

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	25/09/2019 19:37
Date Of Accident	23/09/2019 08:00
Exact Location Of Accident	AYE EXIT FROM JOO KOON TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1584G
Insured/Policyholder	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96989428
Alternative Phone No	OFFICE-96989428

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5111294417
Cover Note Number	

Driver

Name of Driver	GRACE YEO SHU HUI
NRIC No	S9305847Z
Date Of Birth	16/02/1993
Occupation	INDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96989428
Fax Number	
Contact Number	OTHERS-96989428
Email Address	SHARONSOON5404@GMAIL.COM

Address	BLK 442 JURONG WEST AVENUE 1 #03-752
Postcode	640442
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQG7606 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190925/2085

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQG7606
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GRACE YEO SHU HUI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJS1584G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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.:

26/09/2018
Robb Horton

SKETCH PLAN

UNKNOWN
907 DRIVER
FINS.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q18 REFER TO POLICE REPORT
T/20190925/2085

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:

 26/09/2019
Reporting Centre Personnel's Signature
Name:
NAME/FIN No.:



SINGAPORE POLICE FORCE



T/20190925/2085

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

1 of 3

Report No. T/20190925/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2019 13:43	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: GRACE YEO SHU HUI			Address: APT BLK 442 JURONG WEST AVENUE 1 #03-752 SINGAPORE 640442		
ID Type / ID No.: NRIC NO / S9305847Z			Contact No.: Home/Office: Mobile: 96989428		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 16/02/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/09/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY EXIT FROM JOO KOON, TOWARDS CITY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: UNSURE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQG7606	Motorcycle				Slightly Damaged	0
SJS1584G	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				



**SINGAPORE
POLICE FORCE**



T/20190925/2085

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

2 of 3

Report No. T/20190925/2085

CONTINUATION OF REPORT

Driver			
Name	GRACE YEO SHU HUI	ID No.	S9305847Z
Related Vehicle	SJS1584G (Car)	Contact No.	96989428
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2019	Date Discharge	24/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 23/09/2019 at about 0800hrs, I was travelling along AYE towards City in my vehicle SJS1584G.

Suddenly when I am driving, I experienced fits and when I regained conscious, I discovered that a motorcycle, JQG7606 was already being knocked down and in front of my vehicle.

I do not know how the collision happened. Traffic Police and ambulance was at scene and I was conveyed to NTF straight from scene.

The rider also sustained some scratches on left leg area. No government property was damaged.

I wish to state that I do have an in-car camera and was in recording mode. The SD card of the camera was handed over to Traffic Police at scene.

I was given 07 days of MC for seizure.



**SINGAPORE
POLICE FORCE**



T/20190925/2085

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

3 of 3

Report No. T/20190925/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 3 TAN GUAN POH	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	

Authentication Stamp
NP168

Signature Of Informant:	
Date/Time: 25/09/2019 13:43	
Classification Of Case:	

Signature
Singapore Police Force

Task Transfer: Exit

Investigation					
Claim 002 OD-MD					
Claim Case Officer					
Claim Type	OD-MD	Insured Name	Q LERSING	Insured NRIC	53384681L
Contact No (Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	S751584G	TP Vehicle Number	JQG7606
Claim Description	S751584G / JQG7606 ON 23 Sept 2019			Name of Preferred Workshop	
Preferred Workshop S000000 Registration	Yes	Preferred Repair Option	Income to assign workshop	Insured at liability report	Fully at Insured
Date Registered	26/09/2019 12:19	Claim Close Date		Date Received	26/09/2019 12:23
Report Taken By	R0SLJ WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter				DD Excess Collected by Workshop	
Modification History					
Special Claim Creation Approval					
Approval	Reason				
Remarks					
Attachment		Notes			

Accident No.	MT/1064070	Claim No.	002			
Last Doc. Received	* Yes - No	Upload Date	26/09/2019 12:23			
Path *		Category *	Confidential	Urgency *	Description *	
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼	
Choose File	No file chosen	Clear	Please Select *	NB ▼	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 *	NB ▼	Normal *	

Updated

Send Message Upload

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimAttachment.do?caseId=2648255&objectId=3066956&taskInstanceId=0&taskId=0&tabCode=B...> 2/3



Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ASS REC. BY:

REF:

10 Simon
from R0821

Assessor

Mobile: YES / NO

ASSIGNMENT (IDAC)

COE 2024

By CSO- Nature of Accident:**1) Vehicle hit Vehicle:**

- a) Motorcar ()
b) Motorcycle ()
c) Bicycle ()

2) Vehicle hit ??

- a) Pedestrian ()
b) Animal ()

3) Vehicle hit Road Side Objects:

- a) Govn. Property ()
(Eg: 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 InformationVeh No: SJS 1584 G Yr Regn: JUL, 2009Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer orMake & Model: TOYOTA VIOS EARTH c.c 1497Colour: WHITE Transmission Type: Auto / ManualEng/No: 1N2Y937919 Sp. Reading: 191089C/No: MR053449305122159Gen. Cond: Good / Fair / Poor / Burnt orSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 185/60 R15R: 185/60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or LINE 5 WMS

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmParallel Import: Yes / No Towed-in: Yes / NoRepair Type: LS / I.B.I Towing Required: Yes / NoNo of Repair Days: 7 Vehicle in Idac: Yes / NoD.O.I. 25/09/2019 Time: 20:00**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. Govn 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) CSO

2) ASS

3) Extra Operation Completed Date: _____

Original Copy

MOTOR CAR (Frt)

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	BT		
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR		
1005	992341	Frt Bumper Clips	LAL		
1006	991325	Frt Bumper Bracket	BR		
1007	991462	Frt Bumper Side Retainer	HAL		
1008	991433	Frt Bumper Reinforcement	BT		
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	CRI		
1018	991355	Frt RH Bumper Fog Lamp Cover	CRI		
1019	995079	Frt LH Bumper Fog Lamp	BT		
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille			
1022	991328	Frt Grille Emblem	BT		
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT		
1026	992025	Frt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	BT		
1030	991821	Frt RH Headlamp Assy	BT		
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
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	993066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
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	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

Vehicle No:

55515846

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
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			
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	BT		
1098	995147	Frt LH Fender Lamp	BT		
1099	995148	Frt LH Fender Protector	BT		
1100	991740	Frt LH Fender Inner Shield	BT		
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim	CRI		
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre	CRI		
1105	995071	Frt RH Fender	BT		
1106	991739	Frt RH Fender Inner Panel	BT		
1107	991744	Frt RH Fender Lamp	BT		
1108	991752	Frt RH Fender Protector	BT		
1109	991740	Frt RH Fender Inner Shield	BT		
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim	BT		
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			
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			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991923	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			
		FR LH DOOR	BT		
		FR RH DOOR	BT		
		FR DOOR APPLICATOR	BT		

No of Items:

Accessories:

original copy

Claim Handling

Task Transfer Exit

Accident MT/1064070

IOE SA NIE

Policy No.	8111294417	Vehicle No.	SJS1584G	GST Registration No.	
Certificate No.	8111294417-000007				
Policyholder Name	Q LEASING			Policyholder NRIC	83384683L
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	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	Not available

Accident Details

Report Date	26/09/2019 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	23/09/2019	Time of Accident HH:MM	07:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	AYE TWDS HCE, BEFORE PIONEER RD EXIT, BESIDE STAMFORD TYRES (HQ)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	2,000.00	TP Standard Excess	2,000.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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			

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	8111330367		

OI 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 ☐ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Investigation

Claim 002 OD-MD

Claim Case Officer Zuraimee Bin Mantau

IOE SA NIE

Claim Type	OD-MD	Insured Name	Q LEASING	Insured NRIC	83384683L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJS1584G	TP Vehicle Number	JQG7606
Claim Description	SJS1584G / JQG7606 ON 23 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Repairs	Yes	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Insured
Date Registered	26/09/2019 12:58	Claim Close Date		Date Received	26/09/2019 12:23
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	VIOS	Engine Capacity	1500
Date of Registration	30/07/2009	Class No.	MR053HY9305122158		
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	

9/26/2019

Claim Handling (damage assessment Claim Task MT/1064070 / Claim 002 OD-MD)

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR

IDAC/Workshop Location

51 UBE AVENUE 1 #01-25 PAYA

Windscreen
Parts & Labour
Cost

Total Loss *

☐ Yes ☒ NoMarket
Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

Remark

1)FRONT L/R FENDER EMBLEM-1 REPLACE, 2)FRONT R/H & L/H WHEEL RIM- 1 REPLACE, 3) FRONT R/H TYRE -70%-UNCONFIRM, FRONT L/H TYRE -100% REPLACE

Remark for
Supplementary

▼ Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	16000101	BUMPER (FRONT)	1	Replace	X
ABSORBER	3	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	X
ACCELERATOR	4	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace	X
ACTUATOR	5	16002401	BUMPER CLIPS (FRONT)	1	Replace	X
ADVERTISEMENT STICKER	6	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace	X
AIR BAG	7	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
AIR BLOWER	8	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	X
AIR BOX	9	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR CHAMBER BOX	10	27100101	GRILLE (FRONT)	1	Unconfirm	X
AIR CLEANER	11	16002601	BUMPER EMBLEM (FRONT)	1	Replace	X
AIR COMPRESSOR	12	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR CON	13	27700101	HEAD LAMP (LEFT)	1	Replace	X
AIR CON (MAN)	14	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR COOLER	15	112021	AIR CON CONDENSER	1	Unconfirm	X
AIR DISTRIBUTOR	16	344001	RADIATOR	1	Unconfirm	X
AIR FILTER	17	1150	AIR DISTRIBUTOR	1	Unconfirm	X
AIR FLOW	18	454012	WIPER WASHER TANK	1	Unconfirm	X
AIR GRILLE	19	25400102	FENDER (FRONT LEFT)	1	Replace	X
AIR HORN	20	25400103	FENDER (FRONT RIGHT)	1	Replace	X
AIR INTAKE	21	25400801	FENDER INNER PANEL (FRONT LEFT)	1	Replace	X
AIR RESONATOR BOX	22	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
ALARM	24	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
ALTERNATOR	25	25401601	FENDER WHEEL ARCH GARNISH (FRONT LEFT)	1	Replace	X
ALUMINIUM PANEL - SIDE	26	23300201	DOOR (FRONT LEFT)	1	Replace	X
AMPLIFIER	27	23300202	DOOR (FRONT RIGHT)	1	Repair	X
ANTENNA	28	23300301	DOOR PROTECTOR (FRONT LEFT)	1	Unconfirm	X
ANTI ROLL						
APRON						
ARCH						
ARM REST						
ASH TRAY						
AUTO CLUTCH						
AUTO COOLER PIPE						
AUTO CRUISE MOTOR						
AUTO TRANSMISSION						

Save Submit

From: Zuraimie Bin Mantau <zuraimie.mantau@income.com.sg>
Sent: Wednesday, 2 October, 2019 2:18 PM
To: 'Autopoint'
Cc: rsbm@lkkauto.com
Subject: Vehicle SJS1584G, OD Claim No: MT/1064070-001, DOA: 23/09/2019

Dear AMK Autopoint

OD Excess \$2000 applies.

Vehicle is currently at NAC Bukit Merah.

Please arrange to tow away the vehicle and help update Ms Sharon Soon at 97882224 for the repair.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1064070-002/ZBM
02 Oct 2019
AMK AUTOPOINT PTE LTD
BLK 10 ANG MO KIO INDUSTRIAL PARK 2A
#01-22 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1064070-002
REPAIR OF VEHICLE NUMBER: SJS1584G

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 02 Oct 2019

Make: TOYOTA

Model: VIOS

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)

Address: BLK 1007 #01-11 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE INDUSTRIAL ESTATE SINGAPORE 159721

Benefits Applicable: N/A

Excess Applicable: 2000.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimie Bin Mantau at 64307891 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank you

Zuraimee Bin Mantau
Senior Executive
Motor Insurance
T +65 6430 7891
www.income.com.sg



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ACCIDENT STATEMENT

ACCIDENT DATE: (23/09/2019) (DD/MM/YYYY), TIME: (07:45) (HH:MM)

LOCATION: AVE (JOO KOON EXIT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS1584G
 b) INSURANCE COMPANY: LNUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Yaris
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USAGE
 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: Audrey (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GRACE YEO SHU HUI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S93058472 CONTACT: 96989428
 c) ADDRESS: 442 JURONG WEST AVENUE 1 #03-152 S6640442

* d) DATE OF BIRTH: (16/02/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/2/2014

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: HONG KAI SOUTH NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JGG 7606 MODEL: motorcycle
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email =

VIDEO - with police

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
☒	5111294417	5111294417-000007	Q LEASING	53384683L	GFM	drive CLASSIC	SJS1584G	SJS1584G	20/07/2019	19/07/2020



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

NAC

Vehicle Movement Form

Vehicle Check-In

Vehicle No: 5281584G Date In: 25/09/2019 Time In: 1940 with Keys: Yes

For Office use

Attended by: Rell. Wontag

Workshop Collection of Vehicle

Workshop: AMK AUTOPoint PIA (1D)

Collection Date: 2/10/19 Time: 1515 with Keys: Yes / No

Tow Truck No: 4258665 Tow Man: GAJA NRIC: 854474932

Signature: [Signature]

84519838

For office use

Attended by: _____

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: _____