NATIONAL Assessment Centre Services. [wef 1 Jan'05] . NM/A/19/12279

		Job description	Date &Time Completed	Done by
Date In:	26/08/2019 14:51			
Ref No:	NBA/INC/19/14961/M	SAS e-filling		
Veh No:	SLW 7136H	E-mail (Schlde 8hrs, AIC 2hrs)		
D.O.A	24/08/2019 12:10	I-Motor Claim Form	MT/1059406-001	26/08/2019 15:08
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: SJV 7683M 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 ( )

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	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 :

Daily Comments/Actions:

NA1906490

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Invoice Particulars			
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) For claiming against INC Only (wef 10 Jan 2005)	$30		
	$75		
6) TR : Re-inspection			
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:- OD:			
*N5: Courtesy Car / Tpt 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		
	30		
9) N12: Idea Mobile			[redacted]
Invoice dated	Fee Charged	[redacted]	
Invoice dated	Fee Charged		

MNA419112279 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 26/08/2019 14:51
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	26/08/2019 14:51
Date Of Accident	24/08/2019 12:10
Exact Location Of Accident	ALONG NEWTON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW7136H
Insured/Policyholder	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	SEANCHEW@CHINSENGHIN.COM.SG
Mobile Phone No	(LOCAL) +65-97882224
Alternative Phone No	OFFICE-96561262
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ISIS
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	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	5111294417
Cover Note Number	
Driver	
Name of Driver	KAMARUL ZAMAN BIN CHEMAN
NRIC No	S1643590B
Date Of Birth	28/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97882224
Fax Number	
Contact Number	OTHERS-96561262
EMail Address	SEANCHEW@CHINSENGHIN.COM.SG

Address	BLK 201 YISHUN STREET 21 #03-49
Postcode	760201
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	SIDE SWIPE
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?	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	SJV1683M
Vehicle Make/Model/Colour	MASERATI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN AH KIAT (CHEN YAJI)
NRIC/Passport Number	S7140828J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

LEASING Reg. No. 53384683L

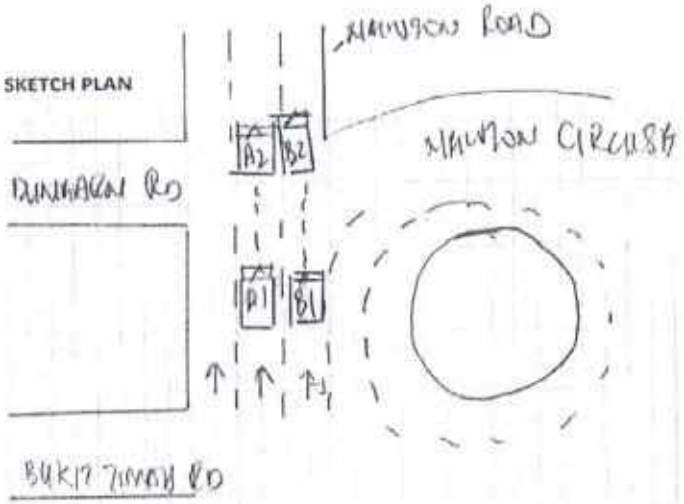
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/8/19 10.00 am

26/08/2019

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

SKETCH PLAN



A) SLW 7136H

B) SJV 1683M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24th Aug 2019 about 12:10 pm. As I was driving along Newton Circus towards Newton Road. I was at the far left lane and going straight to Newton Road.
Suddenly on my right a car pass through and hit my front side of my car.

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: 26/8/19 (0:00 hr

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
26/08/2019

Claim Handling

The premium on this policy has not been collected.

Accident MT/1059406

Policy No.	S1112944I	Vehicle No.	SLW7136H	GST Registration No.	
Certificate No.	S1112944I7-000010				
Policyholder Name	Q LEASING			Policyholder NRIC	S1184683L
Product Code	FLEET MASTER INSURANCE	Cover Type	Privo CLASSIC	Loading	0
Contact No.(Mobile)	97582224	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	26/08/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/08/2019	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NEWTON ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	2,000.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	26/08/2019 15:07:15 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	CONCORDE SHOPPING CENTRE	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	E111300367		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KAMARUL ZAMAN BIN CHEMAN	Driver NRIC	S1843590B	Driver DOB	28/10/1964
Register Date of Driver License	01/08/1992	Driver Age	54	Driving Experience	27
Contact No.(Mobile)	96961262	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 201 #03-49	Address 2	YISHUN STREET 21	Address 3	YISHUN PALM SPRING
Address 4	SINGAPORE 760201	Address Type	Foreign address	Post Code	760201
Unit No.	03-49				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLW7136H	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MI	Insured Name	Q LEASING	Insured NRIC	S1184683L
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SLW7136H	TP Vehicle Number	SJV1683M
Claim Description	SLW7136H / SJV1683M ON 24 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Partner No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/08/2019 15:08	Claim Close Date		Date Received	26/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print A4 letter

Save Submit

Attachment

Accident No.	MT/1059406	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/08/2019 15:08

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26		

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	Photos		Normal	Photos 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Aug 2019 15:08	SAS		Normal	SAS 2019-8-26

▽ **Video List**

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 08 / 2019) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: NEWTON ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLW 7136H
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5111294417 - 000010
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: TOYOTA ISIS
   f) TYPE: (~~SALOON~~ / ~~COUPE~~ / MPV / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
   g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / ~~MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
   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: [illegible] (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: [illegible] CONTACT: 97883224
   c) ADDRESS: [illegible]

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

DRIVER
   a) NAME: KAMARULZAMAN BIN CHEMAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1642590B CONTACT: 96561262
   c) ADDRESS: BLK 201 YISHUN ST 21 #03-49 (760201)
   *d) DATE OF BIRTH: (28 / 10 / 1964) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 1 AUG 1992
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER
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

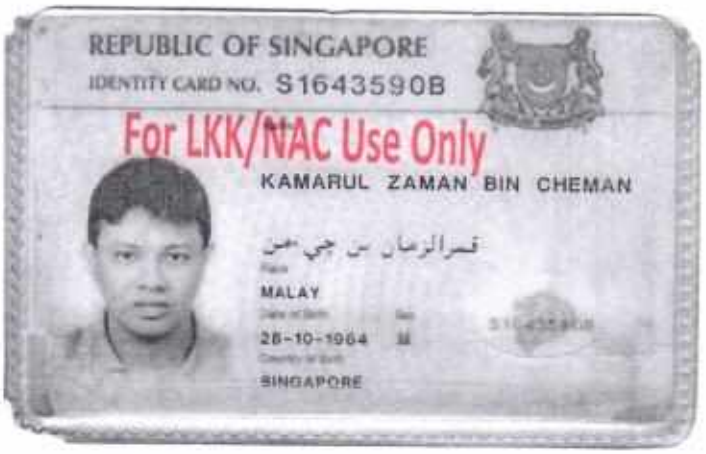
* No of passenger (including driver) (__)

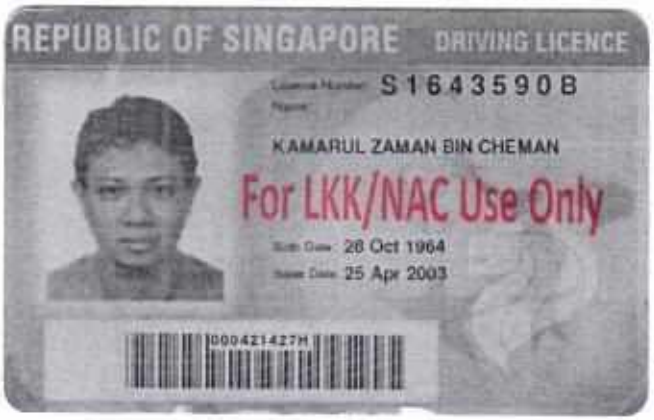
   a) VEHICLE NUMBER: SJV1683M MODEL: ~~BMW~~ MASERATI
   b) DRIVER'S NAME: TAN AH KIAT (CHEN YAJI)
   c) NRIC/FIN/PASSPORT: S7140828J CONTACT:
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email =
VIDEO


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1643590B
For LKK/NAC Use Only
KAMARUL ZAMAN BIN CHEMAN
MALAY
28-10-1964
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1643590B
KAMARUL ZAMAN BIN CHEMAN
For LKK/NAC Use Only
28 Oct 1964
25 Apr 2003


S1643590B
For LKK/NAC Use Only
O+
13-07-1993
BLK 201 YISHUN STREET 21 #03-49
SINGAPORE 760201
S1643590B
23/02/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
01 Aug 1992
For LKK/NAC Use Only
NP 125A

eBaoTech GeneralClaim

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

My Desktop

Notice of Loss

Policy Query

Policy No.	5111294417	Date of Accident	24/08/2019 10:21
Vehicle No.(For Motor)	SLW7136H	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5111294417	5111294417-000010	Q LEASING	53384683L	GFM	drivo CLASSIC	SLW7136H	SLW7136H	20/07/2019	19/07/2020

Continue