NATIONAL Assessment Centre Services (ver 1 Jan'00) NA/NA418019643

Date In: 08/02/2018 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1800258/4	SAS e-filing		
Veh No: SGJ 3294	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/02/2018 10:30	I-Motor Claim Form	MT10981734	09/02/2018 16:34
(OD) / TP / Reporting Only	I-Motor W/O (Within OD 2hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (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-Bil 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 INC Hotline: 67888001	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

NA1801630

Invoice Preparation Checklist

	Sales Bill	Unit/Wksp Bill
1) AR: Accident Reporting ($30);		
2) DA: Damage Assessment ($100); INC ($30)		
3) TF: Towing Fee $80/$45		
4) FT: Follow-Through Survey $130		
5) FT: Follow-Through Survey (Resurvey) $30		
For claims pending (INC Only / w.e.f 10 Jun 2005)		
6) TR: Re-inspection $35		
7) N11: Idle DA + SMRT Survey $160		
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpt Allowance $5		
*N6: Repair Co-ordination $10		
*N7: Post Repair Inspection $25		
*N8: DY / Collect Excess Coordination $5		
TP (N11): TP (Non INC) against INC $30		
9) N13: Idne Mobile $10		
Invoice dated: Fee Charged:		
Invoice dated: Fee Charged:		

Damages Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Mngr-In-Charge):

Additional Comments

1. 1:

1. 2 / 3:

MNA418019643- / National Assessment Centre Services - Bukit Merah
ENTRY DATE & ME: 08/02/2018 15:28
SUBMITTED BY: OSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTAN NOTICE

1. Please repo correctly the details of the accident to speed up the claims process.
2. This Form m st be completed by the Policyholder and/or the Authorised Driver.
3. Information p ovided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate poli ability.
4. The issue ar acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false re orting may be referred to the Police for investigation.**
6. This report w be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and t t copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodge ent 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 Rep rt	08/02/2018 15:28
Date Of Acc dent	07/02/2018 10:30
Exact Locat n Of Accident	BLK 425 SERANGOON AVENUE 1 CARPARK
Country/Sta of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Reg tration Number	SLJ329H
Insured/Pol cyholder	
Name Of Re istered Owner	YAP YAN SENG
NRIC No	S0080922E
Email Addre s	WILLIAMYPS9@GMAIL.COM
Mobile Phon No	(LOCAL) +65-90040858
Alternative P one No	OTHERS-90040858
Vehicle Part culars	
Manufacture	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (A)
Exact Purpos for which vehicle was being used at time of accid t	DRIVING GRAB
Are you clain g under your own insurance policy for repair to y ur vehicle?	NO
If No, Please tate action to be taken	REPORTING ONLY
Vehicle Categ ry	PRIVATE HIRE
Insurance C mpany	
Name of Insu nce Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Cove ge	COMPREHENSIVE
Fleet Policy	NO
Policy Numbe	5096341548
Cover Note N nber	
Driver	
Name of Drive	YAP YAN SENG
NRIC No	S0080922E
Date Of Birth	10/09/1950
Occupation	OUTDOOR
Date Of Drivin Pass	30/09/1969
Driving Experi nce	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Numbe	(LOCAL) +65-90040858
Fax Number	
Contact Numb	OTHERS-90040858
EMail Address	WILLIAMYPS9@GMAIL.COM

Address	BLK 15 FARRER PARK ROAD #05-41
Postcode	210015
Was driver n employee of the Insured's Company	NO
If No, Relat nship of the Driver with the Insured	OWNER
Vehicle Re stration Number of Driver's Own Vehicle	- - -
Insurance (mpany of Driver's Own Vehicle	- - -

General In rmation of the Accident

Type Of Ac dent	COLLIDED INTO PROPERTY
Weather C nditions	CLEAR
Road Surfa e	DRY

Other Info nation

Was any fo ign vehicle involved in this accident?	NO
Number of ehicles involved in the accident	1
Was any b ly injured in the Accident?	NO
Was any in red conveyed to hospital by ambulance	NO
Was any ot er material or property damaged?	NO
I have beer approached by unknown person(s) soliciting/of ring accident claims assistance.	NO
Number of assengers (Including Driver)	1

Details of olice Action

Was the ac dent reported to the police?	NO
If Yes,Plea state which Police Station	
Was notice f intended Prosecution given?	NO
If Yes,agair t whom?	

Circumsta ces of Accident

PLEASE R FER TO SKETCH PLAN

Attachmer (s)

Are accider photos available for attachment?	YES
Was there y video captured by Car Camera?	NO
Was there y 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

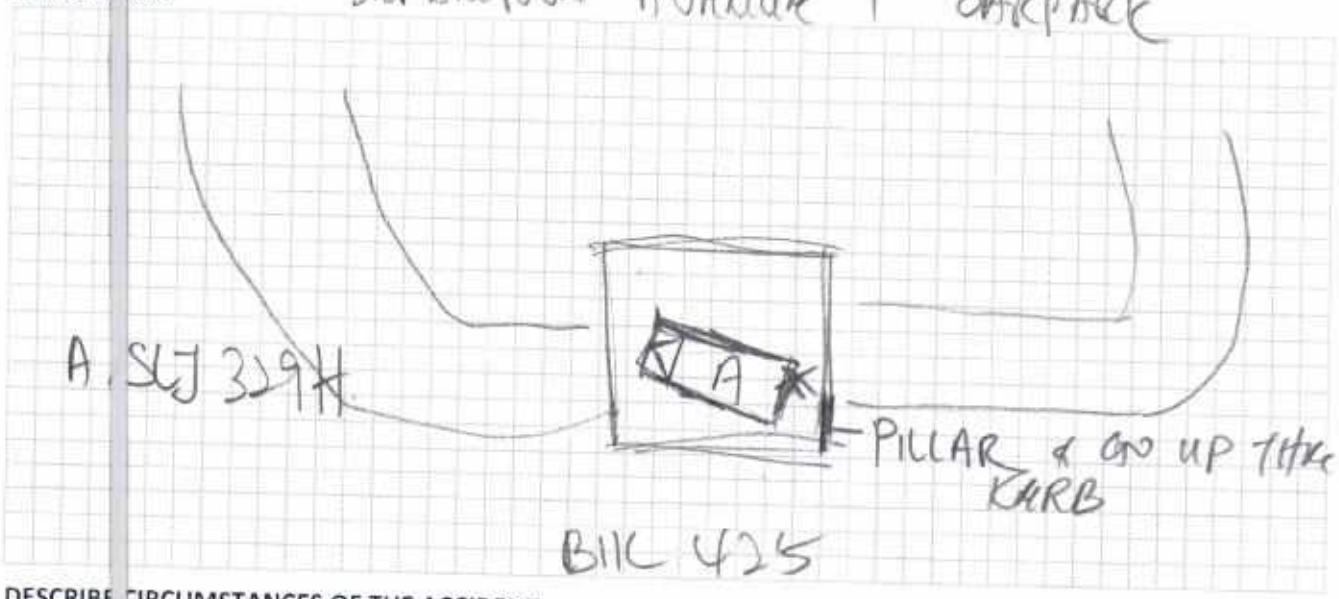
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 12.45 noon
8-2-18

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

08/08/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN SERANGOON AVENUE 1 CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/01/2018 AT 10:30 HRS I WAS AT BLK 425 SERANGOON AVENUE 1 & WANTED TO REVERSE TO PICK UP PASSENGER BUT I ACCIDENTALLY HIT THE PILLAR OF THE SHELTER OF THAT BLOCK.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 2-45 Noon

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

08/01/2018

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

ASSESSMENT SHEET

By Assessor- 1) Nature of Accident:

1) Vehicle hit Vehicle: 2) Vehicle hit by?

a) Motor ( ) a) Pedestrian ( )

b) Mopeds ( ) b) Animal ( )

c) Bicycle ( )

3) Vehicle hit Road Side Objects:

a) Crash Facility ( ) b) Road Work Object ( )
(Bollard, Kerb, Barrier, Lamp 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) While 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 Lighting ( )

3) ABS Lighting ( )

By Assessor- 1) Vehicle Information:

Veh No: SLJ 329H Yr Regn: NOV 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Yard / Prime Mover / Trailer / Truck / Trailer or

Make & Model: MAZDA 3 4 DOOR SEDAN 1.5L

Colour: ~~GREY~~ SILVER Transmission Type: Auto / Manual

Eng/No: P5D0369788 Sp Reading 11300

C/No: JM6BM42A8G0343718

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: 205/60 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

Parallel Import: Yes / (No) Towed-In: Yes / (No)

Repair Type: LS / I.B.J Towing Required: (Yes) / No

No of Repair Days: 4 Vehicle in Idac: (Yes) / No

D.O.: 08/11/2018 Time: 1650

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem bit 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

a) CSO

b) Assr

c) Earliest Appointment Date

Condition (CON)
(1)Replace (✓) (2)Repair(R) (3)Check (C)
(4)Not Consistent (NC)

MOTORCAR (Rear)

Vehicle No: SLT 3294

Rear portion

NAC	INC	Item	CON	AC	Qty
113	993626	Rear Number Plate			
113	993627	Rear Number Plate Base			
113	993630	Rear Number Plate Garnish			
114	993632	Rear Number Plate Lamp			
114	992958	Rear Bumper	DR	✓	
114	993085	Rear Bumper Upper			
114	993017	Rear Bumper Lower			
114	993054	Rear Bumper Side			
114	993103	Rear Bumper Tow Cover	MLS	✓	
114	992341	Rear Bumper Clips	LHC	✓	7
114	992976	Rear Bumper Bracket			
114	993068	Rear Bumper Side Retainer	LHC		2
114	993045	Rear Bumper Reinforcement			
115	992970	Rear Bumper Beam			
115	993077	Rear Bumper Sponge			2
115	992999	Rear Bumper Damper			
115	993040	Rear Bumper Protector			
115	993036	Rear Bumper Pad			
115	993026	Rear Bumper Moulding			
115	993044	Rear Bumper Reflector	LH	BR	✓
115	993023	Rear Bumper Lower Spoiler			
115	994023	Reverse Sensor			4
115	993327	Rear End Panel			
116	993339	Rear End Panel Top Garnish			
116	993333	Rear End Panel Inner Trim			
116	990333	Boot Compartment Inner Trim			
116	993851	Rear LH Taillamp			
116	993853	Rear LH Taillamp Garnish			
116	993859	Rear LH Taillamp Panel			
116	995116	Rear RH Taillamp			
116	993853	Rear RH Taillamp Garnish			
116	993859	Rear RH Taillamp Panel			
116	993554	Rear Apron Panel			
117	992895	Bootlid			
117	991328	Bootlid Emblem			
117	990356	Bootlid Handle			
117	995250	Bootlid Moulding			
117	990376	Bootlid Reflector			
117	995222	Bootlid Lamp LH			
117	992899	Bootlid Lamp RH			
117	995243	Bootlid Lock			
117	990377	Bootlid Rubber			
117	990382	Bootlid Hinge			
118	993877	Bootlid Spoiler			
118	994543	Tailgate			
118	991328	Tailgate Emblem			
118	994643	Tailgate Outer Handle			
118	994640	Tailgate Moulding			
118	994545	Tailgate Garnish			
118	994648	Tailgate Reflector			
118	994549	Tailgate Lamp			
118	994646	Tailgate Protector			
118	994676	Tailgate Wiper Arm			
119	994677	Tailgate Wiper Blade			
119	994679	Tailgate Wiper Nozzle			
119	994555	Tailgate Wiper Motor			
119	994602	Tailgate Glass			
119	994606	Tailgate Glass Rubber			
119	994604	Tailgate Glass Moulding			
119	994607	Tailgate Glass Sealant			
119	994629	Tailgate Lock			
119	994651	Tailgate Rubber			
119	994611	Tailgate Hinge			
120	994594	Tailgate Damper			
120	994613	Tailgate Inner Board			

NAC	INC	Item	CON	AC	Qty
1202	993784	Spare Tyre Board			
1203	994328	Spare Tyre Panel			
1204	995065	Spare Tyre			
1205	994326	Spare Tyre Lock Screw			
1206	993787	Spare Tyre Cover			
1207	995323	Triangle Breakdown Sign			
1208	990507	CD Changer Assy			
1209	990164	Antenna			
1210	990534	Centre Exhaust Pipe Assy			
1211	990532	Centre Exhaust Mounting			
1212	993364	Rear Exhaust Pipe			
1213	993357	Rear Exhaust Chrome Pipe			
1214	993361	Rear Exhaust Mounting			
1215	993358	Rear Exhaust Heat Shield			
1216	995223	Rear LH Chassis Member			
1217	993165	Rear RH Chassis Member			
1218	993436	Rear LH Fender			
1219	993449	Rear LH Fender Protector			
1220	993420	Rear LH Fender Inner Panel			
1221	993431	Rear LH Fender Inner Trim			
1222	993415	Rear LH Fender Inner Garnish			
1223	993425	Rear LH Fender Inner Shield			
1224	993621	Rear LH Mudflap			
1225	993933	Rear LH Wheel Rim			
1226	994025	Rear LH Rim Cover			
1227	995065	Rear LH Tyre			
1228	993456	Rear RH Fender	SCR	?	
1229	993450	Rear RH Fender Protector			
1230	993420	Rear RH Fender Inner Panel			
1231	993431	Rear RH Fender Inner Trim			
1232	993415	Rear RH Fender Inner Garnish			
1233	993425	Rear RH Fender Inner Shield			
1234	993622	Rear RH Mudflap			
1235	993934	Rear RH Wheel Rim	CUT		1
1236	994025	Rear RH Rim Cover			
1237	995065	Rear RH Tyre	CUT		1
1238	995162	Rear Fender Extension Panel LH			
1239	993401	Rear Fender Extension Panel RH			
1240	993430	Rear Fender Inner Top Garnish			
1241	993673	Rear Fender 1/4 Glass			
1242	993452	Rear Fender 1/4 Glass Rubber			
1243	993453	Rear Fender 1/4 Glass Sealant			
1244	993949	Rear Windscreen Glass			
1245	993976	Rear Windscreen Rubber			
1246	993961	Rear Windscreen Moulding			
1247	993955	Rear Windscreen Sealant			
1248	994729	Third Brake Light			
1249	993385	Rear Fender Air Grille			
1250	992167	Fuel Lid			
1251	992168	Fuel Neck			
1252	992179	Fuel Tank			
1253	992184	Fuel Tank Bracket			
1254	992191	Fuel Tank Float			
9J1356	990247	Sticker			
		REAR R/H DOOR	SCR	?	

No of Items: _____ Assessor: _____

Claim Handling

Accident MT/0981734

Policy No.	5096341548	Vehicle No.	SLJ329H	GST Registration No.	
Policyholder Name	YAP YAN SENG			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	90040858	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	09/02/2018 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pro
Date of Accident	07/02/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Center		Orange Force		ICM No.	
Accident Location	BLK 425 SERANGOON AVENUE 1 CARPARK				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 15 #05-41	Address 2	FARRER PARK ROAD	Address 3	
Address 4	SINGAPORE 210015	Address Type	Singapore address	Post Code	
Unit No.	05-41	Related Policy Number	5096341548		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YAP YAN SENG	Driver NRIC	S0080922E	Driver DOB	
Register Date of Driver License	30/09/1909	Driver Age	67	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 15 #05-41	Address 2	FARRER PARK ROAD	Address 3	
Address 4	SINGAPORE 210015	Address Type	Singapore address	Post Code	
Unit No.	05-41				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLJ329H	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	YAP YAN SENG	Insured NRIC	
Contact No.(Mobile)	90040858	Contact No.(Home)		Contact No.(Office)	
Email Address	toniyps18@gmail.com	OI Vehicle Number	SLJ329H	TP Vehicle Number	
Claim Description	SLJ329H / - ON 7 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Income to assign workshop	GIA report	
Date Registered	09/02/2018 16:32	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0981734	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	09/02/2018 16:34			
Path *				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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Feb 2018 16:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Feb 2018 16:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Feb 2018 16:34	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Feb 2018 16:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Feb 2018 16:31	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Feb 2018 16:31	SAS	Normal	SAS


Video
Uploaded By/Date
Folder Date
File Name
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Display in New Window
Scan and uploading

Claim Handling

+ Task Transfer + Exit

Accident T/0981734

Policy No.	5096341548	Vehicle No.	SLJ329H	GST Registration No.	
Policyholder Name	YAP YAN SENG			Policyholder NRIC	S0080922E
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90040858	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	09/02/2018 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	07/02/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 425 SERANGOON AVENUE 1 CARPARK				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 15 #05-41	Address 2	FARRER PARK ROAD	Address 3	FARRER PARK VIEW
Address 4	SINGAPORE 210015	Address Type	Singapore address	Post Code	210015
Unit No.	05-41	Related Policy Number	5096341548		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	YAP YAN SENG	Driver NRIC	S0080922E	Driver DOB	10/09/1950
Register Date of Driver License	30/09/1969	Driver Age	67	Driving Experience	48
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 15 #05-41	Address 2	FARRER PARK ROAD	Address 3	FARRER PARK VIEW
Address 4	SINGAPORE 210015	Address Type	Singapore address	Post Code	210015
Unit No.	05-41				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLJ329H	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
Modification History			

Investigation

Claim 001 OD-MD

Claim Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	YAP YAN SENG	Insured NRIC	S0080922E
Contact No.(Mobile)	90040858	Contact No.(Home)		Contact No.(Office)	
Email Address	tonyps18@gmail.com	OI Vehicle Number	SLJ329H	TP Vehicle Number	
Claim Description	SLJ329H / - ON 7 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	GIA report	Received
Date Registered	09/02/2018 17:19	Claim Close Date		Date Received	09/02/2018 16:
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	MAZDA	Vehicle Model	OTHERS	Engine Capcity	1.5
Date of Registration	25/11/2016	Classis No.	JM6BM42A8G0343718		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Parallel Import *	Yes No
Type of Tend *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workst Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labo Cost		Total Loss *	Yes No		
Market Valu ($)		Scrape Value($)		Economical Repair Value($)	
Remark	1)REAR END PAEL-UNCONFIRM(REAR R/R FENDER AND DOOR IS NOT WITH THE ACCIDENT BUT THE OWNER WANTED TO INCLUDE WITH THE REPAIR THANKS.				

Damag Listing

Find a Part

- root
  - Not pplicable
  - ABS
  - ABS BER
  - ACC ERATOR
  - ACT TOR
  - ADV TISEMENT STICKER
  - AIR G
  - AIR OWER
  - AIR X
  - AIR AMBER BOX
  - AIR EANER
  - AIR MPRESSOR
  - AIR N
  - AIR N (VAN)

No.	Part No.	Description	Qty *	Repair Code
1	16000102	BUMPER (REAR)	1	Replace
2	16001303	BUMPER BRACKET (REAR LEFT)	1	Unconfirm
3	16001304	BUMPER BRACKET (REAR RIGHT)	1	Unconfirm
4	16002402	BUMPER CLIPS (REAR)	1	Replace
5	16004904	BUMPER REFLECTOR (REAR RIGHT)	1	Replace
6	16005002	BUMPER REINFORCEMENT (REAR)	1	Unconfirm
7	160053	BUMPER REVERSE SENSOR	1	Unconfirm
8	16006702	BUMPER TOWING COVER (REAR)	1	Replace
9	16005103	BUMPER RETAINER (REAR LEFT)	1	Replace
10	16005104	BUMPER RETAINER (REAR RIGHT)	1	Replace

Save Submit

(1)

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 2018) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: BK 425 Serangoon AVE 1 CARPARK.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: ~~SLJ~~ SLJ 3291 A
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Mazda 3
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: 10.30 am Crab
   I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

NO passenger

2. INSURED / POLICY HOLDER
   A) NAME: As above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: YAP YAN SENG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 0080922E CONTACT: 90040858
   c) ADDRESS: APT 15 Ferrer Park Road #05-41
   *d) DATE OF BIRTH: (10 / 4 / 1950) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 30-9-1969

No of passenger (Including driver) ( )

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: PILLAR MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (Including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: NA MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (Including driver) ( )

email - Williamyps9@gmail.com

fax =

VIDEO

REPUBLIC F SINGAPORE

IDENTITY CARD NO. S0080922E

Name

YAP YAN SENG

葉 廷 勝

Race

CHINESE

Date of birth

10-09-1950

Sex

M

Country of birth

SINGAPORE

3467993

NRIC No. S0080922E

Date of issue

19-01-2004

APT BLK 15 FA ER PARK ROAD #05-41
SINGAPORE 21 15

NRIC No: S008 922E Date: 22-12-2006 No: 3467493

income
made different

Certificate of Insurance

MOTO VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTO VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5096341548 **Cover** : Comprehensive

1. Inde mark and Registration Number of Vehicle : SLJ329H
   Cha is Number : JM6BM42A8G0343718
2. Nam of Policyholder : YAP YAN SENG
3. Effe ve Date of Insurance : 30 Nov 2017
4. Expi Date of Insurance : 29 Nov 2018
5. Pers s or Classes of Persons entitled to drive#
   (a) e Policyholder.
   (b) y other person who is driving on the Policyholder's order or with his/her permission
   ovided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive e Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any actment or regulation in that behalf from driving the Motor Vehicle.
6. Limit ions as to Use#
   (a) U e for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
   (b) U e for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Polic does not cover
   (a) U for racing, pace-making, reliability trial or speed-testing.
   (b) U whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

   # Li tations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Ac (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these he dings.

EXCESS (SE TION 1)	: S$2,000
EXCESS (SE TION 2)	: S$2,000
WINDSCRE N EXCESS	: S$100
INSURE WI H COE	: YES
HIRE PURC ASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSUR D	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereb Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Th d Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GRABCAR PTE. LTD. (000006017Z6)
Date of Issu : 29 Nov 2017 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigne By:

Authorised Officer

Chief Executive

rsbm

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Monday, 12 February, 2018 12:01 PM
To: LKK Bukit Merah (rsbm@lkkauto.com)
Cc: Zuraimee Bin Mantau
Subject: Vehicle SLJ329H, OD Claim No: MT/0981734-001, DOA: 07/02/2018 (Withdraw claim)

Importance High

Dear NAC Bukit Merah

Refer to the above vehicle OD claim.

The owner, Mr Yap Yan Seng @ 90040858, has been advised to go to your center to withdraw the claim due to the repair cost below the OD excess applicable.

Please help to update once the Addendum is done.

Thank you

Zuraimee Bin Mantau
Senior Executive, Motor Insurance
T +65 6430 7[illegible]91
www.income.com.sg

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA4180196F3 Vehicle Registration No: SCJ 329H

Name (as shown in NRIC) : YAP YONG SENG NRIC/FIN/Passport No : S0080922E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 90068858

Email Address : _____

Date of Accident : 07/03/2018 Time of Accident : 10:30

Place of Accident : BLK 625 SEMBAWANG AVENUE / CARPARK

Insurance Company : MTC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

CHANGE FROM D/D TO PROPRIETOR ONLY

The behind.

Policyholder / Driver's Signature
Date 13-3-18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 13/03/2018