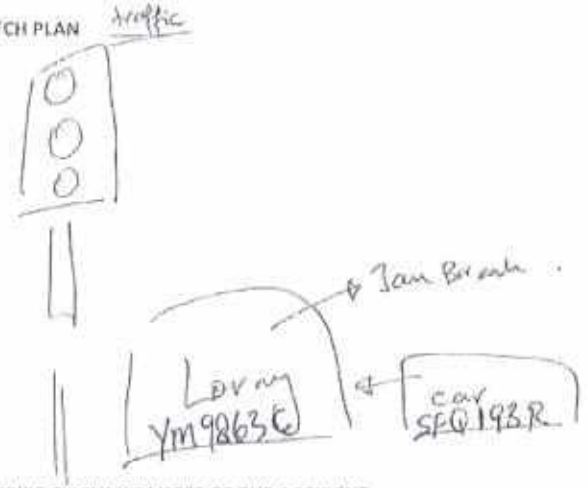
Policyholder's Signature
Date & Time:

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

11/04/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Blinded by sunlight. Lorry jam brake in the front @ the traffic light.

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:

11/04/2018

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

National University Hospital (Singapore) Pte Ltd
5 Lower Kent Ridge Road, Singapore 119074
TEL: (65) 6779 5555
Business Registration No. 198500843R

NUH
National University Hospital

MEDICAL CERTIFICATE

AMENDED ORIGINAL

NAME: MUHD ISMAIL Bin MOHD MEERASHA

NUH180

NRIC: S872

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **2** day(s) from **11-Apr-2018** to **12-Apr-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **11-Apr-2018 10:35** to **11-Apr-2018 15:38**

11-Apr-2018	DAWA TSHERING (17208A)	A&E	
Date	Issued by	Location	Signature

Claim Handling

Accident MT/0990115

- Exit

Policy No.	S094415938	Vehicle No.	SFQ1938	GST Registration No.	
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	201312796G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90013778/90729015	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	12/04/2018 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/04/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	503 BUKIT BATOK STREET 52				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
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	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	LM-37	Related Policy Number	S098731344		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ISMAIL BIN MOHAM	Driver NRIC	S8721179G	Driver DOB	26/06/1987
Register Date of Driver License	14/03/2008	Driver Age	30	Driving Experience	10
Contact No.(Mobile)	90013778/90729015	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 817B #12-83	Address 2	KEAT HONG LINK	Address 3	KEAT HONG MIRAGE
Address 4	SINGAPORE 682817	Address Type	Foreign address	Post Code	682817
Unit No.	12-83				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFQ1938	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	QUALITY LEASING PRIVATE LIM	Insured NRIC	201312796G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	64738668
Email Address		OI Vehicle Number	SFQ1938	TP Vehicle Number	YM9863C
Claim Description	SFQ1938 / YM9863C ON 11 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	12/04/2018 14:59	Claim Close Date		Date Received	12/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/0990115	Claim No.	001
Last Doc. Received	• Yes No	Upload Date	12/04/2018 14:59

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message | Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 14:59	Photos		Normal	Photos 2018-4-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 14:59	Photos		Normal	Photos 2018-4-12		Edit
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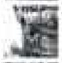	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 14:51	Photos	Normal	Photos 2018-4-12	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 14:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-12	Edit
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Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ASSIGNMENT (MSC)

By CSO - Nature of Accident:

1) Vehicle hit Vehicle:
a) Motorcar ( )
b) M/cycle ( )
c) Bicycle ( )

2) Vehicle hit ??
a) Pedestrian ( )
b) Animal ( )

3) Vehicle hit Road Side Objects:
a) Govt Property ( ) (Ext signboard, barrier, tree etc)
b) Road Work Object ( )
c) Private Property ( )

4) Vehicle drop into drain ( )

5) Damage due to Act of God:
a) Fallen Object ( )
b) Flood ( )
c) Other

6) Parked & Found Damaged:
a) Vandalism ( )
b) Hit by Moving Object ( )

7) Theft Case
a) Stolen ( )
b) Damage found when recovered. ( )

8) Fire —
a) Whilst driving ( )
b) Parked ( )

9) Accident date more than 24hrs ( )

Remarks for internal information

Remarks to appear in Works Order & Assessment report
1) Potential Total Loss ( )
2) SRS Light on ( )
3) ABS Light on ( )

By Assessor - 1) Vehicle Information:

Veh No: SFQ193R Yr Regn: SEP 2009

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / ... / Truck / Trailer or

Make & Model: Toyota Wish FPXXA cc 1797

Colour: Transmission Type: Auto / Manual

Eng/No: 2ZR0437088 Sp.Reading: 135367

C/No: ZGE200013206

Gen. Cond: (Good) / Fair / Poor / Burnt or

Steering: (Norder) / Jammed / Leaked / Burnt or

Brake: (Norder) / Jammed / Leaked / Burnt or

Mod: NA / (S/Rim) / STD A/Rim or

Tyre Size: F: 225/45 R17 Linglong GY/MIC
R: 225/45 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

Parallel Import: Yes / (No) Towed-In: (Yes) / No

Repair Type: LS / I.B.I Towing Required: (Yes) / No

No of Repair Days: Vehicle in Idle: (Yes) / No

D.O.I: 11/04/2018 Time: 1600

By Assessor - 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:
a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
e.Animal ( ) f.Govt Object ( ) g.Road Work Object ( )
h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:
a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

Time Started Time completed

1) SRS
2) ABS
3) Brake Operation Completed Time

Condition (CON)
(1)Bent (2)Burned (3)Discolored (4)Cracked (5)Cut (6)Scratched (7)Deformed
(8)Shifted (9)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn
(14)Unconfirmed (15)Not Working

ACTION (AC)
(1)Replace (✓) (2)Repair (R) (3)Check (I)
(4)Not Consistent (NC)

Aug 2003

MOTOR CAR (Frt)

Front Portion

Vehicle No: SQ 193R

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	MS		
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish	MS		
1004	991300	Frt Bumper	MS		
1005	992341	Frt Bumper Clips	MS		
1006	991325	Frt Bumper Bracket	MS		
1007	991462	Frt Bumper Side Retainer	MS		
1008	991433	Frt Bumper Reinforcement	BT		
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge	BR		
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	MS		
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler	CUT		
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	CUT		
1018	991355	Frt RH Bumper Fog Lamp Cover	CUT		
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	BR		
1022	991328	Frt Grille Emblem	HAC		
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel	BT		
1025	992013	Frt Support Panel	BT		
1026	992025	Frt Support Panel Top Garnish Cover	BT		
1027	992416	Horn		2	2
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	MS		
1030	991821	Frt RH Headlamp Assy	BR		
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	DM		
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	BT		
1036	990285	Bonnet Insulator	BT		
1037	990273	Bonnet Hinge	BT		2
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	BT		
1043	990122	Air Con Fan Assy	BR		
1044	990134	Air Con Suction Pipe (Low Pressure)		1	1
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator		1	
1053	992738	Radiator Cowling		1	
1054	992742	Radiator Fan Assy		1	
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990319	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket	BT		
1070	990229	Battery Tray			

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box COVER	BR		
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover		2	
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	BT		
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	CUT		
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy		1	
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag	DIS		
1130	990750	Dashboard Airbag Sensor	DIS		
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			
		SUSPENSION MEMBER		1	
		RH WITH MOUNTING			

No of Items: _____ Accessori _____

Claim Handling

+ Task Transfer + Exit

Accident MT/0990115

Policy No.	5094419436	Vehicle No.	SFQ193R	GST Registration No.	
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	201312796G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivs CLASSIC	Loading	0
Contact No.(Mobile)	90813778/90729015	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	12/04/2018 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/04/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No	
Accident Location	503 BUKIT BATOK STREET 52				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
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	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	Lot-57	Related Policy Number	5098731344		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ISMAIL BIN MOHAM	Driver NRIC	S8721179G	Driver DOB	26/06/1987
Register Date of Driver License	14/03/2008	Driver Age	30	Driving Experience	10
Contact No.(Mobile)	90813778/90729015	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 817B #12-83	Address 2	KEAT HONG LINK	Address 3	KEAT HONG MIRAGE
Address 4	SINGAPORE 682817	Address Type	Foreign address	Post Code	682817
Unit No.	12-83				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFQ193R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	QUALITY LEASING PRIVATE LIM	Insured NRIC	201312796G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	64738668
Email Address		OI Vehicle Number	SFQ193R	TP Vehicle Number	YM9863C
Claim Description	SFQ193R / YM9863C ON 11 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Income to assign workshop	GIA report	Received
Date Registered	12/04/2018 15:00	Claim Close Date		Date Received	12/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason

Remarks

damage assessment | Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	WISH	Engine Capcity	
Date of Registration	16/09/2009	Classis No.	ZGE200013206		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Parallel Import *	Yes No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour		Total Loss *	Yes No		

Cost

Market Value($) | Scrape Value($) | Economical Repair Value($)

Remark

Damage Listing

Find a Part

root
- Not Applicable
- ABS
- ABSORBER
- ACCELERATOR
- ACTUATOR
- ADVERTISEMENT STICKER

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
3	16000101	BUMPER (FRONT)	1	Replace	X
4	16002401	BUMPER CLIPS (FRONT)	1	Replace	X
5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
8	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
9	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
10	16004101	BUMPER LOWER SPOILER (FRONT)	1	Replace	X
11	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	X
12	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
13	27100101	GRILLE (FRONT)	1	Replace	X
14	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
15	12900301	APRON PANEL (FRONT)	1	Replace	X
16	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
17	41300801	SUPPORT PANEL TOP GARNISH (FRONT)	1	Replace	X
18	28500101	HORN (LEFT)	1	Unconfirm	X
19	28500102	HORN (RIGHT)	1	Unconfirm	X
20	27700101	HEAD LAMP (LEFT)	1	Replace	X
21	27700102	HEAD LAMP (RIGHT)	1	Replace	X
22	149001	BONNET	1	Replace	X
23	149006	BONNET BOTTOM LOCK	1	Replace	X
24	149029	BONNET INSULATOR	1	Replace	X
25	14902201	BONNET HINGE (LEFT)	1	Replace	X
26	14902202	BONNET HINGE (RIGHT)	1	Replace	X
27	112023	AIR CON CONDENSER	1	Replace	X
28	112026	AIR CON CONDENSER FAN	1	Replace	X
29	112051	AIR CON DRYER SUCTION HOSE	1	Unconfirm	X
30	112050	AIR CON DRYER PRESSURE SENSOR	1	Unconfirm	X
31	344001	RADIATOR	1	Unconfirm	X
32	344012	RADIATOR FAN COWLING	1	Unconfirm	X
33	344008	RADIATOR FAN	1	Unconfirm	X
34	141002	BATTERY BRACKET	1	Replace	X
35	26600103	FUSE BOX (TOP)	1	Replace	X
36	243014	ENGINE LOWER COVER	1	Replace	X
37	25400102	FENDER (FRONT LEFT)	1	Replace	X
38	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
39	22600103	DASHBOARD (TOP)	1	Unconfirm	X
40	226002	DASHBOARD AIR BAG	1	Replace	X
41	226003	DASHBOARD AIR BAG SENSOR	1	Replace	X
42	106007	AIR BAG CONTROL UNIT	1	Unconfirm	X
43	36300101	SEAT BELT (FRONT LEFT)	1	Replace	X
44	36300102	SEAT BELT (FRONT RIGHT)	1	Replace	X
45	36300103	SEAT BELT (REAR LEFT)	1	Replace	X
46	36300104	SEAT BELT (REAR RIGHT)	1	Replace	X
47	401001	STEERING AIR BAG	1	Replace	X
48	401037	STEERING WHEEL	1	Unconfirm	X
49	2900	INLET MANIFOLD	1	Unconfirm	X

Save Submit

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SFQ193R
Vehicle Type :	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	WISH 1.8X A
Chassis No. :	ZGE200013206
Propellant :	Petrol
Engine No. :	2ZR0437088
Engine Capacity :	1797 cc
Maximum Power Output :	106.0 kW (142 bhp)
Maximum Laden Weight :	1725 kg
Unladen Weight :	1340 kg
Year Of Manufacture :	2009
Original Registration Date :	18 Sep 2009
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
Quota Premium :	$19,289.00
COE Expiry Date :	17 Sep 2019
Road Tax Expiry Date :	17 Sep 2018
PARF Eligibility Expiry Date :	17 Sep 2019
Inspection Due Date :	17 Sep 2018
Intended Transfer Date :	11 Apr 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK Print

NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Payu Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NA

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SFQ 193R Date In: 11/04/2018 Time In: 1550 with Keys: Y

For Office use

Attended by: Rosli

Workshop Collection of Vehicle

Workshop: AMK AUTOPRINT PTE LTD

Collection Date: 13/04/2018 Time: 1130 with Keys: Yes / No

Tow Truck No: WA 6672 T Tow Man: Tan Chee Keng NRIC: S1686754A

Signature:

For office use

Attended by: Rosli *Approved by:*

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In
Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____ *Approved by:* _____

rsbm

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Friday, 13 April, 2018 11:10 AM
To: AMKAUTOPOINT; 'rsbm@lkkauto.com'
Subject: SGQ193R | MT/0990115 (Awarding Letter to AMK Autopoint)

Importance: High

Hi IDAC and AMK Autopoint,

Vehicle is currently in iDAC.

Excess of $2k is applicable.

Please liaise with the person-in-charge – Ms Sharon at tel: 97882224 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Claims Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg

Our Ref: MT/CA/OD/051/0990115-001/YCL

13 Apr 2018

AMK AUTOPOINT PTE LTD
BLK 10 ANG MO KIO INDUSTRIAL PARK 2A
#01-22 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/0990115-001
REPAIR OF VEHICLE NUMBER: SFQ193R

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 13 Apr 2018
Make: TOYOTA
Model: WISH
Estimated Repair Days: 9
Location: NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits: Not applicable
Excess Applicable: 2,000
Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee
Senior Manager
Motor Insurance

WAIT for DRIVER

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 4 / 2013) (DD/MM/YYYY), TIME: (8 : 30 am) (HH:MM)

LOCATION: 503 Bukit Batok Street 52

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SFQ 193 R.
   b) INSURANCE COMPANY: NTUC Income Insurance Co-operative Limited
   c) POLICY NUMBER: 5094419436
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Wish
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Rental
   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 Pte Ltd (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 20131296G CONTACT: 9788 2224
   c) ADDRESS:

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

3. DRIVER
   a) NAME: Muhammad Ismail (MALE / FEMALE) → Latifah
   b) NRIC/FIN/PASSPORT: S8721179G CONTACT: 90729015 / 90013778
   c) ADDRESS: Blk 817B, Keat Hong Link, #12-93
   *d) DATE OF BIRTH: (26 / 06 / 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)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental
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

No of passenger (including driver) (__)

   a) VEHICLE NUMBER: YM 9863 C MODEL: Lorry
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

No of passenger (including driver) (__)

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

email = latifah88@live.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8721179G

MUHAMMAD ISMAIL BIN
MOHAMED MEERASHA

محمد اسمعيل بن محمد ميراشا

Race
INDIAN

Date of Birth
26-06-1987

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8721179G

MUHAMMAD ISMAIL BIN
MOHAMED MEERASHA

Birth Date 26 Jun 1987

Issue Date 14 Mar 2008

001581409D

A9144409

S8721179G

B- 12-06-2002

APT BLK 817B KEAT HONG LINK #12-93
SINGAPORE 682817

NRIC No: S8721179G Date: 20/03/2017

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

PASS 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 14 Mar 2008

Licence No: S8721179G

NP 428A

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) SFQ193R

Date of Accident 11/04/2018 09:59

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5094419436	QUALITY LEASING PRIVATE LIMITED	201312796G	GPC	drivo CLASSIC	SFQ193R	SFQ193R	20/09/2017	19/09/2018

Continue