

NATIONAL Assessment Centre Services

Ref: 11005698-001

MNA48099380

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 01/08/2018 14:33 | Job description | Date & Time Completed | Done by |
| Ref No: MNA48099380 | SAS e-filing | | |
| Veh No: GBD 7293E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 01/08/2018 10:35 | i-Motor Claim Form | M/11005698-001 | 02/08/2018 14:36 |
| OD: TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: PC4087

INC () / Non-INC ()

Tel:

Fax:

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: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616)

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist

| | Am't (\$) In Bill | Am't (\$) Add Bill |
|---|----------------------|-----------------------|
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OP* | | |
| *N5: Courtesy Car / Tpl Allowance \$5 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$5 | | |
| TP (N11): TP (Non INC) against INC \$20 | | |
| 9) N12: Idao Mobile \$0 | | |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 | 01/08/2018 14:33 |
| Date Of Accident | 01/08/2018 10:35 |
| Exact Location Of Accident | CTE TOWARDS CITY B/F ANG MO KIO SOUTH FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBD7293E |
| Insured/Policyholder | |
| Name Of Registered Owner | WQP TRADING |
| Co Reg No | 53175483M |
| Email Address | HANCARREPAIRS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91059139 |
| Alternative Phone No | OFFICE-91059139 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV200 |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5070827678-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | QUAH GIM CHENG |
| NRIC No | S1615749Z |
| Date Of Birth | 31/12/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/12/1983 |
| Driving Experience | 34 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91059139 |
| Fax Number | |
| Contact Number | OTHERS-91059139 |
| Email Address | HANCARREPAIRS@GMAIL.COM |

| | |
|---|---|
| Address | BLK 230 CHOA CHU KANG CENTRAL 08-161 |
| Postcode | 680230 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

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 | PC4018T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | VENGADASALAM S/O RENGASAMY |
| NRIC/Passport Number | S8724741D |
| Contact Number | 87817491 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

Vehicle No: _____
DOA: _____

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

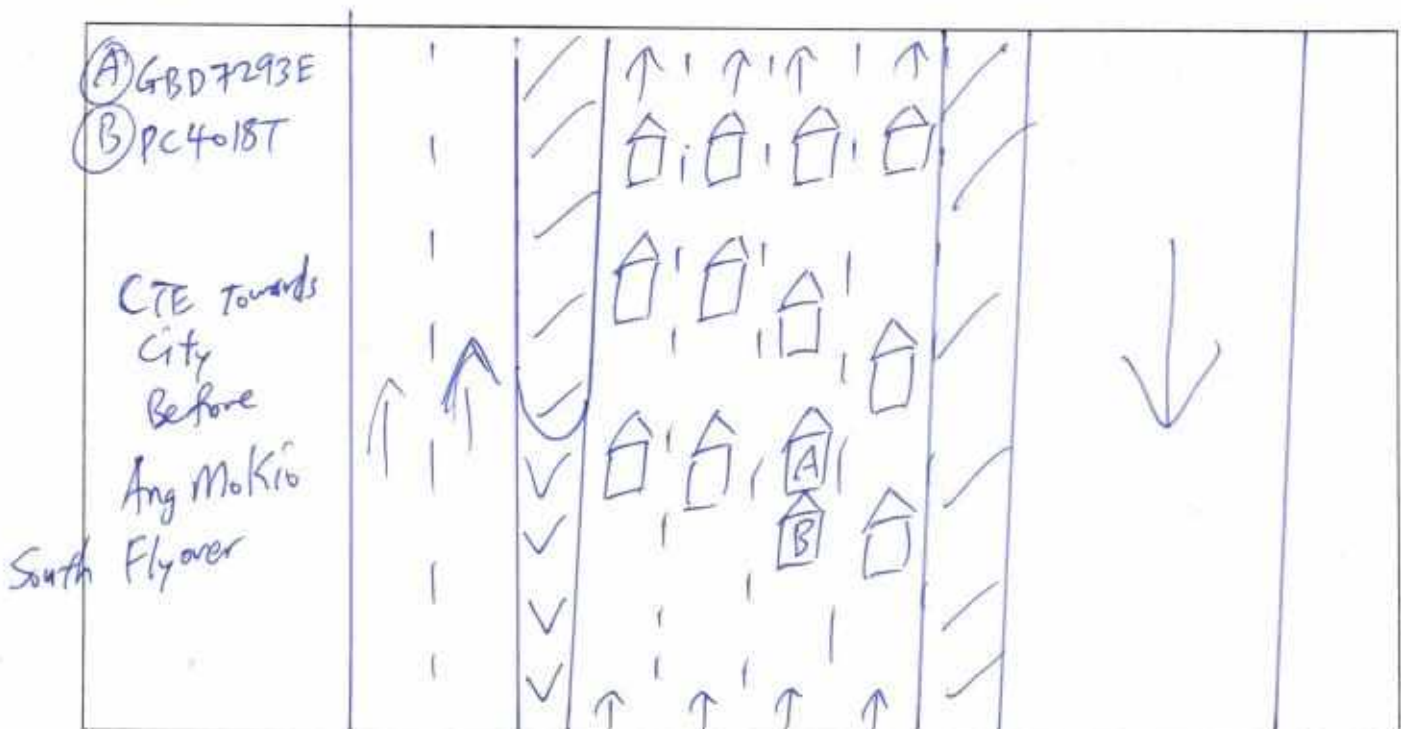
WQP TRADING
Reg No: 53175483M

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along CTE towards city before Ang Mo Kio South Flyover on 01/08/18 at about 10.36am.
but slow
The traffic was smooth and it was drizzling.
The vehicles in front slowed down so I followed and slowed my vehicle (A) down too. Suddenly, Vehicle B came from behind and hit onto me.

Declaration

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

WQP TRADING
Reg No: S3175483M

Policyholder's Signature
Date & Time

San

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

an 02/08/2018

Witnessed by Reporting Centre
Personnel

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1005698

| | | | | | |
|---|---|-------------------------------|---|------------------------|------------------|
| Policy No. | 5070827678-03 | Vehicle No. | GB07293E | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | |
| Policyholder Name | WQP TRADING | Cover Type | Comprehensive | Loading | |
| Product Code | COMMERCIAL VEHICLE (NSURAI) | Contact No. (Office) | | Contact No. (Home) | |
| Contact No. (Mobile) | 93059139 | Special Remark | | eCode | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | Private Hire | No |
| NCD Protection | No | | | | |
| Accident Details | | | | | |
| Report Date | 02/08/2018 14:12 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head |
| Date of Accident | 01/08/2018 | Time of Accident hh:mm | 10:35 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | CTE TOWARDS CITY B/P ANG MO KIO SOUTH FLYOVER | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own Damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 1 COMMONWEALTH LANE | Address 2 | #09-12 ONE COMMONWEALTH | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | 09-12 | Related Policy Number | 5070827678-03 | | |
| Q1 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | QUAH GIM CHENG | Driver NRIC | S161S749Z | Driving Experience | |
| Register Date of Driver License | 12/12/1983 | Driver Age | 34 | Contact No. (Home) | |
| Contact No. (Mobile) | | Contact No. (Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 08-161 | Driver Vehicle No. | GB07293E | Driver Insurer Company | |
| Does he own a Singapore Registered car? | Yes <input checked="" type="radio"/> No <input type="radio"/> | | | | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes <input type="radio"/> No <input checked="" type="radio"/> | | |

Modification History

Claim 001 **New**

| | | | | | |
|--|----------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | WQP TRADING | Insured NRIC | |
| Contact No. (Mobile) | | Contact No. (Home) | | Contact No. (Office) | |
| Email Address | | Q1 Vehicle Number | GB07293E | TP Vehicle Number | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | Name of Preferred Workshop | |
| Claim Description | GB07293E / PC4018T ON 1 Aug 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | |
| Date Registered | 02/08/2018 14:25 | Claim Close Date | | | |
| Report Taken By | ROSLI WAHAB | | | | |
| <input type="checkbox"/> Print AK letter | | | | | |
| <div>Save</div> <div>Submit</div> | | | | | |

Attachment

Accident No.

Claim No.

PERSONAL PARTICULARS

Date of Accident: 01/08/2018

Time of Accident: 10:36 (24Hrs)

Vehicle No: GBD7293E

Vehicle Make/Model: NV200

Exact Location of Accident: STE Toward City Before Ang Mo Kio South Flyover

Owner's Name/NRIC: WAP Trading / 53175483m

Driver's Name/NRIC: Quah Gim Cheng / S1615749Z

Driver's Contact: 91059139

Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer/Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details (5872441D)

Driver's Name/IC: Vengadasalam s/o

Vehicle No: PC4018T

Insurance Company: Rengasamy

Driver's Contact: 87817491

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

91059139

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1615749Z





QUAH GIM CHENG
柯景清
CHINESE
Date of Birth: 31-12-1963
Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE - DRIVING LICENCE

License Number: S1615749Z
Name: QUAH GIM CHENG
Birth Date: 31 Dec 1963
Issue Date: 09 Oct 2003



2433144



NRIC No. S1615749Z




Blood Group: O+ Date of issue: 29-09-1994

Address:
APT BLK 23D CHOA CHU KANG CENTRAL #08-161
SINGAPORE 680230
NRIC No: S1615749Z Date: 07-05-1999 No: 2937640

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

| | PASS DATE |
|--|-------------|
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 12 Dec 1963 |
| Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 04 Apr 1965 |
| Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 08 Sep 1968 |

NP 428A



License No: S1615749Z

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5070827678-03 | | WQP TRADING | 53175483M | GCV | Comprehensive | GBD7293E | GBD7293E | 27/03/2018 | 26/03/2019 |

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 : MNA48099380 Vehicle Registration No: GBD793E
Name (as shown in NRIC) : Quah Jim Chuan NRIC/FIN/Passport No : S1615749Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91059139
Email Address : _____
Date of Accident : 01/08/2018 Time of Accident : 10:35
Place of Accident : CRH TOWARDS CITY BLF BAY MOKIO SOUND FLYOVER
Insurance Company : WMC

(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:

Insured NAME TO WGP TRADING

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: John Antonio
NRIC/FIN No.: 03608
Date: