

## NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

MNA 118001577

Date In: 3/1/18 16:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18000166/h4			
Veh No: SLJ 1619 P	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 2/1/18 20:10	i-Motor Claim Form	MT/0976381	4/1/18 14:35
<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

MA1800258	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	80.00
Contact No:	3) TF: Towing Fee \$40 \$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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		
	OD:		
	*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		
	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 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	03/01/2018 16:47
Date Of Accident	02/01/2018 20:10
Exact Location Of Accident	NORTHOAKS CONDO CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1619P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO POH LAI
NRIC No	S1316637D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96973532
Alternative Phone No	OFFICE-96973532

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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	5086979629-01
Cover Note Number	-

### Driver

Name of Driver	NEO POH LAI
NRIC No	S1316637D
Date Of Birth	13/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96973532
Fax Number	
Contact Number	OFFICE-96973532
EEmail Address	NOEMAIL



Address	BLK 53 CHAI CHEE ST #04-348
Postcode	460053
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### 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.

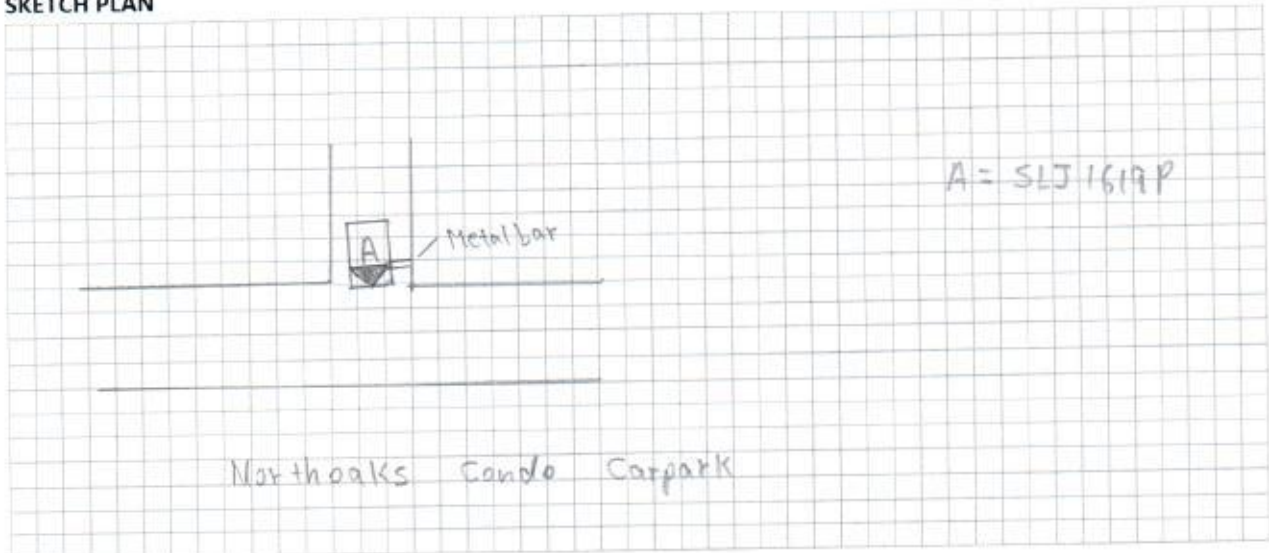
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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

I was driving inside Northoaks Condo Carpark.  
While turning left, I never saw the metal bar.  
As the result, I accidentally hit onto the metal  
bar.

## 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: ( 2 / 1 / 18 ) (DD/MM/YYYY), TIME: ( 20 : 10 ) (HH:MM)

LOCATION: Morthoaks Condo carpark.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 1619P  
b) INSURANCE COMPANY: NTUC  
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: Neo Poh Lai (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96973532  
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: 01/01/1977

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: Metal bar 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 license

Email =

fax =

neopohcai58@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1316637D



Name  
NEO POH LAI

梁寶隆

Race  
CHINESE

Date of birth  
13-07-1958

Sex  
M

Country of birth  
SINGAPORE



4680305



NRIC No. S1316637D



Date of issue  
14-02-2011

APT BLK 53 CHAI CHEE STREET #04-348  
SINGAPORE 460053

S1316637D 08/07/2013





**SINGAPORE  
POLICE FORCE**



G/20180104/2060

1 of 2

**POLICE REPORT (NP322)**

Report No. G/20180104/2060

Police Station Of Origin  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

Date/Time Report Made 04/01/2018 13:12	Vide Report No.	Station Diary No. 6		
Name Of Informant NEO POH LAI	Address APT BLK 53 CHAI CHEE STREET #04-348 SINGAPORE 460053			
ID Type / ID No. NRIC NO / S1316637D	Contact No. Home/Office	Mobile 96973532		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Electronics engineering technician (general)	Sex Male	Age 59	Date of Birth 13/07/1958	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 15/10/2017 12:00 - 31/10/2017 00:00	Location Of Incident 1 PAYA LEBAR CRESCENT TANGERINE GROVE SINGAPORE 536019			

**Brief details.**

On the above-mentioned date, time and place. I misplaced the under-mentioned item. A search was made but to no avail. That is all.

**Property Information**

Signature Of Officer Recording The Report:

G / Staff Sgt TAN HOCK CHYE

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
SI MUHAMMAD FAIZAL BIN JANI  
Contact No.: 62447309

Signature Of Informant:

Date/Time:  
04/01/2018 13:12

Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645





**SINGAPORE  
POLICE FORCE**



G/20180104/2060

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180104/2060

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S131663 7D	1		One Singapore Driving License

Signature Of Officer Recording The Report:

G / Staff Sgt TAN HOCK CHYE

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
SI MUHAMMAD FAIZAL BIN JANI  
Contact No.: 62447309

Authentication Stamp



Signature Of Informant:

Date/Time:  
04/01/2018 13:12

Classification Of Case:

FUPO hotline number: 68429645

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

02/01/2018 11:52

Vehicle No.(For Motor)

SLJ1619P

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086979629-01	NEO POH LAI	S1316637D	GPC	drive CLASSIC	SLJ1619P	SLJ1619P	21/12/2017	20/12/2018



## Claim Handling

Accident MT/0976381

Policy No.	5086979629-01	Vehicle No.	SLJ1619P	GST Registration No.	
Policyholder Name	NEO POH LAI	Cover Type	drive CLASSIC	Policyholder NRIC	S13
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96973532	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	04/01/2018 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	02/01/2018	Time of Accident hh:mm	20:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTHOAKS CONDO CARPARK				

**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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 53 #04-348	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4601
Unit No.		Related Policy Number	5086979629-01		

## OI Driver Info

Driver Name	NEO POH LAI	Driver Type	Main Driver	Driver DOB	13/01/1980
Unnamed driver Name		Driver NRIC	S1316637D	Driving Experience	37
Register Date of Driver License	06/02/1980	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	96973532	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 53 #04-348	Address 2	CHAI CHEE STREET	Post Code	4601
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

## Declaration

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

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	NEO POH LAI	Insured NRIC	S13
Contact No.(Mobile)	96973532	Contact No.(Home)	64484636	Contact No.(Office)	
Email Address		OI Vehicle Number	SLJ1619P	TP Vehicle Number	
Claim Description	SLJ1619P ON 2 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Rec
Date Registered	04/01/2018 14:33	Claim Close Date		Date Received	04/01/2018
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

1/4/2018

## Claim Handling(claim reporting Claim Task )

Accident No.

MT/0976381

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

04/01/2018 14:35

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrpt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:35	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:35	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:35	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:35	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:35	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:34	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:34	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:33	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:33	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 14:33	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

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) Govm. 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****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: SLJ1619 P Yr Regn: 20 May 2009

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover (MPV)

/ Truck / Trailer or

Make & Model: Toyota Estima Aeras 2.4 A c.c. 2362

Colour White Transmission Type: Auto / Manual

Eng/No: \_\_\_\_\_ Sp. Reading: 223504

C/No: ACR50-7071481

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil (S/Rim) / STD A/Rim or

Tyre Size: F: 235/45 R18

R: \_\_\_\_\_

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

TOYO / YOKO or Continental

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

Parallel Import Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / No

No of Repair Days: 6

Vehicle in Idac: Yes / No

D.O.I. 4/1/2018

Time: 11.05 am

**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. Govm 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:



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

## MOTOR CAR (LH)

## ACTION/AC

(1) Replace (✓) (2) Repair (✓) (3) Check (✓)  
(4) Not Compliant (HC)

440 2004

## Left Portion

NAC	INC	Item	CON	AC	Qty
1255	995326	Frt LH Door	BUC	/	
1256	995140	Frt LH Door Protector Lower	DIS	/	
1257	995104	Frt LH Door Hinge		?	2
1258	995142	Frt LH Door Wing Mirror			
1259	995102	Frt LH Door Garnish		?	
1260	991593	Frt LH Door Glass Outer Moulding	DIS	/	
1261	991588	Frt LH Door Glass Inner Moulding			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator	BT	/	
1264	991596	Frt LH Door Glass Regulator Motor		?	
1265	991662	Frt LH Door Rubber	BT	/	
1266	991636	Frt LH Door Outer Handle	DM	/	
1267	991607	Frt LH Door Inner Handle		?	
1268	991625	Frt LH Door Lock w/Key Sensor		?	
1269	991624	Frt LH Door Lock	BT	/	
1270	991562	Frt LH Door Central Lock			
1271	991675	Frt LH Door Switch			
1272	991617	Frt LH Door Inner Trim Board		?	
1273	991568	Frt LH Door Checker			
1274	991575	Frt LH Door Felt			
1275	991688	Frt LH Door Wire Harness			
1276	991683	Frt LH Door Window Glass Pillar		?	
1277	991640	Frt LH Door Outer Pillar	DD	R	
1278	991613	Frt LH Door Inner Pillar			
1279	991646	Frt LH Door Pillar Inner Garnish			
1280	990554	Centre Pillar LH	BUC	/	
1281	990542	Centre Inner Pillar LH	I	?	
1282	990517	Centre Pillar Upper Garnish LH			
1283	990564	Centre Pillar Lower Garnish LH		?	
1284	991670	Frt LH Door Step Garnish			
1285	994052	Rocker Panel LH	BUC	R	
1286	994049	Rocker Panel Inner Panel LH			
1287	994046	Rocker Panel Garnish LH		?	
1288	994055	Rocker Panel Outer Side Skirt LH			
1004	991300	Frt Bumper			
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1029	995153	Frt LH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1096	995070	Frt LH Fender			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
		RLH Seat Belt		?	

Vehicle No: SLT 1619 P

NAC	INC	Item	CON	AC	Qty
1289	995156	Rear LH Door	BUC		
1290	993282	Rear LH Door Protector Lower	DIS		
1291	995194	Rear LH Door Hinge	BT		
1292	993228	Rear LH Door Garnish			
1293	993278	Rear LH Door Glass Outer Moulding		?	
1294	993231	Rear LH Door Glass Inner Moulding			
1295	995190	Rear LH Door Glass			
1296	993238	Rear LH Door Glass Regulator	BT		
1297	995192	Rear LH Door Glass Regulator Motor		?	
1298	993294	Rear LH Door Rubber	TN		
1299	993275	Rear LH Door Outer Handle	JM		
1300	993250	Rear LH Door Inner Handle		?	
1301	993261	Rear LH Door Lock	JM		
1302	993256	Rear LH Door Inner Trim Board		?	
1303	993218	Rear LH Door Checker	BT		
1304	993230	Rear LH Door Glass Channel		?	
1305	993242	Rear LH Door Glass Triangle Garnish			
1306	993285	Rear LH Door 1/4 Glass			
1307	993288	Rear LH Door 1/4 Glass Rubber			
1308	993287	Rear LH Door 1/4 Glass Pillar			
1309	993305	Rear LH Door Step Garnish			
1310	993309	Rear LH Door Switch		?	
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1141	992958	Rear Bumper			
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer			
1149	993045	Rear Bumper Reinforcement			
1151	993077	Rear Bumper Sponge			
1153	993040	Rear Bumper Protector			
1155	993026	Rear Bumper Moulding			
1157	993023	Rear Bumper Lower Spoiler			
1163	993851	Rear LH Taillamp			
1218	993436	Rear LH Fender	SCR	R	
1219	993449	Rear LH Fender Protector Lower		?	
1136	990247	Sticker			
		Rear LH Wheel Rim	CMT		
		" " Sliding Or Railing		?	
		" " " Edge Protector	TN		
		" " " " Motor		?	
		Rear LH Wheel Tyre		?	600

No of Items: \_\_\_\_\_ Assessor: \_\_\_\_\_



## Claim Handling

[Task Transfer](#) [Exit](#)

[LOS](#) [SAL](#) [SUB](#)

### Accident MT/0976381

Policy No.	5086979629-01	Vehicle No.	SLJ1619P	GST Registration No.	
Policyholder Name	NEO POH LAI	Cover Type	drive CLASSIC	Policyholder NRIC	S1316637D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96973532	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

### Accident Details

Report Date	04/01/2018 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/01/2018	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	NORTHOAKS CONDO CARPARK				

### 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 53 #04-348	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460053
Address 4		Address Type	Singapore address	Post Code	460053
Unit No.		Related Policy Number	5086979629-01		

### O1 Driver Info

Driver Name	NEO POH LAI	Driver Type	Main Driver	Driver DOB	13/07/1958
Unnamed driver Name		Driver NRIC	S1316637D	Driving Experience	37
Register Date of Driver License	06/02/1980	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	96973532	Contact No.(Office)		Address 3	SINGAPORE 460053
Address 1	BLK 53 #04-348	Address 2	CHAI CHEE STREET	Post Code	460053
Address 4		Address Type	Singapore address		
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No
Modification History			

### Investigation

#### Claim 001 OD-MD

#### Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	NEO POH LAI	Insured NRIC	S1316637D
Contact No.(Mobile)	96973532	Contact No.(Home)	64484636	Contact No.(Office)	
Email Address		O1 Vehicle Number	SLJ1619P	TP Vehicle Number	
Claim Description	SLJ1619P ON 2 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	Date Received	04/01/2018 15:48
Date Registered	04/01/2018 14:36	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	TOYOTA	Vehicle Model	ESTIMA	Engine Capacity	
Date of Registration	20/05/2009	Class No.	ACR507071481		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value (\$)		Scrap Value(\$)		Economical Repair Value(\$)	
Remark	REMARK: NO OF REPAIR DAYS: 6 DAYS. 1X FRT LH DOOR PROTECTOR LOWER - REPLACE. 1X FRT LH DOOR GARNISH - UNCONFIRM. 1X FRT LH DOOR LOCK SENSOR - UNCONFIRM. 1X DOOR LOCK - REPLACE. 1X FRT LH DOOR INNER TRIM BOARD - UNCONFIRM. 1X LH CENTRE PILLAR - REPLACE. 1X CENTRE INNER PILLAR LH - UNCONFIRM. 1X REAR LH DOOR PROT LOWER - REPLACE. 1X REAR LH DOOR LOCK - REPLACE. 1X REAR LH DOOR INNER TRIM BOARD - UNCONFIRM. 1X REAR LH DOOR SWITCH - UNCONFIRM. 1X REAR LH FENDER LOWE PROTECTOR - UNCONFIRM. 1X REAR LH WHEEL RIM - REPLACE. 1X REAR LH SLIDING DOOR RAILING - UNCONFIRM. 1X REAR LH SLIDING DOOR EDGE PROTECTOR - REPLACE. 1X RI SLIDING DOOR EDGE MOTOR - UNCONFIRM.				

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root	1	23300201	DOOR (FRONT LEFT)	1	Replace
Not Applicable	2	23303001	DOOR HINGE (BOTTOM) (FRONT LEFT)	1	Unconfirm
ABS	3	23303101	DOOR HINGE (UPPER) (FRONT LEFT)	1	Unconfirm
ABSORBER	4	23302201	DOOR GLASS OUTER MOULDING (FRONT LEFT)	1	Replace
ACCELERATOR	5	23302401	DOOR GLASS REGULATOR (FRONT LEFT)	1	Replace
ACTUATOR	6	23302501	DOOR GLASS REGULATOR MOTOR (FRONT LEFT)	1	Unconfirm
ADVERTISEMENT STICKER	7	23306101	DOOR RUBBER (FRONT LEFT)	1	Replace
	8	23302801	DOOR HANDLE (OUTER) (FRONT LEFT)	1	Replace
	9	23302701	DOOR HANDLE (INNER) (FRONT LEFT)	1	Unconfirm
	10	23302301	DOOR GLASS PILLAR (FRONT LEFT)	1	Unconfirm
	11	23304901	DOOR PILLAR (CENTRE OUTER) (LEFT)	1	Repair
	12	18900501	CENTRE PILLAR LOWER GARNISH (LEFT)	1	Unconfirm
	13	35500701	ROCKER PANEL (LEFT)	1	Repair
	14	35500901	ROCKER PANEL GARNISH (LEFT)	1	Unconfirm
	15	36300101	SEAT BELT (FRONT LEFT)	1	Unconfirm
	16	23300203	DOOR (REAR LEFT)	1	Replace
	17	23302103	DOOR GLASS CHANNEL (REAR LEFT)	1	Unconfirm
	18	25400105	FENDER (REAR LEFT)	1	Repair
	19	43600103	TYRE (REAR LEFT)	1	Unconfirm
	20	23303003	DOOR HINGE (BOTTOM) (REAR LEFT)	1	Replace
	21	23303103	DOOR HINGE (UPPER) (REAR LEFT)	1	Replace
	22	23302203	DOOR GLASS OUTER MOULDING (REAR LEFT)	1	Unconfirm
	23	23302403	DOOR GLASS REGULATOR (REAR LEFT)	1	Replace
	24	23302503	DOOR GLASS REGULATOR MOTOR (REAR LEFT)	1	Unconfirm
	25	23306103	DOOR RUBBER (REAR LEFT)	1	Replace
	26	23302803	DOOR HANDLE (OUTER) (REAR LEFT)	1	Replace
	27	23302703	DOOR HANDLE (INNER) (REAR LEFT)	1	Unconfirm
	28	23301603	DOOR CHECKER (REAR LEFT)	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

1619  
Vehicle No: 8LJ419P Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Chwe Goon

Collection Date: 6/1/18 Time: 0900 with Keys: ☒ Yes / No

Tow Truck No: YD55665 Tow Man: GADAY NRIC: A5447493N

Signature: [Signature]

84519838

*For office use*

Attended by: Shan Hui

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: \_\_\_\_\_

## LKK Paya Ubi

---

**From:** Tan Siew Choo <siewchoo.tan@income.com.sg>  
**Sent:** Friday, 5 January 2018 2:07 PM  
**To:** NAC ; Chew Goon-Aaron ; Chew Goon Mtr-Hui Ying; 'Chew Goon Motor - Mrs Chew'  
**Subject:** SLJ1619P, OD claim no : MT/0976381

**Importance:** High

Dear IDAC and Chew Goon,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear Chew Goon,

OD excess of \$600/- is applicable.

Pls assist to expediate on repair works as owner needs his veh urgently.

Do ensure that repair works is properly done as owner does not want to deal with any post repairs issues.

Regards.

Without Prejudice

**Tan Siew Choo**  
Senior Claims Executive  
Motor Insurance  
T +65 6430 7882  
[www.income.com.sg](http://www.income.com.sg)



Our Ref: MT/CA/OD/051/0976381-001/TSC  
05 Jan 2018  
CHEW GOON MOTOR  
BLK 10 AMK IND PARK 2A AVE 5  
#01-15,16&17 AMK AUTOPOINT  
SINGAPORE 568047

Dear Sir

**CLAIM NUMBER: MT/0976381-001**

**REPAIR OF VEHICLE NUMBER: SLJ1619P**

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

Award Date: 05 Jan 2018  
Make: TOYOTA



Model: ESTIMA

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A

Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

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