

# NATIONAL Assessment Centre Services

(Ref: 1-22-795)

Date In	10/02/2018 17:03	Job description	Date & Time Completed	Done by
Ref No	NA/INC 18002737/K4	SAS e-filing		
Veh No	GZ 9564K	E-mail (within 8hrs, A/C 2hrs)		
DOA	09/02/2018 12:30	i-Motor Claim Form	MT/0981870	12/2/18 10:00
OD	TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by	Fax / Hand to Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: GQ8154P	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
12/2/18 10:15AM	Spoken to Mr Clarence (NTUC) and he told that we have to key in the Damage Assessment and sent to him by Email.
12/2/18	and I have told me that the Vehicle is at Modern Motor and I have told me that the Vehicle is at Modern Motor.
	Send Email to Mr. Clarence of the outcome?

NA1801978

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	10/02/2018 17:03
Date Of Accident	09/02/2018 12:30
Exact Location Of Accident	KAKI BUKIT ROAD 4 (LAMP POST NUMBER 2)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9564K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LSJ INDUSTRIAL TRADING PTE LTD
Co Reg No	200410286G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97356249
Alternative Phone No	OFFICE-97356249

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095940770
Cover Note Number	

### Driver

Name of Driver	LIM YONG CHYE
NRIC No	S1401356C
Date Of Birth	29/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97356249
Fax Number	
Contact Number	OTHERS-97356249
Email Address	NOEMAIL

Address	BLK 451 TAMPINES ST 42 #09-226
Postcode	520451
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180209/2157

#### 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	GQ8154P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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)



Reported on 10/2/2018  
@ 10:15 AM.

## ACCIDENT STATEMENT

ACCIDENT DATE: 09/02/2018 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: Kaki Bukit Road 4 (Lamp Post number 2)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ9564K  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

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

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passenger  
(including driver)  
(1)

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97356249  
c) ADDRESS: \_\_\_\_\_ (8520451)

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: GQ 8154P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( )

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
( )

Vehicle with  
Put in  
Modern  
Motor

Vehicle they drive  
back?

Email =

Fax =

Waiting for Company Chop?

## 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:

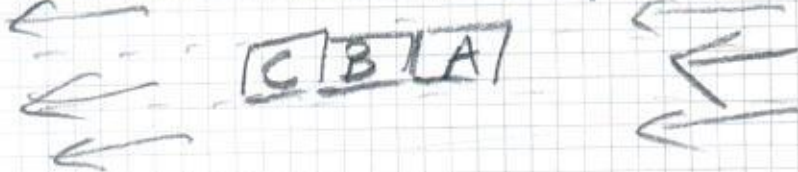
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: 10/2/2018  
NRIC/FIN No.:



SKETCH PLAN

Along Road 1 Travelling Toward Road 2  
Kaki Bukit Road 4



Lamp Post Number 2

A - G29564K  
B - GQ8154P  
C - Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Police Report  
T/20180209/2157

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.:



# SINGAPORE POLICE FORCE



T/20180209/2157

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180209/2157

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/02/2018 18:27	Vide Report No.: G/20180209/0105	Station Diary No.: 130
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**Informant's Particulars**

Name of Informant: LIM YONG CHYE			Address: APT BLK 451 TAMPINES STREET 42 #09-226 SINGAPORE 520451		
ID Type / ID No.: NRIC NO / S1401356C			Contact No.: Home/Office: Mobile: 97356249		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 29/07/1960	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Delivery driver			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KAKI BUKIT ROAD 4				
Lamp Post Number: 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GQ8154P	Van				Slightly Damaged	0
GZ9564K	Lorry				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180209/2157

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20180209/2157

**CONTINUATION OF REPORT**

Driver			
Name	LIM YONG CHYE	ID No.	S1401356C
Related Vehicle	GZ9564K (Lorry)	Contact No.	97356249
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/02/2018 at about 1230hrs, I was driving my company vehicle along Kaki Bukit Road 4 towards Bedok reservoir Rd. At that point of time, I could not stop in time and hit the van GQ8154P which is stationary stopped. The traffic police came vide G/20180209/0105. The driver of the vehicle GQ8154P was treated by the paramedics.



**SINGAPORE  
POLICE FORCE**



T/20180209/2157

3 of 3

Report No. T/20180209/2157

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 HIRMAN BIN ABDULL AZIZ

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
09/02/2018 18:27

Classification Of Case:

SIGNATURE



## Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	GZ9564K
Vehicle Type :	A50 - Goods (Closed) Van/Van Panel (Delivery)
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	DYNA 150 MANUAL
Chassis No. :	JTFAT35Y503000125
Propellant :	Diesel
Engine No. :	1KD1528729
Engine Capacity :	2982 cc
Maximum Power Output :	-
Maximum Laden Weight :	3500 kg
Unladen Weight :	2060 kg
Year Of Manufacture :	2006
Original Registration Date :	30 Nov 2006
Lifespan Expiry Date :	29 Nov 2026
COE Category :	C - Goods Vehicle & Bus
PQP Paid :	\$24,191.00
COE Expiry Date :	29 Nov 2021
Road Tax Expiry Date :	29 May 2018
Inspection Due Date :	29 May 2018

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1401356C





Name  
**LIM YONG CHYE**


Race  
**CHINESE**


Date of Birth  
**29-07-1960**

Sex  
**M**

Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE  
DRIVING LICENCE






Licence Number  
**S1401356C**

Name  
**LIM YONG CHYE**

Birth Date  
**29 Jul 1960**

Issue Date  
**13 Jan 2003**







1521030

NRC No. **S1401356C**

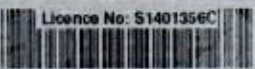
Blood Group  
**AB+**

Date of issue  
**17-12-1993**

Address  
**APT BLK 451 TAMPINES STREET 42  
#09-226  
SINGAPORE 1852**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Jan 1991
Class 2A	Motorcycles between 201 cc and 400 cc	30 Jan 1991
Class 2	Motorcycles exceeding 400 cc	05 Oct 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jan 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	27 Jun 1997



NP 426A



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

09/02/2018 12:30

Vehicle No.(For Motor)

GZ9564K

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095940770	LSJ INDUSTRIAL TRADING PTE LTD	200410286G	GCV	Comprehensive	GZ9564K	GZ9564K	30/11/2017	29/11/2018

Continue

## ▼ Policy Information

Policy No.	5095940770	Policyholder Name	LSJ INDUSTRIAL TRADING PTE I	Policyholder NRIC	200410286G
Address	65 UBI CRESCENT #05-08 HOLA CENTRE SINGAPORE 408559				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/11/2017	Effective Date	30/11/2017 00:00	Expiry Date	29/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	65 UBI CRESCENT	Address 2	#05-08 HOLA CENTRE	Address 3	SINGAPORE 408559
Address 4		Address Type	Singapore address	Post Code	408559
Unit No.		Related Policy Number	5095940770		

## ▶ Insured Object: GZ9564K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

## Accident MT/0981870

Policy No.	5095940770	Vehicle No.	GZ9564K	GST Registration No.	200-
Policyholder Name	LSJ INDUSTRIAL TRADING PTE LTD			Policyholder NRIC	200-
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97356249	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	12/02/2018 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	09/02/2018	Time of Accident hh:mm	12:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT ROAD 4 (LAMP POST NUMBER 2)				

## ▼ Benefits

## ▼ Excess

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

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	200410286G	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	65 UBI CRESCENT	Address 2	#05-08 HOLA CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.		Related Policy Number	5095940770		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM YONG CHYE	Driver NRIC	S1401356C	Driver DOB	29/01/1982
Register Date of Driver License	22/01/1982	Driver Age	57	Driving Experience	36
Contact No.(Mobile)	97356249	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 451	Address 2	TAMPINES STREET 42	Address 3	
Address 4		Address Type	Singapore address	Post Code	5201
Unit No.	#09-226				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	LSJ INDUSTRIAL TRADING PTE LTD	Insured NRIC	200-
Contact No.(Mobile)	93859966	Contact No.(Home)		Contact No.(Office)	6741
Email Address		OI Vehicle Number	GZ9564K	TP Vehicle Number	GQ8
Claim Description	GZ9564K / GQ8154P ON 9 Feb 2018			Name of Preferred Workshop	MOD
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	12/02/2018 10:08	Claim Close Date		Date Received	12/02
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save

Submit

## Attachment

Accident No.

MT/0981870

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/02/2018 10:00

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:08	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:01	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 10:00	Photos	Normal	Photos 20:

## Video List

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



## LKK Paya Ubi

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**From:** Clarence Richard Anthony <clarence.anthony@income.com.sg>  
**Sent:** Monday, 12 February 2018 3:13 PM  
**To:** LKK Paya Ubi; Chin (chin@modernautomotive.com.sg)  
**Cc:** Theresa Vimala  
**Subject:** GZ9564K / CLAIM NO : MT/0981870-001 / OD/

Hi Mr. Krishna – Modern Auto will key the damage listing for this vehicle. Please bill us for the reporting fee only.

Hi Ms. Chin – I have triggered the case file to you. Please key the DA.

Hi Theresa – pls take note.

Regards

**Clarence Anthony**  
Manager  
Motor Insurance  
T +65 6430 7877  
[www.income.com.sg](http://www.income.com.sg)



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## LKK Paya Ubi

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**From:** LKK Paya Ubi <rspu@lkkauto.com>  
**Sent:** Monday, 12 February 2018 2:55 PM  
**To:** 'Clarence Richard Anthony'  
**Subject:** REGARDING VEHICLE NO : GZ9564K / CLAIM NO : MT/0981870 / OD/  
**Attachments:** GZ9564K\_09022018.PDF; GZ9564K-IC-222.jpg

Hi

VEHICLE NO : GZ9564K / CLAIM NO : MT/0981870 / OD / THE DAMAGE ASSSSMENT WILL BE DONE BY MODERN MOTOR AND THE VEHICLE IS NOT AT IDAC .  
MAY KNOW IF YOU CAN PLS FOLLOWUP WITH THE OUTCOME .

Thank You,

Krishnasamy (Admin)

NATIONAL ASSESSMENT CENTRE SERVICES  
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,  
Singapore 408933 Tel: 68410055 Fax : 68416315



## LKK Paya Ubi

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**From:** Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>  
**Sent:** Wednesday, 14 February 2018 10:29 AM  
**To:** Modern Automotive (admin@modernautomotive.com.sg)  
**Cc:** 'LKK Paya Ubi'; Zuraimee Bin Mantau  
**Subject:** Vehicle GZ9564K, OD Claim No: MT/0981870-001, DOA: 09/02/2018

Dear Modern Automotive

OD Excess \$600 apply.

Please proceed at the agreed repair cost of \$2800/- and help update owner on the repair status.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.  
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/0981870-001/ZBM

14 Feb 2018

MODERN AUTOMOTIVE (UBI)

3023A #01-61 UBI ROAD 1

SINGAPORE 408717

Dear Sir

**CLAIM NUMBER: MT/0981870-001**

**REPAIR OF VEHICLE NUMBER: GZ9564K**

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

Award Date: 14 Feb 2018

Make: TOYOTA

Model: DYNA 150

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Thank you

**Zuraimee Bin Mantau**  
Senior Executive, Motor Insurance  
T +65 6430 7891  
[www.income.com.sg](http://www.income.com.sg)



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