

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 20/05/2016 10:19	Job description	Date & Time Completed	Done by
Ref No: NBA/INC16009316/K4	SAS e-filing		
Veh No: FBH3983C	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 19/05/2016 13:05	I-Motor Claim Form	MT/0901707	
OD: TP / Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: 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:

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: 26/08/16

Reopen file

Revert from TP claim to OD claim

1st closed date: 24/05/2016, Reopen by Kim becoz TP claim

Change to OD claim.

NA1602991

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Issue DA + EMPT Survey	\$160
	8) NTUC Additional Services:	
	OD*	\$3
	*NI: Courtesy Car / Tpt Allowance	\$10
	*NI: Single Coordination	\$23
	*NI: Post Repair Inspection	\$5
	*NI: DV / Collect Excess Coordination	\$20
	TE (NI1): TP (Non INC) against INC	\$0
	9) NI2: Use Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged

Fee Charged

(Southern Motor)

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 ability.
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 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	20/05/2016 10:19
Date Of Accident	19/05/2016 13:05
Exact Location Of Accident	CARPARK NEAR B/115 BUKIT MERAH VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH3983C
Insured/Policyholder	
Name Of Registered Owner	NG BENG CHAI
NRIC No	S1344414E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934948
Alternative Phone No	Others-96934948

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER 135 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PARKED AREA.
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
Vehicle Category	Motorcycle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5071759884
Cover Note Number	

Driver

Name of Driver	NG BENG CHAI
NRIC No	S1344414E
Date Of Birth	20/11/1959
Occupation	Outdoor
Date Of Driving Pass	06/04/1990
Driving Experience	26 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-96934948
Fax Number	
Contact Number	Others-96934948
Email Address	NOEMAIL

(01) Bent (02) Dented (03) Distorted (04) Cracked (05) Cut (06) Scratched
(07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary
(12) Missing (13) Torn (14) Unconfirmed (15) Not Working

May 2005

1. Replace (✓) 2. Repair (X) 3. Check (?)
4. Not Consistent (NC)

Vehicle No: FEH 39834

[illegible]

No of Items:

Assessor: _____

2012-2013

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MANIA46060621 Vehicle Registration No : FBH 39836
Name(as shown in NRIC) : XIG BEXE6 CHAI
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S1244414E
Address : BLK 1 TELUK BLANCAH M7/0901707
Contact (Tel) : 96934948 (H/P) : _____
(Email) : _____
Date of Accident : 19/05/2016 Time of Accident : 13:05
Place of Accident : CARPARK KUALA BUKU 115 BUKIT MEGAH VIEW
Insurance Company : NILIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To change from TP to own damage claims

Signature of Vehicle Owner / Driver
Date:

Claim Handling

Task Transfer Exit

Accident MT/0901707

LOS SAL SUB

Policy No.	5071759884	Vehicle No.	FBH3983C	GST Registration No.	
Policyholder Name	NG BENG CHAI			Policyholder NRIC	S1344414E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96934948	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15		

Accident Details

Report Date	20/05/2016 10:52	Accident Report Within 24 hrs	Yes	Accident Type	Car Park
Date of Accident	19/05/2016	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	2453700
Accident Location	CARPARK NEAR B/115 BUKIT MERAH VIEW				

Benefits

Excess

Own damage Excess	300.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 1 #10-604	Address 2	TELOK BLANGAH CRESCENT	Address 3	SINGAPORE 090001
Address 4		Address Type	Singapore address	Post Code	090001
Unit No.		Related Policy Number	5071759884		

OI Driver Info

Driver Name	NG BENG CHAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1344414E	Driver DOB	20/11/1959
Register Date of Driver License	06/04/1990	Driver Age	56	Driving Experience	26
Contact No.(Mobile)	96934948	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 1	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	090001
Unit No.	#10-604				
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
Modification History	20/05/2016 11:12 s990621 Modify Orange Force(N-->Y) 20/05/2016 11:12 s990621 Modify ICM No(-->2453700)		

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	NG BENG CHAI	Insured NRIC	S1344414E
Contact No.(Mobile)	96934948	Contact No.(Home)	62766217	Contact No.(Office)	
Email Address		OI Vehicle Number	FBH3983C	TP Vehicle Number	FELLEN TREE
Claim Description	FBH3983C / FELLEN TREE ON 19 May 2016			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/05/2016 11:04	Claim Close Date		Date Received	01/07/2016 17:01
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter					
Modification History	01/07/2016 17:09 s069588 Modify Claim Type(OD-MX-->OD-MD)				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Activity Handling Attachment

Vehicle Info

Vehicle Make	YAMAHA	Vehicle Model	JUPITER 135 MANUAL	Engine Capacity	134
Date of Registration	28/05/2013	Classis No.	MH355S002CK089908		
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	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTRE	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	☐ Yes ☒ No		
Market Value (\$)		Scrape Value(\$)		Economical Repair Value(\$)	
Remark	1) REAR MUDGUARD-1REPLACE, 2) REAR ABSORBER-1REPLACE, 3) SIDE STAND-1REPLACE, 4) CLUTCH LEVER-1REPLACE, 5) SWING ARM BUSH-1REPLACE, 1REPLACE. ALL ITEMS ARE FOR MOTOR CYCLE AND THE BIKE IS AT SOUTHERN MOTOR AT BUKIT MERAH CONTACT 62730369(AH HUAT)				

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code
root					
Not Applicable	1	15100102	BOX (M/C) (REAR)	1	Replace
ABS	2	1520	BOX BRACKET (M/C)	1	Replace
ABSORBER	3	25200106	FAIRING (RIGHT)	1	Replace
ACCELERATOR	4	25200104	FAIRING (LEFT)	1	Replace
ACTUATOR	5	4160	SWING ARM (M/C)	1	Replace
ADVERTISEMENT STICKER	6	448014	WHEEL RIM	1	Replace
AIR BAG	7	45300101	WING MIRROR (LEFT)	1	Replace
AIR BLOWER	8	27400601	HANDLE BAR (M/C) GRIP (FRONT)	1	Replace
AIR BOX					
AIR CHAMBER BOX					
AIR CLEANER					

Save Submit

南方摩托

SOUTHERN MOTOR

Block 1006, Bukit Merah Lane 1, #01-10

Singapore 159762 Tel: 62730369 Fax: 62740634

Repair & Dealing in New & Second hand Motor-cycles, Scooters & Insurance Agent

Date: 21st May 2016

Tanjong Pagar Town Council
Blk 166 Blk 166A Central # 03-2227
Singapore 150166

Dear Sirs

Re: Cost of repair to Yamaha Jupiter 135 - FR42923C

2 pcs of	Side box L & R	160.00 ✓
1 pc of	Rear mudguard	4.00 ✓
"	Rear outboard	215.00 ✓
"	Rear swing arm	190.00 ✓
"	Rear wheel rim	225.00 ✓
"	Side stand	45.00 ✓
"	Clutch lever	12.00 ✓
"	Mirror	25.00 ✓
"	Handle cover	4.00 ✓
		1044.00
	Less 10%	104.40
	<u>Nett</u>	
		939.60
	Transport	30.00
	Rear box	90.00 ✓
	Ron bracket	55.00 ✓
	Jack body	40.00
	Rear swing arm bush	110.00 ✓
	I-u unit	165.00
	Labour	280.00
		<u>S\$ 2,069.60</u>

Yours faithfully,
SOUTHERN MOTOR

Tel 62726415
Fax 62720091