

# NATIONAL Assessment Centre Services. Part 1 Jan 03

Date In: 30/03/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21004969/13	SAS e-filing		
Veh No SJ879176	E-mail (within 2hrs, AIC 2hrs)		
IPDA: 29/03/21 0750	I-Motor Claim Form 31/03 MT/1126623-001		
OP: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: #	Fax: #
TP Particulars:	Veh No: SJH563211	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%; I: 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 rep/rep.	
( ) 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: _____
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Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NA 2102294	Invoice #	30
1) AR: Accident Reporting (\$30);	INC (\$30)	
2) DA: Damage Assessment (\$100);	\$40/\$43	
3) TF: Towing Fee	\$120	
4) FT: Follow-Through Survey	\$30	
5) FT: Follow-Through Survey (Resurvey)	\$75	
6) TR: Re-inspection	\$160	
7) NI: Idao DA + SMRT Survey		
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Inc INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	30/03/2021 17:05 (SGT)
Date of Accident	29/03/2021 07:50 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB7917E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK HONGYI CALUM
NRIC No	SXXXX077A
Email Address	CALUMQHY@GMAIL.COM
Mobile Phone No	(Phone) +65-91262489
Alternative Phone No	+65-91262489

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1339

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118675401
Cover Note Number	-

#### DRIVER

Name of Driver	QUEK HONGYI CALUM
NRIC No	SXXXX077A

Date Of Birth .....	11/07/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	19/06/2010
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91262489
Alt. Phone Number .....	+65-91262489
Email Address .....	CALUMQHY@GMAIL.COM
Address .....	BLK 605C TAMPINES ST 61
Address complement .....	#03-342
Postcode .....	523605
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20210329/7050

#### 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 .....	SJH5632H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car



Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	QUEK HONGYI CALUM
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,BACK,CHEST & RIGHT ELBOW
Injured person in which vehicle? .....	SJB7917E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.

Policyholder's Signature / Date & Time

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

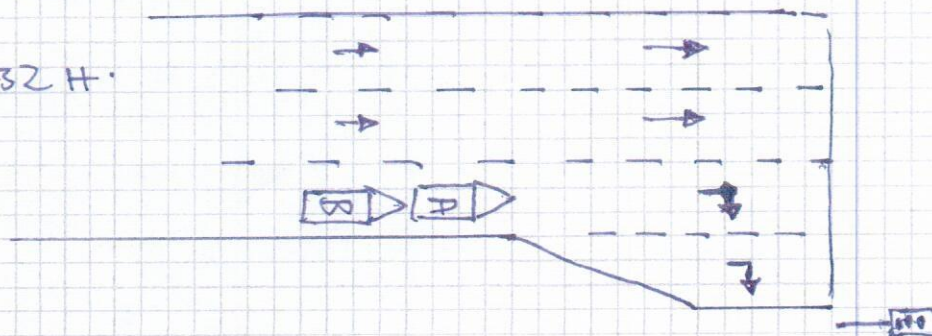
Witnessed by Reporting Centre Personnel

### Sketch Plan

PASIR RIS DRIVE 8 - PASIR RIS DRIVE 1

VEH A = SJB 7917E

VEH B = SJH 5632 H






### Describe Circumstances of the Accident


On the stated date and time. I was driving vehicle A along the stated venue. I was stationary at the traffic light for 5 seconds. Suddenly, I felt a great impact, and vehicle B had collided onto the rear of my vehicle.


refer to police report. G/20210329/7050

### Declaration

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

 30/03/21  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



G/20210329/7050

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20210329/7050

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 29/03/2021 18:05	Vide Report No.		Station Diary No.	
Name Of Informant QUEK HONGYI CALUM	Address 605C TAMPINES STREET 61 #03-342 SINGAPORE 523605			
ID Type / ID No. NRIC NO / S9123077A	Contact No. Home/Office:		Mobile: 91262489	
Nationality SINGAPORE CITIZEN	Email Address CALUMQHY@GMAIL.COM			
Occupation Aircraft pilot (except commercial airline and air force)	Sex Male	Age 29	Date of Birth 11/07/1991	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 29/03/2021 07:50	Location Of Incident PASIR RIS DRIVE 8			

**Brief details.**

On the stated date and time I vehicle SJB7917E was stationary on the stated venue. Suddenly vehicle SJH5632H came from behind and hit onto my vehicle rear portion. The impact was so great that I suffered neck,back, chest pain and I hit my right elbow on my car door. I then proceeded to Our Family Physician clinic and surgery to seek treatment and was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	Date/Time: 29/03/2021 18:05
	Classification Of Case:



Date of Accident : 29/3/21 Accident Time: 0750 (24-HR-Format)

Accident Place : PAIR RIS DRIVE 8 - PAIR RIS DRIVE 1

Vehicle. No. (Car Plate No.) : SJB 7917 E Make/Model: HONDA JAZZ

Insurance Company : NTUC Policy No: 5118675401

Owner or Company Name /IC No. : QUEK HONG YI CALUM S9123077A

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9126 2489 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Same as above

DRIVER'S Date Of Birth : 11/7/91 DRIVER'S License Pass Date \_\_\_\_\_

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : BLK 605C #03-342 TAMANES ST 61 S523605

DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : calumghy@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

(B)	
Vehicle. No: <u>SJH5632 H.</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

NIL:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5118675401

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJB7917E**  
Chassis Number : JHMGD18507S234215
2. Name of Policyholder : QUEK HONGYI CALUM
3. Effective Date of Insurance : 18 Aug 2020
4. Expiry Date of Insurance : 17 Aug 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

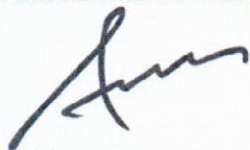
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: QUEK HONGYI CALUM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSUREMYCAR.COM.SG (00000615275)  
Date of Issue : 17 Aug 2020 17:00 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	077A
<b>Vehicle Details</b>	
Vehicle No.:	SJB7917E
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Apr 2021
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.4A
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	L13A54003763
Chassis No.:	JHMGD18507S234215
Maximum Power Output:	60.0 kW (80 bhp)
Open Market Value:	\$13,995.00
Original Registration Date:	24 Jan 2008
First Registration Date:	24 Jan 2008
Transfer Count:	3
Actual ARF Paid:	\$12,467.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Dec 2027
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$42,698.00
COE Rebate Amount:	\$28,465.00
<b>Total Rebate Amount:</b>	<b>\$28,465.00</b>

The information contained herein is correct as at 29 Mar 2021

OK



## Claim Handling

Accident MT/1126423

Policy No.	5118675401	Vehicle No.	SJB7917E	GST Registration No.	
Certificate No.					
Policyholder Name	QUEK HONGYI CALUM			Policyholder NRIC	S9123077A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91262489	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	31/03/2021 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/03/2021	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DR 8				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 605C #03-342	Address 2	TAMPINES STREET 61	Address 3	TAMPINES GREENRIDGES
Address 4	SINGAPORE 523605	Address Type	Singapore address	Post Code	523605
Unit No.	03-342	Related Policy Number	5118675401		

## ▼ OI Driver Info

Driver Name	Quek Hongyi Calum	Driver Type	Main Driver	Driver DOB	11/07/1991
Unnamed driver Name		Driver NRIC	S9123077A	Driving Experience	11
Register Date of Driver License	01/01/2010	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	91262489	Contact No.(Office)	0	Address 3	TAMPINES GREENRIDGES
Address 1	BLK 605C	Address 2	TAMPINES STREET 61	Post Code	523605
Address 4	SINGAPORE 523605	Address Type	Singapore address		
Unit No.	#03-342				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	QUEK HONGYI CALUM	Insured NRIC	S9123077A
Contact No.(Mobile)	91262489	Contact No.(Home)		Contact No.(Office)	
Email Address	calumqhy@gmail.com	OI Vehicle Number	SJB7917E	TP Vehicle Number	SJH5632H
Claim Description	SJB7917E / SJH5632H ON 29 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/03/2021 00:00
Date Registered	31/03/2021 11:17	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1126423	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2021 00:00

Path \*

Choose File	No file chosen
Choose File	No file chosen
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Message Read

## ▼ Attachment List

Category *	Confidential	Urgency *	Description
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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