

NATIONAL Assessment Centre Services.

[Part 1 Jan'09]

MA119096783

Date In: 24/17/19 13:37	Job description	Date & Time Completed	Done by
Ref No: NA11MC19013037164	SAS e-filing		
Veh No: SJP 84522	E-mail (within 3hrs, AIC 2hrs)		
TELA: 18/11/19 13:05	I-Motor Claim Form	MT4052957-002	24/12/19 17:46
OP: IP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksh		

Preferred Wksp / HRC Assgn Wksp / CW: () Tot: () Fact: ()

TP Particulars:	Veh No: SG2 8288P	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%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Licence: (\$) Loading: \$1,000 () / \$2,000 ()

() 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: ()

Repairer: () / () / ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: ()

MA1905483

Comments: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

1) AIC Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) IT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
*For claiming against INC Only (yes E10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NL: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$35	
*NG: Rental Coordination	\$10	
*NI: Post Repair Inspection	\$23	
*ND: DV / Collect Licence Coordination	\$35	
*TP (NI) / TP (Non INC) against INC	\$20	
*N12: Idas Mobile	\$30	
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	24/07/2019 13:37
Date Of Accident	18/01/2019 13:05
Exact Location Of Accident	JUNC OF BEDOK NORTH AVE 3 & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP8452Z
Insured/Policyholder	
Name Of Registered Owner	JACOB'S CAR LEASING PTE LTD
Co Reg No	201734207N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90303074
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5101451044
Cover Note Number	-
Driver	
Name of Driver	IRFAAN ASRYIL HAQ
NRIC No	S9523523I
Date Of Birth	12/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81897243
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 845 JURONG WEST ST 81 #04-227
Postcode	640845
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I STOP BEHIND VEH B AT THE SLIP RD FROM BEDOK NORTH AVE 3 TWDS BEDOK RESERVOIR RD, WHEN NOTICED VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE AND CHECK ON MY RIGHT SIDE FRO THE ON COMING TRAFFIC ON THE MAIN ROAD, WHEN TURN BACK MY VIEW, SUDDENLY VEH B STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. REMARK: VEHICLE HAD BEEN SCRAP. NO PHOTO TAKEN FOR THIS VEHICLE. TRANSFER OWNERSHIP DOC AS PER ATTACHED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ8288P
Vehicle Make/Model/Colour	
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.



Policyholder's Signature
Date & Time:

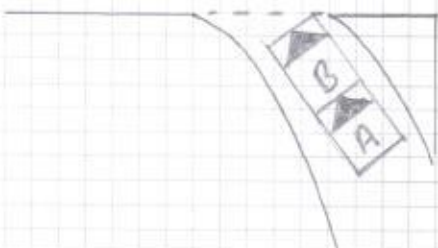
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Gedok Reservoir Rd

A = SJP 8452 Z
B = SGZ 8288 P



Gedok North Ave 3

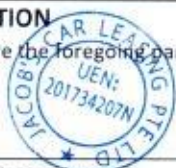
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Signature]

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

[Signature]

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

13 Apr 2019

Our ref 1304190501N001266035

JACOB'S CAR LEASING PTE. LTD.
10 UBI CRESCENT
#05-16 UBI TECHPARK
SINGAPORE 408564



Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJP8452Z

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 13 Apr 2019. The details are as follows:

Vehicle No.	: SJP8452Z
Application Date	: 12 Apr 2019
Effective Transfer of Ownership Date	: 13 Apr 2019
Vehicle Make	: TOYOTA
Vehicle Model	: WISH 1.8 AUTO
Chassis No./Trailer Chassis No.	: JTDER12W603002904 / -
Engine No./Motor No.	: 1ZZ3238476 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
3. Thank you.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

From 01 Jun 2019, your hardcopy letters will be replaced with SMSes and e-letters in your OneMotoring inbox. Hardcopy letters will only be sent for letters mandated by law, such as summonses. If you wish to continue receiving hardcopy letters, please notify LTA by 31 May 2019 by logging in to www.onemotoring.com.sg using your SingPass/CorpPass.

JACOB'S CAR LEASING PTE LTD

10 Ubi Crescent #05-16 Ubi Techpark Lobby B Singapore 408564
Tel: 90303074 Fax: 67490702 CO.Registration No. 201734207N

DATE: 8/1/19

JC0035
No. JC0034
(Hirer's Copy)

Car Rental Agreement

Hirer Particulars

Name (as per NRIC): IRFAAN ASRYIL HAQ License Date Pass 30/12/2014
NRIC/Driving License: S95235237 Date of Birth: 12/7/1995 (DD/MM/YYYY)
Address: 845 JUPON WEST ST81 #04-227 (S) 640845
Contact Number: 81897243 2ND Contact Number: _____

Vehicle Description

Make / Model: TOYOTA WISH 1.8A Vehicle Number: SJP 84528
Date of Collection: 8/1/19 Date of Return: 08/4/19.
Time of Collection: 2 pm. Time of Return: 2.50 pm.
Contract Period: 8/4/19 Insurance Excess: \$1500
Fuel: _____

Payment

Rental Amount: \$380/- (Per Week) Pro Rate From 9/1/19 To 13/1/19 (\$272)
Deposit: \$500/-

Return Of Deposit To Hirer: _____ (Hirer Signature & Date)

Payment for the subsequent week rental is to be made on every Sunday before 2359 hours and penalty of SGD \$10 will be imposed for every day of late payment.

[Signature] 8/1/19
Hirer Signature & Date

[Signature]
Authorized Staff Signature & Date

Vehicle returned in good condition

DBS CURRENT ACCOUNT : 0039541660

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S95235231**
 Name: **IRFAAN ASRYIL HAQ**

Card Issue Date: **28/03/2018**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
33 888 8888
263507

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S95235231**
 Name: **IRFAAN ASRYIL HAQ**

Birth Date: **12 Jul 1995**
 Valid Date: **30 Dec 2014**

002381070K

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S95235231**

Name: **IRFAAN ASRYIL HAQ**

إرفان أشريل حق

Race: **MALAY**
 Date of birth: **12-07-1995**
 Country of birth: **SINGAPORE**

Sex: **M**

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	28/03/2018

For LKK/NAC Use Only

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

EFFECTIVE DATE: **30 Dec 2014**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A

Licence No: **S95235231**

4582008

NRIC No: **S95235231**

Date of issue: **25-05-2010**

APT BLK 845 JURONG WEST STREET 81 #04-227
 SINGAPORE 640845

NRIC No: **S95235231** Date: **26/01/2017**

For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/01/2019 13:36"/>							
Vehicle No.(For Motor)	<input type="text" value="SJP8452Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101451044		JACOB'S CAR LEASING PTE LTD	201734207N	GFT	Third Party	SJP8452Z	SJP8452Z	21/12/2018	11/04/2019
<input type="button" value="Continue"/>										

Our Ref: MT/CA/TP/059/1052957-001/JLS/VU

11 Jul 2019

JACOB'S CAR LEASING PTE LTD
10 UBI CRESCENT
#05-16 UBI TECHPARK
SINGAPORE 408564

Dear Policyholder

CLAIM NUMBER: MT/1052957-001
ACCIDENT INVOLVING SJP8452Z / SGZ8288P on 18 Jan 2019

We would like to inform you that a claim for S\$5,879.61 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/1052957

Policy No.	5101451044	Vehicle No.	SJP8452Z	GST Registration No.
Certificate No.				
Policyholder Name	JACOB'S CAR LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	11/07/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/01/2019	Time of Accident hh:mm	13:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	FILTERING INTO BEDOK RESERVOIR ROAD			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-16	Related Policy Number	5110439289	

▼ O1 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 <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	JACOB'S
Contact No.(Mobile)	90303074	Contact No. (Home)	
Email Address		O1 Vehicle Number	SJP8452Z
Claim Description	SJP8452Z / SGZ8288P ON 18 Jan 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GJA report	Received
Report Taken By:		Claim Close Date	24/07/2019 17:46
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1052957	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/07/2019 17:46
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2019 17:46	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2019 17:46	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
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