

NATIONAL Assessment Centre Services.

Jan 1 Jan 08

SN0271R000X

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|---------------------------|-----------------------------------------|-----------------------|------------------|
| Date In: 27/01/2021 12:03 | Job description | Date & Time Completed | Done by |
| Ref No: X/A21002851 | SAS e-illing | | |
| Veh No: SL0 512P | E-mail (by date 2hrs, A/C 2hrs) | | |
| D.O.A: 27/01/2021 08:45 | I-Motor Claim Form | mt/1118899-001 | 27/01/2021 12:28 |
| OID: TP Reporting Only | I-Motor W/O (with: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Vikar | | |

| | | |
|------------------------------------------|-------------------|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SL0 2083G | 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 () | |

| |
|----------------------------------------------------------------------------------------------------|
| () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reprior. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| |
|---------------------------------------------------------|
| 1) Apply for Transport Allowance () / Courtesy Car () |
| 2) QC Check / Post Repair Inspection () |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () |

| |
|----------------------|
| Injury: () |
| Date/Time: () |
| Location: () |
| Driver/Owner: () |
| Contact No: () |
| Damaged Portion: () |

| | | |
|---------------------------------|-----------------------------------------|------------|
| X/A2100867 | 1) Alt: Accident Reporting (\$30) | INC (\$10) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | \$40/45 |
| Contact No: | 3) TP: Towing Fee | \$120 |
| Damaged Portion: | 4) PT: Follow-Through Survey | \$30 |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| Architect's Comments: | 6) TR: Re-inspection | \$75 |
| Sub-It: | 7) NI: Idea DA + EMRT Survey | \$160 |
| 2/2 | 8) NTUC Additional Services | |
| | 9) NI: Idea Mobile | \$3 |
| | 10) NI: Idea Mobile | \$10 |
| | 11) NI: Idea Mobile | \$23 |
| | 12) NI: Idea Mobile | \$33 |
| | 13) NI: Idea Mobile | \$33 |
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| | 100) NI: Idea Mobile | \$33 |

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 Submission | 27/01/2021 12:03 (SGT) |
| Date of Accident | 26/01/2021 08:45 (SGT) |
| Exact Location of Accident | Jalan Bukit Merah, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLQ5712P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | QUALITY LEASING PRIVATE LIMITED |
| Company Reg No | 2XXXXX796G |
| Email Address | sharonsoon5404@gmail.com |
| Mobile Phone No | (Phone) +65-97882224 |
| Alternative Phone No | +65-96675127 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Toyota |
| Model | Sienta |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5111236004-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | TAN JUN HUI SUNNY |
| NRIC No | SXXXX580C |

| | |
|--------------------------------------------------------------------|----------------------------------|
| Date Of Driving Pass | 02/06/1979 |
| Driving experience | 41 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96675127 |
| Alt. Phone Number | - |
| Email Address | sharonsoon5404@gmail.com |
| Address | BLK 914 HOUGANG STREET 91 #04-22 |
| Address complement | - |
| Postcode | 530914 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 0 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|----|
| Was the accident reported to the police? | No |
| 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 | SLN2083G |
| Vehicle Manufacturer | Kia |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|-----------------------------------------------|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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 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 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

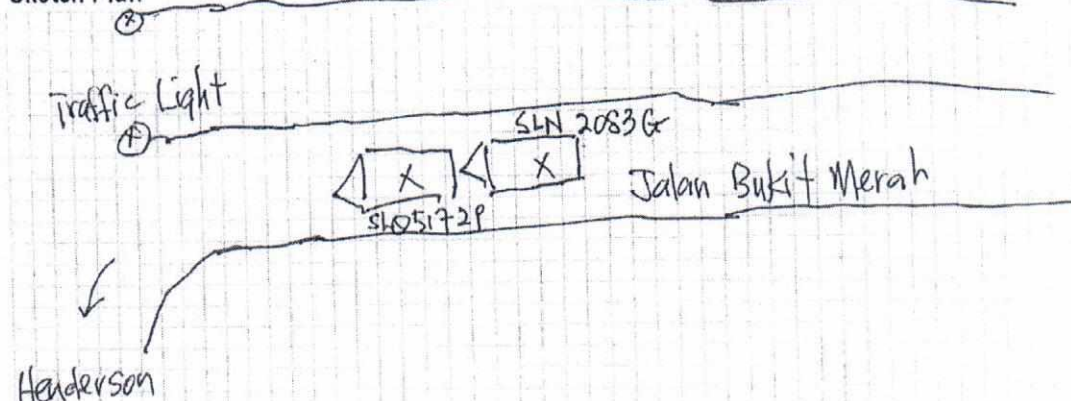
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sm 
Policyholder's Signature / Date & Time

Summy 26/01/2021 1430 hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

 27/01/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on 26/01/2021 at about 08:45hrs I was at Sun Bukit Merauh stop to take to Henderson Road, suddenly I felt a push from the rear. I came down & saw a car SW 2083G back onto the rear of my car.

Declaration

We declare the foregoing particulars are true in every respect.

Sm



Policyholder's Signature / Date & Time

Sumfa . 26/01/2021 1430 hrs

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

27/01/2021

Witnessed by Reporting Centre Personnel

Q. Unusually

ACCIDENT STATEMENT

ACCIDENT DATE: (26/01/21) (DD/MM/YYYY), TIME: (0845) (HH:MM)

LOCATION: Jalan Bukit Merah

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: SLQ 5712P
 - b) INSURANCE COMPANY:
 - c) POLICY NUMBER:
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Toyota Sienta
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 - 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: Q. Chasmes (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT:
 - c) ADDRESS:

Pax (F)

No of passengers
(including driver)
(2)

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
- a) NAME: TAN JUN HUI SUNNY (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S1271580-C CONTACT: 96675127
 - c) ADDRESS: BIK 914 #04-22 Hougang st. 91 S/POR 530914

- *d) DATE OF BIRTH: (13/06/1979) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) 1979
- f) 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) Good
- 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:

No of passengers
(including driver)
(2)

8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SLN 2083G MODEL: KIA
 - b) DRIVER'S NAME:
 - c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
(including driver)
()

9. THIRD PARTY VEHICLE
- d) VEHICLE NUMBER: MODEL:
 - e) DRIVER'S NAME:
 - f) NRIC/FIN/PASSPORT: CONTACT:

email =
VIDEO

Claim Handling

Accident MT/1118899

| | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No. | 511236004-01 | Vehicle No. | SLQ5712P | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | QUALITY LEASING PRIVATE LIMITED | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading |
| Contact No.(Mobile) | 96675127 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|-------------------|-------------------------------|-------|---------------------|
| Report Date | 27/01/2021 12:21 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 27/01/2021 | Time of Accident hh:mm | 08:45 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | JALAN BUKIT MERAH | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|-----------------------------------------------------------------------|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 27/01/2021 12:23:41 System changed GST Status Verified from No to Yes | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|--------------------------|-----------|
| Address 1 | 317 OUTRAM ROAD | Address 2 | #02-39 CONCORDE SHOPPING | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | Lot-57 | Related Policy Number | 5119268375 | |

▼ OI Driver Info

| | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|----------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | TAN JUN HUI SUNNY | Driver NRIC | S1271580C | Driver DOB |
| Register Date of Driver License | 02/06/1979 | Driver Age | 63 | Driving Experience |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 914 #04-22 | Address 2 | HOUGANG STREET 91 | Address 3 |
| Address 4 | | Address Type | Foreign address | Post Code |
| Unit No. | 04-22 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SLQ5712P | Driver Insurer Comp. |

Declaration

| | | | |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001

New

| | | | |
|-------------------------|------------------------------------|--------------------|--------------|
| Claim Type * | OD-MX | Insured Name | QUALITY |
| Contact No.(Mobile) | | Contact No. (Home) | NIL |
| Email Address | | OI Vehicle Number | SLQ5712 |
| Claim Description | SLQ5712P / SLN2083G ON 27 Jan 2021 | | |
| Preferred Workshop | Yes | Insured Liability | Not at Fault |
| Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 27/01/2021 12:26 | Claim Close Date | |

☐ Print AK letter

Save Submit

Submit

Attachment


| | | | | | | | |
|--------------------|--|---------------------------------------------------------------|--|-------------|--|------------------|--|
| Accident No. | | MT/1118899 | | Claim No. | | 001 | |
| Last Doc. Received | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | Upload Date | | 27/01/2021 12:28 | |

| | | | | | | | |
|--------------------------------------------|----------------|--------------------------------------|--|----------------------------------------------|-----------------------------------|------------------------------------|---------------------------------------------|
| Path * | | | | Category * | | Confidential | |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> | <input type="button" value="YES"/> | <input type="button" value="CONFIDENTIAL"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> | <input type="button" value="YES"/> | <input type="button" value="CONFIDENTIAL"/> |
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| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> | <input type="button" value="YES"/> | <input type="button" value="CONFIDENTIAL"/> |

Attachment List

| Attachment | Uploaded By/Date | Category |  | Urgency | Descr |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|---------|------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:28 | Photos | | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:28 | Photos | | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:28 | Photos | | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:27 | Photos | | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:27 | Photos | | Normal | Photos 2 |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:26 | NRIC/ Driving License | Y | Normal | NRIC/ Driving Li |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 12:26 | SAS | | Normal | SAS 20 |

▼ **Video List**

Uploaded By/Date Folder Date File Name 

Display in New Window Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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="26/01/2021 14:21"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SLQ5712P"/> | 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"/> | 5111236004-01 | | QUALITY LEASING PRIVATE LIMITED | 201312796G | GPC | drivo CLASSIC | SLQ5712P | SLQ5712P | 22/07/2020 | 21/07/2021 |
| <input type="button" value="Continue"/> | | | | | | | | | | |