

Date In: 15/12/17 10:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC 17023808/h4	SAS e-filing		
Veh No: SKP 9759 X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12/17 07:30	i-Motor Claim Form	MT/0973891	15/12/17 17:21
<input checked="" type="radio"/> 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: 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%; F: 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:- (INC hotline: 6788 6616)	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: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car/ Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat 1:			
Dat 2 / 3:			

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	15/12/2017 10:04
Date Of Accident	14/12/2017 07:30
Exact Location Of Accident	PIE TWDS TUAS EXIT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9759X
Insured/Policyholder	
Name Of Registered Owner	TEO SIN LEONG IVAN
NRIC No	S8121894C
Email Address	IVANTSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90913056
Alternative Phone No	OFFICE-90913056

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA CX7
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095879212
Cover Note Number	-

Driver

Name of Driver	TEO SIN LEONG IVAN
NRIC No	S8121894C
Date Of Birth	24/07/1981
Occupation	INDOOR
Date Of Driving Pass	29/11/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90913056
Fax Number	
Contact Number	OFFICE-90913056
EMail Address	IVANTSL@GMAIL.COM

Address	BLK 509 TAMPINES CENTRAL 1 #04-391
Postcode	520509
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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 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.



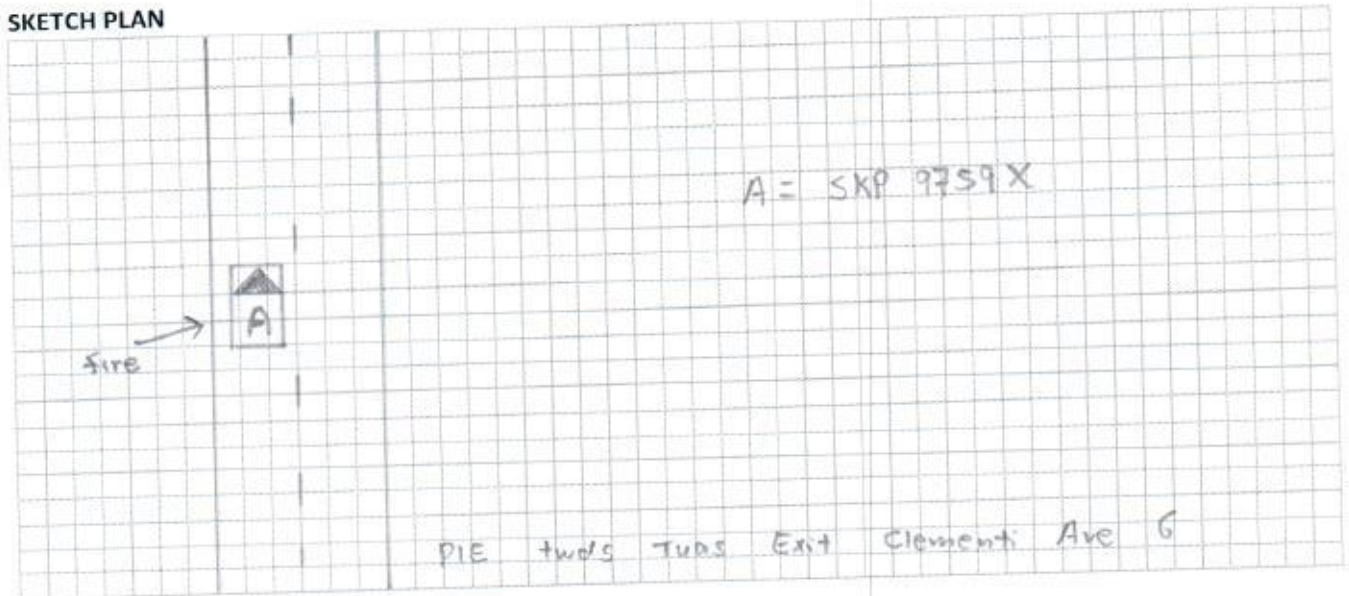
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:


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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 12 / 17) (DD/MM/YYYY), TIME: (07 : 30) (HH:MM)

LOCATION: PIE twds Tuas Exit Clement Ave 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 9759X
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Teo Sin Leong Ivan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 90913056
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.

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

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

9. THIRD PARTY VEHICLE

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

Waiting police Report

email = ivantsl@gmail.com

fax =



SINGAPORE POLICE FORCE



G/20171214/2198

1 of 2

Report No. G/20171214/2198

POLICE REPORT (NP299)

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 14/12/2017 21:06	Vide Report No.	Station Diary No. 112		
Name Of Informant TEO SIN LEONG, IVAN	Address APT BLK 509 TAMPINES CENTRAL 1 #04-391 SINGAPORE 520509			
ID Type / ID No. NRIC NO / S8121894C	Contact No. Home/Office	Mobile 90913056		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation PROJECT MANAGER	Sex Male	Age 36	Date of Birth 24/07/1981	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/12/2017 07:30	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE PIE TOWARDS TUAS NEAR CLEMENTI AVE 6 EXIT			

Brief details.

On 14/12/2017 at about 0730hrs, I was driving my car (SKP9759X) along PIE towards Tuas near to Clementi Ave 6 exit. I saw the "Check Engine" light was on and was having difficulty with the accelerator. I stopped my car along PIE exit and pulled my car to the side. I observed smoke coming out from the front of my car and followed by a small fire. I came out of the car and called for 995.

Both Police and SCDF came. Fire was put out by the Police and SCDF. My car is installed with front

Signature Of Officer Recording The Report:

G / Sgt 2 ZHANG LINHAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LOH YI WEN, YVONNE
Contact No.: 62447200

Signature Of Informant:

Date/Time:
14/12/2017 21:06

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



G/20171214/2198

2 of 2

Report No. G/20171214/2198

camera.

My car is a brown Mazda CX-7 bought in November 2017. I am lodging this report for record purpose and insurance claim

Signature Of Officer Recording The Report

G / Sgt 2 ZHANG LINHAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LOH YI WEN, YVONNE
Contact No.: 62447200

Authentication Stamp



**SINGAPORE
POLICE FORCE**

SIGNATURE

Signature Of Informant:

Date/Time:
14/12/2017 21:06

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8121894C



Name
TEO SIN LEONG, IVAN
(ZHANG XINLIANG, IVAN)
张欣亮

Race
CHINESE

Date of birth
24-07-1981

Sex
M

Country of birth
SINGAPORE

S8121894C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8121894C
Name
TEO SIN LEONG, IVAN
(ZHANG XINLIANG, IVAN)

Birth Date 24 Jul 1981
Issue Date 29 Nov 2006

001462241C

4825546



NRIC No S8121894C



Date of issue
15-02-2012

APT BLK 509 TAMPINES CENTRAL 1 #04-391
SINGAPORE 520509

NRIC No: S8121894C Date: 06/06/2015

ALCA

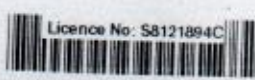
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
29 Nov 2006

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg

NP 428A

Licence No: S8121894C



eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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="14/12/2017 13:25"/>						
Vehicle No. (For Motor)	<input type="text" value="SKP9759X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095879212	TEO SIN LEONG IVAN	S8121894C	GPC	drive CLASSIC	SKP9759X	SKP9759X	19/11/2017	18/11/2018
<input type="button" value="Continue"/>									

Claim Handling

The premium on this policy has not been collected.

Accident MT/0973891

Policy No.	5095879212	Vehicle No.	SKP9759X	GST Registration No.	
Policyholder Name	TEO SIN LEONG IVAN	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	90913056	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	15/12/2017 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion c
Date of Accident	14/12/2017	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS EXIT CLEMENTI AVE 6				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 509 #04-391	Address 2	TAMPINES CENTRAL 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5095879212		
OI Driver Info					
Driver Name	TEO SIN LEONG IVAN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8121894C	Driving Experience	
Register Date of Driver License	29/11/2006	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	90913056	Contact No.(Office)		Address 3	
Address 1	BLK 509 #04-391	Address 2	TAMPINES CENTRAL 1	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
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-MD	Insured Name	TEO SIN LEONG IVAN	Insured NRIC	
Contact No.(Mobile)	90913056	Contact No.(Home)	67810342	Contact No.(Office)	
Email Address	ivantsi@gmail.com	OI Vehicle Number	SKP9759X	TP Vehicle Number	
Claim Description	SKP9759X ON 14 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	Date Received	
Date Registered	15/12/2017 17:20	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
			Save	Submit	

Attachment

Accident No.	MT/0973891	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/12/2017 17:21
Path *		Category *	Confidential
			Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2017 17:21	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govn. Property () b) Road Work Object ()
(Eg: signboard, barrier, tree etc)
- 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

M.V. \$22,000

Rebate \$16,165

Net value \$5,835 (repair margin)

* Not economical to repair, CTL - photo 15/12/2017

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ()

2) SRS Light on ()

3) ABS Light on ()

By Assessor- 1) Vehicle Information

Veh No: SKP 9759 X Yr Regn: 11 Jul 2008

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer orMake & Model: Mazda CX7 C.C. 2261Colour: Black Transmission Type: Auto / ManualEng/No: _____ Sp. Reading: Battery burntC/No: JMO ER1031 P0110649Gen. Cond: Good / Fair / Poor / Burnt orSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 255 / 50R19

R: _____

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

TOYO YOKO or

Front

R/Bal. 4 mmL/Bal. 4 mm

Rear

R/Bal. 4 mmL/Bal. 4 mmParallel Import: Yes NoTowed-In: Yes / NoRepair Type: LS / I.B.ITowing Required: Yes / No

No of Repair Days: _____

Vehicle in Idac: Yes / NoD.O.I. 15/12/2017Time: 4.10pm

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) Entire Operation Completed Time: _____

M.V. \$22,000

Enquire PARF/COE Rebate for Registered Vehicle

D.O.A. 14/12/2017

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	1894C
Vehicle Details	
Vehicle No.	SKP9759X
Vehicle to be Exported	No
Intended De-registration Date	18 Dec 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA CX7
Primary Colour	Brown
Manufacturing Year	2008
Engine No.	L320297146
Chassis No.	JM0ER103180110649
Maximum Power Output	175.0 kW (234 bhp)
Open Market Value	\$30,594.00
Original Registration Date	11 Jul 2008
First Registration Date	11 Jul 2008
Transfer Count	4
Actual ARF Paid	\$30,594.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	10 Jul 2018
PARF Rebate Amount	\$15,297.00
Intended COE Rebate Details	
COE Expiry Date	10 Jul 2018
COE Category	B - Car (1601cc & above)
COE Period(Years)	10
QP Paid	\$15,501.00
COE Rebate Amount	\$868.00
Total Rebate Amount	\$16,165.00

Bal = 7 mths

The information contained herein is correct as at 15 Dec 2017

OK

Task Transfer Exit

IDS SAL SUB

Claim Handling

Accident MT/0973891

Policy No.	5095879212	Vehicle No.	SKP9759X	GST Registration No.	
Policyholder Name	TEO SIN LEONG IVAN			Policyholder NRIC	S8121894C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90913056	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<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	15/12/2017 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	14/12/2017	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TWDS TUAS EXIT CLEMENTI AVE 6				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 509 #04-391	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE 520509
Address 4		Address Type	Singapore address	Post Code	520509
Unit No.		Related Policy Number	5095879212		

OI Driver Info

Driver Name	TEO SIN LEONG IVAN	Driver Type	Main Driver	Driver DOB	24/07/1981
Unnamed driver Name		Driver NRIC	S8121894C	Driving Experience	11
Register Date of Driver License	29/11/2006	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	90913056	Contact No.(Office)		Address 3	SINGAPORE 520509
Address 1	BLK 509 #04-391	Address 2	TAMPINES CENTRAL 1	Post Code	520509
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	TEO SIN LEONG IVAN	Insured NRIC	S8121894C
Contact No.(Mobile)	90913056	Contact No.(Home)	67810342	Contact No.(Office)	
Email Address	ivantsl@gmail.com	OI Vehicle Number	SKP9759X	TP Vehicle Number	
Claim Description	SKP9759X ON 14 Dec 2017			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	18/12/2017 10:1
Date Registered	15/12/2017 17:56	Claim Close Date		Total Loss but Repaired	
Report Taken By	LIEW SHAN HUI	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make *	MAZDA	Vehicle Model	CX 7	Engine Capacity	
Date of Registration	11/07/2008	Classis No.	3M0ER103180110649	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	SIMON		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Market Value (\$) *	22,000.00	Scrape Value(\$) *	16,165.00	Economical Repair Value(\$) *	
Remark *	REMARK:NOT ECONOMICAL TO REPAIR.				

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code
root Not Applicable ABS ABSORBER ACCELERATOR ACTUATOR ADVERTISEMENT STICKER	1	32200101	NUMBER PLATE (FRONT)	1	Replace

Save Submit



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
NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SKP 9759X Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Vin's AUTO

Collection Date: 27/12/17 Time: 310 with Keys: Yes / No

Tow Truck No: GU 5429T Tow Man: Goh Feng Kuan NRIC: 136321212

Signature: [Signature] 64532121

For office use

Attended by: ROSLINDA 27/12/17

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: _____



Our Ref: MT/CA/OD/087/0973891-001/TKL/TV

27 Dec 2017

NATIONAL ASSESSMENT CENTRE SERVICES
51 UBI AVENUE 1
#01-25 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

Dear Sir/Madam

VEHICLE NUMBER: SKP9759X
CLAIM NUMBER: MT/0973891-001

We have awarded this vehicle to VIN'S AUTO PTE. LTD.. Please release the vehicle to the assigned dealer's towing agent.

If you have any queries, please contact Teng Ken Leong at 6430 7881 or email us at kenleong.teng@income.com.sg.

Yours sincerely

Low Choo Mee
Senior Manager
Motor Insurance