

Date In: 11/1/18 10:37	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18000647/64	SAS e-filing		
Veh No: SJW 1887 Z	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 10/1/18 17:00	I-Motor Claim Form	MT/0977379	11/1/18 15:39.
TP: 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: SJW 78287	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

NA 1800340	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N/A INC) against INC \$20		
at 1:	9) N12: Idac Mobile \$30		
at 2/3:	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	11/01/2018 10:37
Date Of Accident	10/01/2018 17:00
Exact Location Of Accident	PIE TWDS CHANGI NEAR LORNIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1887Z
Insured/Policyholder	
Name Of Registered Owner	CHEW WAN KENG
NRIC No	S1605045H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90490229
Alternative Phone No	OFFICE-90490229

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5042313865-07
Cover Note Number	-

Driver

Name of Driver	YAP GUAN LIP DAMIAN
NRIC No	S1728821J
Date Of Birth	27/04/1965
Occupation	INDOOR
Date Of Driving Pass	18/01/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91789944
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	62E TANJONG KATONG RD
Postcode	436955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ANG SIAO HUI GENDER: : FEMALE

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW7828T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO YIENG YIENG
NRIC/Passport Number	S7612102H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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

A = SJP 1827 Z

B = SJW 7828 T

C = Unknown

PIE twds Changi Near Lorne Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining so the road was wet. At the time of the accident, the cars were actually moving slowly. The car in front had slowed down. When I applied the brakes, I could not stop in time and knocked into the car in front. In turn, ~~the~~ she banged into the car in front of her, although there was no visible damage to the car in front.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1728821J



Name

YAP GUAN LIP DAMIAN



叶元立

Race

CHINESE

Date of Birth

27-04-1965

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S172882

Name:

YAP GUAN LIP DAMIAN



Birth Date: 27 Apr 1965

Issue Date: 17 Jan 2003



000131887F

0991472



NRIC No. S1728821J



Blood Group

A+

Date of issue

29-05-1993

Address

62E TANJONG KATONG ROAD
SINGAPORE 1543

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

18 Jan 1983



Licence No: S1728821J

NP 428A

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5042313865-07

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJP1887Z**
Chassis Number : **MR053BK4007033294**
2. Name of Policyholder : **CHEW WAN KENG**
3. Effective Date of Insurance : **13 Mar 2017**
4. Expiry Date of Insurance : **12 Mar 2018**
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
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHEW WAN KENG
NAMED DRIVER (1)	: YAP HUI MING JOY
NAMED DRIVER (2)	: YAP GUAN LIP DAMIAN
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : DIRECT SALES (00000609087)

Date of Issue : 20 Feb 2017 21:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0977379

Policy No.	5042313865-07	Vehicle No.	SJP1887Z	GST Registration No.	
Policyholder Name	CHEW WAN KENG			Policyholder NRIC	S1601
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90490229	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	11/01/2018 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Chain
Date of Accident	10/01/2018	Time of Accident hh:mm	17:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGEI NEAR LORNE EXIT				

▼ Benefits

Coverage	Sum Insured	
Excess Waiver	999999999.99	
Transport Allowance	999999999.99	

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	62-E TANJONG KATONG ROAD	Address 2	SINGAPORE 436955	Address 3	
Address 4		Address Type	Singapore address	Post Code	43695
Unit No.		Related Policy Number	5042313865-07		

▼ OI Driver Info

Driver Name	YAP GUAN LIP DAMIAN	Driver Type	Named Driver	Driver DOB	27/04
Unnamed driver Name		Driver NRIC	S17288213	Driving Experience	28
Register Date of Driver License	01/01/1990	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	91789944	Contact No.(Office)		Address 3	
Address 1	62 # TANJONG KATONG ROAD	Address 2	SINGAPORE 436955	Post Code	43695
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	CHEW WAN KENG	Insured NRIC	S1601
Contact No.(Mobile)	90490229	Contact No.(Home)	67412376	Contact No.(Office)	
Email Address	yapfamilysg@yahoo.com	OI Vehicle Number	SJP1887Z	TP Vehicle Number	SJW7
Claim Description	SJP1887Z / SJW7828T ON 10 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Recel
Date Registered	11/01/2018 15:38	Claim Close Date		Date Received	11/01
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					









Save Submit

Attachment

Accident No.	MT/0977379	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2018 15:39

Path *	Browse...	Clear	Category *	Confidential	Urgency *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	SAS	Normal	SAS 2018-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:39	Photos	Normal	Photos 2018-

Video List

Uploaded By/Date	Folder Date	File Name	Source
		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) Motorcycle () 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

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: SJP 1887 Z Yr Regn: 13 Mar 2009

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

/ Truck / Trailer or _____

Make & Model: Toyota Camry 2.4 c.c. 2362

Colour: Grey Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 109373

C/No: MRO3 BK 4007033244

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: 215/55R17 - TOYO

R: — - Falken

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

TOYO / YOKO or As above

Front		Rear	
R/Bal. <u>4</u> mm		R/Bal. <u>4</u> mm	
L/Bal. <u>4</u> mm		L/Bal. <u>4</u> mm	

Parallel Import: Yes No

Towed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / No

No of Repair Days: 4

Vehicle in Idac: Yes / No

D.O.I. 11/1/2018

Time: 2.40 pm

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:

MOTOR CAR (Fr)

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	DS	/	/
1002	991887	Frt Number Plate Base	CR	/	/
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	DD	/	/
1005	992341	Frt Bumper Clips	NEC	/	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer			2
1008	991433	Frt Bumper Reinforcement			
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CR	/	/
1014	991301	Frt Bumper Moulding			2
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	CR	/	/
1022	991328	Frt Grille Emblem	MT	/	/
1023	991799	Frt Grille Chrome Moulding	CR	/	/
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy			
1030	991821	Frt RH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

Vehicle No: **SJP 1887 Z**

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992093	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991923	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			

Claim Handling

[Task Transfer](#) [Exit](#)
[LOS](#) [SAL](#) [SUB](#)

Accident MT/0977379

Policy No.	5042313865-07	Vehicle No.	SJP1887Z	GST Registration No.	
Policyholder Name	CHEW WAN KENG			Policyholder NRIC	S1605045H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90490229	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/01/2018 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	10/01/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TWDS CHANGI NEAR LORNIE EXIT				

Benefits

Coverage	Sum Insured	
Excess Waiver	999999999.99	
Transport Allowance	999999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	62-E TANJONG KATONG ROAD	Address 2	SINGAPORE 436955	Address 3	
Address 4		Address Type	Singapore address	Post Code	436955
Unit No.		Related Policy Number	5042313865-07		

O1 Driver Info

Driver Name	YAP GUAN LIP DAMIAN	Driver Type	Named Driver	Driver DOB	27/04/1965
Unnamed driver Name		Driver NRIC	S1728821J	Driving Experience	28
Register Date of Driver License	01/01/1990	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	91789944	Contact No.(Office)		Address 3	
Address 1	62 # TANJONG KATONG ROAD	Address 2	SINGAPORE 436955	Post Code	436955
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 Ng Hak Joo

Claim Type	OD-MD	Insured Name	CHEW WAN KENG	Insured NRIC	S1605045H
Contact No.(Mobile)	90490229	Contact No.(Home)	67412376	Contact No.(Office)	
Email Address	yapfamilysg@yahoo.com	O1 Vehicle Number	SJP1887Z	TP Vehicle Number	SJW7828T
Claim Description	SJP1887Z / SJW7828T ON 10 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	Date Received	11/01/2018 16:00
Date Registered	11/01/2018 15:41	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	CAMRY	Engine Capacity	2362
Date of Registration	13/03/2009	Classis No.	MR053BK4007033294		
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 type="radio"/> Yes <input checked="" 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 (\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAYS:4 DAYS.1X FRT GRILLE CHROME MOULDING - REPLACE.

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root	1	32200101	NUMBER PLATE (FRONT)	1	Replace
Not Applicable	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace
ABS	3	16000101	BUMPER (FRONT)	1	Replace
ABSORBER	4	16002401	BUMPER CLIPS (FRONT)	6	Replace
ACCELERATOR	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Unconfirm
AUTUATOR	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Unconfirm
ADVERTISEMENT STICKER	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm
AIR BAG	8	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm
AIR BLOWER	9	16003201	BUMPER GRILLE (FRONT)	1	Replace
AIR BOX	10	16004202	BUMPER MOULDING (FRONT LEFT)	1	Unconfirm
AIR CHAMBER BOX	11	16004203	BUMPER MOULDING (FRONT RIGHT)	1	Unconfirm
AIR CLEANER	12	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm
AIR COMPRESSOR	13	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm
AIR CON	14	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm
AIR CON (VAN)	15	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm
AIR COOLER	16	27100101	GRILLE (FRONT)	1	Replace
AIR DISTRIBUTOR	17	27100801	GRILLE EMBLEM (FRONT)	1	Replace
AIR FILTER	18	41300101	SUPPORT PANEL (FRONT)	1	Unconfirm
AIR FLOW	19	27700101	HEAD LAMP (LEFT)	1	Unconfirm
AIR GRILLE	20	27700102	HEAD LAMP (RIGHT)	1	Unconfirm
AIR HORN					
AIR INTAKE					
AIR RESONATOR BOX					
AIR THROTTLE BODY AND SENSOR					
ALARM					
ALTERNATOR					
ALUMINIUM PANEL - SIDE					
AMPLIFIER					
ANTENNA					
ANTI ROLL					

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: SJ9 18872 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: MOD2-RH1

Collection Date: 12/1/18 Time: 12:10 PM with Keys: Yes / No

Tow Truck No: _____ Tow Man: SHAN HUI NRIC: S18305667-1

Signature: _____

For office use

Attended by: Shan Hui

Approved by: [Signature]

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: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Friday, 12 January 2018 10:56 AM
To: Chin
Cc: LKK Paya Ubi
Subject: MT/0977379-001, VEHICLE NUMBER: SJP1887Z

Dear Modern

Please tow this vehicle from Idac and contact owner named driver Mr Daiman Yap at tel; 91789944 when the repair is done, excess waiver and TA.

Dear ALL workshops

As per your awarded letter, all awarded cases has indicated No Supplementary, therefore, we unable to entertain any supplementary after awarded.

Hence all relevant items has to be replaced/ repaired as part of your bid price.

Tks

Our Ref: MT/CA/OD/051/0977379-001/NHJ
12 Jan 2018
MODERN AUTOMOTIVE PTE LTD
BLK 3023A #01-61 UBI ROAD 1
SINGAPORE 408717

Dear Sir

CLAIM NUMBER: MT/0977379-001

REPAIR OF VEHICLE NUMBER: SJP1887Z

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

Award Date: 12 Jan 2018

Make: TOYOTA

Model: CAMRY

Estimated Repair Days: 3

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Transport Allowance and Excess Waiver

Excess Applicable: 0

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

Ng Hak Joo
Claims Executive, Motor Insurance
T +65 6430 7890
www.income.com.sg



Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.