

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MYA118017416

Date In: 4/2/18-12:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002187/D24	SAS e-filing		
Veh No: SLG 51957	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/2/18-18:30	i-Motor Claim Form	MT/0980934	5/2/18 12:48
OD: 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: Property	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	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

NA1800538	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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:-		
	OP*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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	05/02/2018 12:01
Date Of Accident	02/02/2018 18:30
Exact Location Of Accident	ONE@CHANGI CITY DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5195J
Insured/Policyholder	
Name Of Registered Owner	APEX LEASING PTE LTD
Co Reg No	201616961Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64633655

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5082827526-01
Cover Note Number	

Driver

Name of Driver	KWOK WENG YEW CHRISTOPHER
NRIC No	S1404590B
Date Of Birth	23/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1982
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96565226
Fax Number	
Contact Number	OFFICE-96565226
Email Address	NOEMAIL

Address	BLK 426 BUKIT BATOK WEST AVENUE 2 #04-113
Postcode	650426
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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

REFER TO 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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

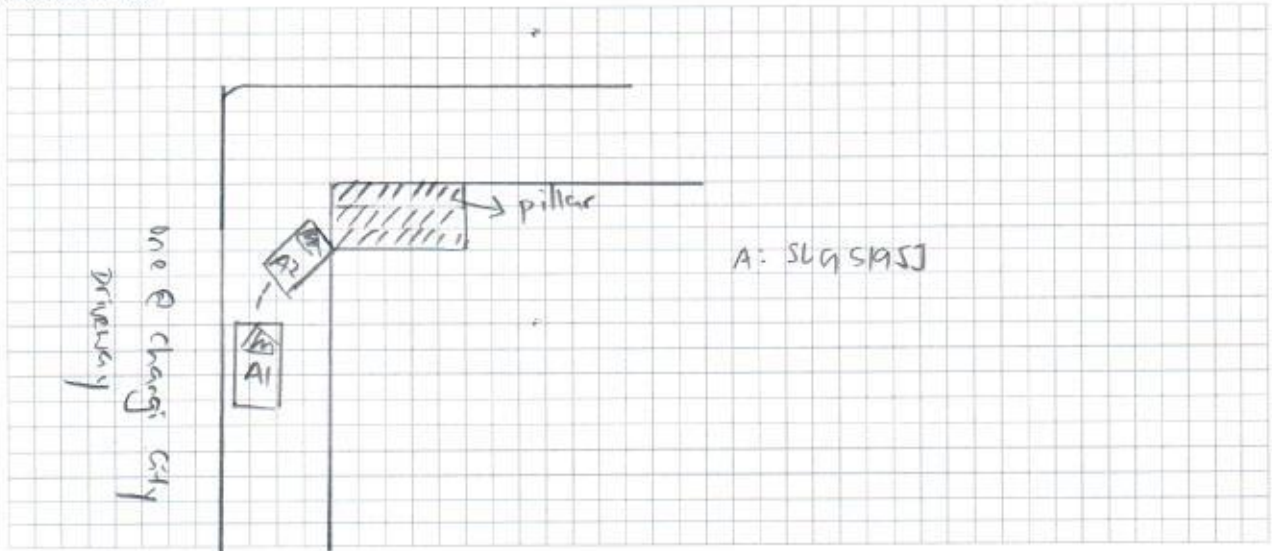


Policyholder's Signature
Date & Time:

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

On stated date and time, after I picked up my passenger I drove off from one @ Changi City. When there was a turning and I accidentally hit onto a pillar.

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 / 2 / 18) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: One @ Changi City Driveway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 5195
 b) INSURANCE COMPANY: NTJC
 c) POLICY NUMBER: 5082827526-DI
 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: Commercial
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? (YES / NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Apex Leasing Pte. Ltd (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 201616902 CONTACT: 64633655
 C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Kwok Weng Yew Christopher (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S14045905 CONTACT: 96565226
 c) ADDRESS: B1k 426 Bukit Batok West Avenue 2 #04-113

*d) DATE OF BIRTH: (23 / 11 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21 / 11 / 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

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: Property 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:

* No of passenger (including d) (3)

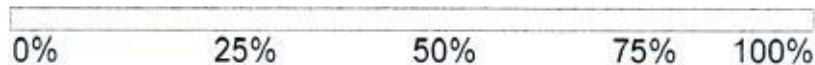
* No of passenger (including d) (0)

* No of passenger (including d) ()

Email = chrisk426@gmail.com

fax = lily@apex-trading.com.sg

Text size + -

**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	SLG5195J		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5X HYBRID A
Chassis No.:	RU31211051	Engine No.:	LEB5911061
Motor No.:	H12313394	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output: 112.0 kW (150 bhp)			
Unladen Weight:	1280 kg	Maximum Laden Weight:	1555 kg
Primary Colour:	Green	Secondary Colour:	-
First Registration Date:	03 Oct 2016	Original Registration Date:	03 Oct 2016
Manufacturing Year:	2016	Open Market Value:	\$25,515.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$5,515.00 (140%)
Actual ARF Paid:	\$5,000.00		

Owner Particulars

Owner Name:	APEX LEASING PTE LTD
Owner ID Type:	Company
Owner ID:	201616961Z
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	61
Registered Street Name:	UBI AVENUE 2
Registered Unit No.:	# 02 - 20
Registered Building Name:	AUTOMOBILE MEGAMART
Registered Postal Code:	408898
COE No. / Expiry Date:	2016100107000393K / 02 Oct 2026
COE Bid Category:	E - Open Category
QP Paid:	\$56,889.00

**Transaction Details**

Business Transaction Ref. No.:	20161003114247156854
Business Transaction Date:	03 Oct 2016
Business Transaction Time:	11:42:47

Message

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1404590B**

Name
**KWOK WENG YEW
CHRISTOPHER**

Birth Date **23 Nov 1960**
Issue Date **21 Oct 2004**

001294889E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1404590B**

Name
**KWOK WENG YEW
CHRISTOPHER**
郭永耀

Race
CHINESE

Date of Birth **23-11-1960** Sex **M**

Country of Birth
SINGAPORE



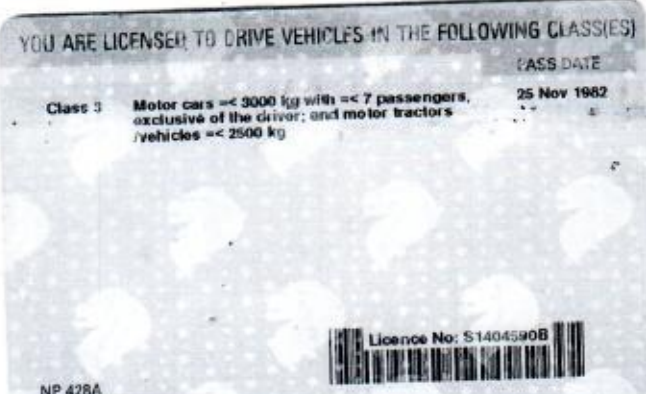

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg**

CLASS DATE
25 Nov 1982

Licence No: **S1404590B**

NP 428A



2022928

NRIC No **S1404590B**

Blood Group **B+** Date of issue **15-05-1994**

Address
**APT BLK 426 BUKIT BATOK WEST AVENUE 2
#04-113
SINGAPORE 2365**






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: 5082827526-01

Cover : drive CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLG5195J |
| Chassis Number | : RU31211051 |
| 2. Name of Policyholder | : APEX LEASING PTE LTD |
| 3. Effective Date of Insurance | : 04 Aug 2017 |
| 4. Expiry Date of Insurance | : 03 Aug 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : KCB AGENCY (00000614904)
 Date of Issue : 02 Aug 2017 12:27 hrs

KCB AGENCY

Co. Reg. No. 53113552C
 200 Jalan Sultan
 #02-36B Textile Centre
 Singapore 189018
 Tel: 6391 3813 Fax: 6391 3810

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

 Authorised Officer

 Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082827526-01	APEX LEASING PTE LTD	201616961Z	GFT	drive CLASSIC	SLG5195J	SLG5195J	04/08/2017	

Policy Information

Policy No.	5082827526-01	Policyholder Name	APEX LEASING PTE LTD	Policyholder NRIC	201616961Z
Address	61 UBI AVENUE 2 #02-20 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/08/2017	Effective Date	04/08/2017 00:00	Expiry Date	03/08/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-20	Related Policy Number	5093501453		

Insured Object: SLG5195J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/12/2017 00:00	Basic Information Endorsement	000001286722030	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ6728Z 27-12-2017 \$848.87 In view of this amendment, an additional premium of \$848.87 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 30 Dec 2017,</p>
		Basic Information		Endorsement Take	

- Exit

Accident MT/0280934

Policy No.	SG62827528-01	Vehicle No.	SL051953	GST Registration No.	
Policyholder Name	APEX LEASING PTE LTD			Policyholder NRIC	2016189612
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	64633655	Contact No. (Home)	0
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	Yes
Accident Details					
Report Date	05/02/2018 12:45	Accident Report Within 24 hrs	Yes	Accident Type	Crashed Into Property
Date of Accident	02/02/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ONE@CHANGI CITY DRIVEWAY				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

17 Policyholder Mailing Address

Address 1	61 LIBI AVENUE 2	Address 2	402-20 AUTOMOBILE MEGAMAF	Address 3	SINGAPORE 408998
Address 4		Address Type	Singapore address	Post Code	408998
Unit No.	02-20	Related Policy Number	S093501453		

☞ Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KWOK WENG YEW CHRISTOPHE	Driver NRIC	S1404590B	Driver DOB	23/11/1960
Register Date of Driver License	25/11/1982	Driver Age	57	Driving Experience	35
Contact No.(Mobile)	96565226	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 426	Address 2	BLKIT BATOK WEST AVENUE 2	Address 3	SINGAPORE 650426
Address 4		Address Type	Singapore address	Post Code	650426
Unit No.	04-113				
Does he own a Singapore Registered car?	<input type="checkbox"/> 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

Claim 001 New

Claim Type *	OD-MD	Insured Name	APEX LEASING PTE LTD	Insured NRIC	2016169612
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	*
Email Address		DI Vehicle Number	SG5195	TP Vehicle Number	PROPERTY
Claim Description	SG5195 / PROPERTY ON 2 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/02/2018 00:00
Date Registered	05/02/2018 12:48	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/090934	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 12:49

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select <input type="button" value="v"/>	<input type="button" value="NO"/> <input type="button" value="v"/>	<input type="button" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select <input type="button" value="v"/>	<input type="button" value="NO"/> <input type="button" value="v"/>	<input type="button" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select <input type="button" value="v"/>	<input type="button" value="NO"/> <input type="button" value="v"/>	<input type="button" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select <input type="button" value="v"/>	<input type="button" value="NO"/> <input type="button" value="v"/>	<input type="button" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select <input type="button" value="v"/>	<input type="button" value="NO"/> <input type="button" value="v"/>	<input type="button" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select <input type="button" value="v"/>	<input type="button" value="NO"/> <input type="button" value="v"/>	<input type="button" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>

☐ Send Message

or Attachment List

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	SAS	Normal	SAS 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:49	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 12:48	Photos	Normal	Photos 2018-2-5		Edit

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

Surveyor:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

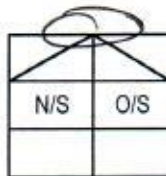
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLG 51955 Yr Regn: 2016 / Oct.Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel Hybrid c.c 1496Colour: Green A/C: Insured / Std / NI / NASp. Reading: 111742 T/Radio: Insured / Std / NI / NAEng/No: LEB 5911061C/No: RU31211051Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 11

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal. 5' mmR/Bal. 5' mmL/Bal. 5' mmL/Bal. 5' mmD.O.A. 02/02/2018D.O.I. 06/02/2018Survey held at IDAC Page UbiDes. of Damages Front Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Lump Sum repair

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Front Portion

1. Front Bumper x 1	Dented R
2. Front Bumper Clip x 1 set ⁼⁶	Necessary R
3. Front Bumper Retainer x 2	Serviceable R
4. Front Bumper Reinforcement x 1	Dented R
5. Front Bumper Lower Grille x 1	Broken R
6. Front Bumper Lower Spoiler x 1	Dented R
7. Front LH Headlamp x 1	Broken R
8. Front LH Headlamp Lower Bracket x 1	Check U
9. Front RH Headlamp x 1	Check U
10. Front RH Headlamp Lower Bracket x 1	Check U
11. Front Grille x 1	Broken R
12. Front Grille Logo x 1	Broken R
13. Front Grille Outer Garnish x 1	Broken R
14. Front Support Panel x 1	Bent R
15. Front Support Panel Garnish x 1	Deformed R
16. Air Condenser x 1	Punctured R
17. Radiator x 1	Bent R
18. Cooling Fan x 1	Check U
19. Air Duct x 1	Check U
20. Front Bonnet x 1	Dented R
21. Front Bonnet Lock x 1	Bent R
22. Front Bonnet Insulator x 1	Crumpled R
23. Front Bonnet Hinge x 2	Bent R
24. Front LH Fender x 1	Repair R
25. Front LH Fender Inner Shield x 1	Deformed R
26. Front RH Fender x 1	Repair R
27. Front RH Fender Wheel Arc Garnish x 1	Mounting Crack R
28. Front Number Plate and Frame x 1	Broken R

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/0980934

Policy No.	5082827526-01	Vehicle No.	SLG5195J	GST Registration No.	
Policyholder Name	APEX LEASING PTE LTD			Policyholder NRIC	201616961Z
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	84633655	Contact No.(Home)	0
Email Address		Special Remark		eCode	710
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	05/02/2018 12:45	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	02/02/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ONE@CHANGI CITY DRIVEWAY				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMAI	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-20	Related Policy Number	5092501453		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/11/1960
Unnamed driver Name	KWOK WENG YEW CHRISTOPHE	Driver NRIC	S1404590B	Driving Experience	35
Register Date of Driver License	25/11/1982	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	96565226	Contact No.(Office)	0	Address 3	SINGAPORE 650426
Address 1	BLK 426	Address 2	BUKIT BATOK WEST AVENUE 2	Post Code	650426
Address 4		Address Type	Singapore address		
Unit No.	04-113				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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

LOS SAL SUB

Claim Type	OD-MD	Insured Name	APEX LEASING PTE LTD	Insured NRIC	201616961Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLG5195J	TP Vehicle Number	PROPERTY
Claim Description	SLG5195J / PROPERTY ON 2 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/02/2018 11:45
Date Registered	05/02/2018 12:53	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	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	HONDA	Vehicle Model	VEZEL	Engine Capacity	1496.00
Date of Registration	03/10/2016	Class No.	RU31211051	Parallel Import *	<input checked="" type="radio"/> Yes <input 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 *	BRYAN		
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

REMARK: NO OF REPAIR DAY: 6 DAYS. 1 X FRT BUMPER LOWER SPOILER - REPLACE. 1 X FRT LH HEADLAMP LOWER BRACKET - UNCONFIRM. 1 X FRT RH HEADLAMP LOWER BRACKET - UNCONFIRM. 1 X FRT GRILLE LOGO - REPLACE. 1 X FRT GRILLE OUTER GARNISH - REPLACE. 1 X AIR DUCT - UNCONFIRM. 1 X NUMBER PLATE AND FRAME - REPLACE.

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	16000101	BUMPER (FRONT)	1	Replace	X
ABS	2	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ABSORBER	3	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
ACCELERATOR	4	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
ACTUATOR	5	27700101	HEAD LAMP (LEFT)	1	Replace	X
ADVERTISEMENT STICKER	6	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	X
AIR BAG	7	27100101	GRILLE (FRONT)	1	Replace	X
AIR BLOWER	8	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR BOX	9	41300201	SUPPORT PANEL GARNISH (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	112023	AIR CON CONDENSER	1	Replace	X
AIR CLEANER	11	344001	RADIATOR	1	Replace	X
AIR COMPRESSOR	12	212001	COOLING FAN	1	Unconfirm	X
AIR CON	13	149001	BONNET	1	Replace	X
AIR CON (VAN)	14	14903401	BONNET LOCK (LOWER)	1	Replace	X
AIR COOLER	15	149029	BONNET INSULATOR	1	Replace	X
AIR DISTRIBUTOR	16	14902201	BONNET HINGE (LEFT)	1	Replace	X
AIR FILTER	17	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AIR FLOW	18	25400102	FENDER (FRONT LEFT)	1	Repair	X
AIR GRILLE	19	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
AIR HORN	20	25400103	FENDER (FRONT RIGHT)	1	Repair	X
AIR INTAKE	21	25401602	FENDER WHEEL ARCH GARNISH (FRONT RIGHT)	1	Replace	X
AIR RESONATOR BOX						
AIR THROTTLE BODY AND SENSOR						
ALARM						
ALTERNATOR						
ALUMINIUM PANEL - SIDE						
AMPLIFIER						
ANTENNA						
ANTI ROLL						
APRON						
ARCH						

Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Wednesday, 7 February 2018 11:01 AM
To: AMKAUTOPOINT
Cc: LKK Paya Ubi; Clarence Richard Anthony
Subject: MT/0980934-001, VEHICLE NUMBER: SLG5195J

Importance: High

Dear Ms Jolle of Autopoint

We spoke, please tow this vehicle from Idac and contact Mr Thomas of Apex Leasing at 82221288 when the repair is done before CNY, OD excess is \$2000/-.

Fyi, we have informed him that your workshop will try your very best before CNY, therefore, we shall waive the survey before repair, however, please arrange survey before paint.

Our Ref: MT/CA/OD/051/0980934-001/NHJ

07 Feb 2018

AMK AUTOPOINT PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A

#01-22 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/0980934-001

REPAIR OF VEHICLE NUMBER: SLG5195J

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

Award Date: 07 Feb 2018

Make: HONDA

Model: VEZEL

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 2000.00

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



Disclaimer

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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: SLG5195J Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Redix Autopoint

Collection Date: 7/2/18 Time: 1200 with Keys: Yes / No

Tow Truck No: No 1337m Tow Man: Jimmy Tay NRIC: S8617501J

Signature: _____

98311494

For office use

Attended by: ROSINDA
07/02/18

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: _____