

NATIONAL Assessment Centre Services. [ref: 1 Jan 05] MA148147841			
Date In: 14/1/2008 15:17	Job description	Date & Time Completed	Done by
Ref No: NBA148147841	SAS e-filing		
Veh No: S24 3258A	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 29/12/2008 19:40	I-Motor Claim Form	MT11017323-002	14/1/2008 15:21
OD: TP & Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SBS 6670C	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: 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 () / Non-INC ()	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

NA1807459	Invoice/Explanation of Charges	Amount (\$)	Amount (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/145	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Tel 1:	6) TR: Re-inspection	\$75	
2 / 3:	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*NT: Post Repair Inspection	\$25	
	*ND: DV / Collect Excess Coordination	\$3	
	TP (NI1): TP (Non INC) against INC	\$20	
	9) NI2: 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 liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/11/2018 14:13
Date Of Accident	29/08/2018 19:40
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3258A
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90488211
Alternative Phone No	OFFICE-64738668

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5102238410
Cover Note Number	

Driver

Name of Driver	SHAFIQ S/O RAVICHANDRAN
NRIC No	S9404366B
Date Of Birth	25/01/1994
Occupation	INDOOR
Date Of Driving Pass	04/09/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90488211
Fax Number	
Contact Number	OFFICE-64738668
EMail Address	SHARONSOON5404@GMAIL.COM

Address	BLK 117 BUKIT MERAH VIEW #09-191
Postcode	151117
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	UNKNOWN
Road Surface	UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	0

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

OWNER FROM QUALITY LEASING PTE LTD CAME DOWN AND MAKE THE REPORT AND TOLD ME THAT THE HIRER WAS UNABLE TO COME DUE SOME MATTERS. ALL REPORT ABOUT THE ACCIDENT IS WITH THE HIRER THAT ALL.

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	SBS6670C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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

UNKNOWN.

HIGH & PRIVATE NOT AVAILABLE
REFER TO STATEMENT

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



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

14/11/2018
Reporting Centre Personnel's Signature
Name: *Reda Ibrahim*
NRIC/FIN No.:

Claim Handling

Accident MT/1017322

Policy No.	SI02238A10	Vehicle No.	SJU3256A	GST Registration No.	
Certificate No.					
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	201312796G
Product Code	PRIVATE CAR INSURANCE	Cover Type	single CLASSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	26/10/2018 15:42	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	29/06/2018	Time of Accident hh:mm	19:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TIONG BAHU RD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	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		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	29/10/2018 09:01:42 Deborah Mui changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#01-39 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	Lot-57	Related Policy Number	5094419-36-01		

OI Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification history:

Claim 002

New

Claim Type *	GD-MX	Insured Name	QUALITY LEASING PRIVATE LIM	Insured NRIC	201312796G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	647381
Email Address		OL	SJU3256A	TP	SB566
Claim Description	SJU3256A / SB56670C ON 29 Aug 2018			Vehicle Number	
Preferred Workshop		Insured Liability	fully at fault	Name of Preferred Workshop	
Signature No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	14/11/2018 15:21	Date Received	14/11/2018
Report Taken By	RDSLI WANAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1017322	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/11/2018 15:11
Path *		Category *	Confidential
Choose File	No file chosen	Please Select *	NO
Choose File	No file chosen	Please Select *	NO
Choose File	No file chosen	Please Select *	NO
Choose File	No file chosen	Please Select *	NO
Choose File	No file chosen	Please Select *	NO
Choose File	No file chosen	Please Select *	NO
Message Read		Please Select *	NO

Attachment List:

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 15:21	SAS	Normal	SAS 2018-11-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Nov 2018 15:21	Photos	Normal	Photos 2018-11-14	

11/14/2018

Claim Handling(Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Nov 2018 13:21

Photos

Normal

Photos 2018-11-14



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Nov 2018 13:21

NRIC/ Driving Licence

Normal

NRIC/ Driving License 2018-11-14

Video List

Uploaded By/Date

Folder Date

File Name

1

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 29/08/18 (DD/MM/YYYY), TIME: 19:38 (HH:MM)

LOCATION: Tiong Bahru Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSU3258A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Jazz 1.3A
 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: Quality Leasing Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2013127966 CONTACT: 64738668
 c) ADDRESS: 317 Nizam Road #02-39 Concorde Shopping Centre Singapore 169075

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHARON S/O RAVICHANDRAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90488211
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SBS667DC MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = sharonsoon5404@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9404366B



Name

SHAFIQ S/O RAVICHANDRAN

Race

INDIAN

Date of birth

25-01-1994

Sex

M

Country of birth

SINGAPORE

S9404366B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9404366B

SHAFIQ S/O RAVICHANDRAN

Birth Date: 25 Jan 1994

Valid Until: 04 Sep 2015



002470057D

SC
E



4345880



NRIC No. S9404366B

Date of issue

30-01-2009

Address

APT BLK 117 BUKIT MERAH VIEW #09-191
SINGAPORE 151117

No. S9404366B

Date: 21/11/2017

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg
VALIDITY DATE 04 Sep 2015

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 checked="" type="radio"/>	5102238410		QUALITY LEASING PRIVATE LIMITED	201312796G	GPC	drive CLASSIC	SJU325BA	SJU3258A	12/07/2018	27/11/2019

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 : M400017735 Vehicle Registration No: S7U 3258A

Name (as shown in NRIC) : SHAFIQ SLO NRIC/FIN/Passport No : S9404366B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 90688211

Email Address : _____

Date of Accident : 29/08/2018 Time of Accident : 19:38

Place of Accident : Along Jones Battery Road

Insurance Company : NMC

(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:

THIRD PARTY VEHICLE NUMBER TO SBS 6670C

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Shafiq
NRIC/FIN No: S9404366B
Date: 14/11/2018