

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|--|---|-----------------------|---------|
| Date In: 24/02/08 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18003070/K03 | SAS e-filing | | |
| Veh No: SLA39935 | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 20/02/08 | i-Motor Claim Form | MT/0983122 | |
| <input checked="" type="radio"/> TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand</u> to Owner/Wksp | | |

| | | | |
|--|-------------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SJS2896A | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|--|----------------------|----------------------|
| NA1801061 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | <u>For claiming against INC Only (wef 10 Jan 2005)</u> | | |
| Cat 1: | 6) TR : Re-inspection \$75 | | |
| Cat 2/3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | <u>OD*</u> | | |
| | *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 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 | 21/02/2018 09:07 |
| Date Of Accident | 20/02/2018 09:00 |
| Exact Location Of Accident | JUNC OF JALAN BAHAR & NANYANG AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA3993S |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN KIM YAN |
| NRIC No | S7013993F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93893068 |
| Alternative Phone No | OFFICE-98008965 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5087576346 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ONG HUAN JIE,KENNETH |
| NRIC No | S9430997B |
| Date Of Birth | 01/09/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/07/2013 |
| Driving Experience | 4 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98008965 |
| Fax Number | |
| Contact Number | |
| E Mail Address | KENNETHOHJ94@GMAIL.COM |

| | |
|---|------------------------|
| Address | 145 LOYANG BESAR CLOSE |
| Postcode | 509038 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180220/2053

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 | SJS2896A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MUHAMMAD AIDIL BIN RAHIM |
| NRIC/Passport Number | S9110359A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

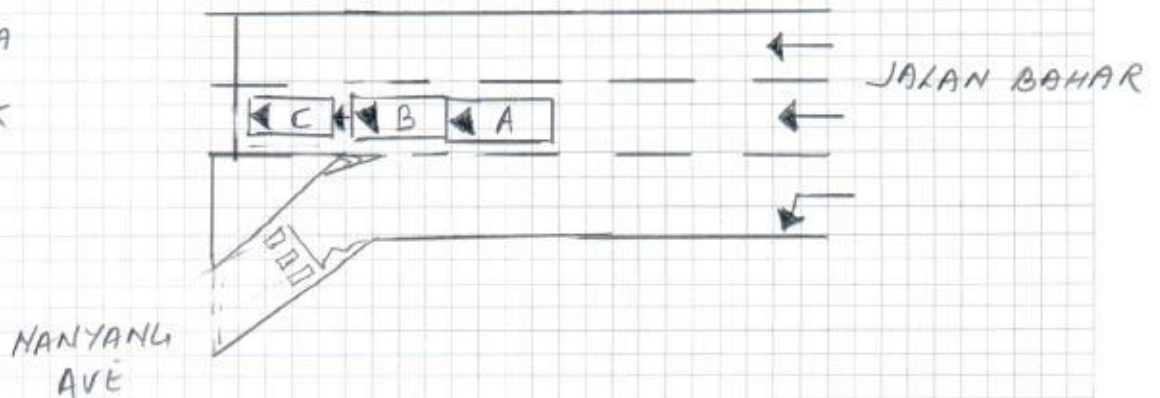
| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | YP3753K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SANGAYA MURUGESAN |
| NRIC/Passport Number | G7395367M |
| Contact Number | 96737357 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

A - SLA 39935

B - SJS 2896A

C - YP 3753K




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

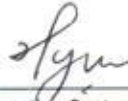
Pls refer to the police report: T/20180220/2053

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: 20/02/18
1430

 21/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

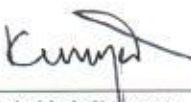
SKETCH PLAN


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: 20/02/2018
1430


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/02/2018
1430

 20/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180220/2053

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180220/2053

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 20/02/2018 12:34 | Vide Report No.: J/20180220/0090 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: ONG HUAN JIE, KENNETH | | | Address: 145 LOYANG BESAR CLOSE WATERCREST SINGAPORE 509038 | |
| ID Type / ID No.: NRIC NO / S9430997B | | | Contact No.: Home/Office: | Mobile: 98008965 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 23 | Date of Birth: 01/09/1994 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Singapore Armed Forces personnel | | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| General Information of the Accident | | | | |
|---|------------------------------|---|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 20/02/2018 09:00 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 JALAN BAHAR NANYANG AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|----------------------|-----------------|
| SJS2896A | Car | | | | Seriously Damaged | 0 |
| SLA3993S | Car | | | | Slightly Damaged | 0 |
| YP3753K | Lorry | | | | Slightly Damaged | 0 |



SINGAPORE POLICE FORCE



T/20180220/2053

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180220/2053

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MUHAMMAD AIDIL BIN RAHIM | ID No. | S9110359A |
| Related Vehicle | SJS2896A (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ONG HUAN JIE, KENNETH | ID No. | S9430997B |
| Related Vehicle | SLA3993S (Car) | Contact No. | 98008965 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | SANGAYA MURUGESAN | ID No. | G7395367M |
| Related Vehicle | YP3753K (Lorry) | Contact No. | 96737357 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

At 9am, along Jalan Bahar junction, traffic light turned amber. All 3 vehicles applied brakes rapidly, but due to insufficient separation I rear ended the vehicle in front. afterwards we got out of our vehicles and someone called for ambulance and police. police arrived at the scene followed by ambulance. the driver of the car mentioned above was conveyed and then I was advised by the police officers to contact io rizwan, contact no: 65476185



**SINGAPORE
POLICE FORCE**



T/20180220/2053

3 of 4

Report No. T/20180220/2053

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

that's all.



**SINGAPORE
POLICE FORCE**



T/20180220/2053

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20180220/2053

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:
TP /
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/02/2018 12:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

65476185

1st 0 2 20

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 02 / 2018) (DD/MM/YYYY), TIME: (14 : 05) (HH:MM)

LOCATION: Jalan Bahar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 39935
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087576346
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA VEZEL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTE
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: TAN KIM YAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7013993P CONTACT: 9389068
c) ADDRESS: 145 Loyang Besar Close, Waterfront, S509038

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ~~K~~ ONG HUAN JIE, KENNETH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9430997B CONTACT: 98008965
c) ADDRESS: 145 Loyang Besar Close, Waterfront, S509038

* d) DATE OF BIRTH: (01 / 09 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4y 7m

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

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: TP Paya Lebar

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ52896A MODEL: HONDA CIVIC
b) DRIVER'S NAME: MUHAMMAD AIDIL BIN RAHIM
c) NRIC/FIN/PASSPORT: S9110359A CONTACT: 96262233

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: YP 3753K MODEL:
e) DRIVER'S NAME: SAN GAYA MURUGAN
f) NRIC/FIN/PASSPORT: G7395367M CONTACT:

* No of passenger
(Including driver)
(0) 1

* No of passenger
(Including driver)
? ()

* No of passenger
(Including driver)
? ()

20/02/18

Email = ~~Kennethohj@gmail.com~~ Kennethohj94@gmail.com
Fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9430997B**
 Name **ONG HUAN JIE, KENNETH**
 Birth Date **01 Sep 1994**
 Issue Date **18 Jul 2013**

002203996E



SINGAPORE ARMED FORCES IDENTITY CARD



Name
ONG HUAN JIE, KENNETH

NRIC No
S9430997B



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

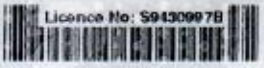
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg **18 Jul 2013**

NP 428A

Licence No: **S9430997B**



00000050240321

NRIC No / Colour
S9430997B / PINK

Race
CHINESE

Blood Group
B (+)

Sex
M

Date Of Birth
01/09/1994

Country Of Birth
SINGAPORE

Service Status
REGULAR

Military Rank Status
OFFICER

Address
**145 LOYANG BESAR CLOSE
 SINGAPORE 509038**



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

20/02/2018 09:00

Vehicle No. (For Motor)

SLA3993S

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5087576346 | TAN KIM YAN | S7013993F | GPC | drivo CLASSIC | SLA3993S | SLA3993S | 24/02/2017 | 23/02/2018 |



AUTOSWIFT RECOVERY PTE LTD

TOW JOB WORK ORDERGST Reg No. : 19-9806389-N
Co. Reg No. : 199806389N

Contract :

NTUC

W/Order No. : T 143831

PART A: JOB DETAILS

Service Date 20.02.18 Time Received 1010
Member / Customer's Name RIDER IGNITUS Time Arrived 1055
Membership / NRIC No. Time Completed
Contact No. 86663034 Total Mileage
Vehicle Registration No. SLA 3993S Car Make / Model HONDA VEZEL
Breakdown Location SUN BAHAR JUNG Towed Destination NAC PAYA UBI
NANYANG AVE

| NORMAL TOWING | ADDITIONAL SERVICES |
|--|---|
| <input checked="" type="checkbox"/> Straight Towing | <input type="checkbox"/> Multi-Storey / Basement Car Park |
| <input type="checkbox"/> Straight Towing with King Dolley | <input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link |
| <input type="checkbox"/> Flat Bed / Car Carrier | <input checked="" type="checkbox"/> Accident Towing |
| <input type="checkbox"/> Flat Bed / Car Carrier with King Dolley | <input type="checkbox"/> Car Ditched / Winched Up / Crane Up |
| <input type="checkbox"/> Heavy Goods Vehicle (Class 5 Towing) | <input type="checkbox"/> Dismantle Shaft / Release Brakes |

| SURCHARGES / OTHERS | ROADSIDE SERVICES |
|--|---|
| <input type="checkbox"/> Sunday / Public Holiday Towing (full day) | <input type="checkbox"/> Jump Start |
| <input type="checkbox"/> Midnight Towing (2400hrs to 0700hrs) | <input type="checkbox"/> Tyre Replacement |
| <input type="checkbox"/> Call Cancelled / Car Missing | <input type="checkbox"/> Patch Tyre Service |
| <input type="checkbox"/> Standby / Waiting Time | <input type="checkbox"/> Repair Tyre & Returned |
| Duration : _____ | <input type="checkbox"/> Battery Replacement |
| <input type="checkbox"/> AA Membership Enrolment / AA Renewal | Battery Receipt No: _____ |

REMARKS / COMMENTS BY TOW CREW

66 IN 2075B
Tow Crew ID / Signature Truck No. Operation Officer's Signature

PART B: MEMBER / CUSTOMER ACKNOWLEDGEMENT

- I authorise AutoSwift Recovery Pte Ltd to tow my vehicle to the above-mentioned workshop of my choice.
- I have been advised to remove all valuables (handphone, laptop, parking coupons, cash cards etc) from the vehicle.
- I understand that items left behind are at my own risk and that AutoSwift Recovery Pte Ltd will not be held responsible for any losses.
- I accept that there may be damages to my vehicle arising from the towing operation and I will not hold AutoSwift Recovery liable for the damages.

5. Remarks : _____

Member / Customer Signature

Date

PART C: WORKSHOP / AGENT DECLARATION

- I hereby represent the company receiving the above mentioned vehicle.
- AutoSwift Recovery Pte Ltd will not be held responsible for any damages or loss of valuables discovered while the vehicle is in our possession.

3. Remarks : _____

Workshop's Representative Signature

Workshop's Stamp

Date

CUSTOMER COPY

Swift and Safe

AutoSwift Recovery Pte Ltd

(A wholly-owned subsidiary of AA Singapore)

Head Office: 535 Kallang Bahru #02-08 GB Point Singapore 339351 Office: 6333 8811 Fax: 6733 5094

Branch Office: 10 Kallang Way Singapore 349215 24 Hours Hotline: 6844 3611 Office: 6389 4261 Fax: 6473 4996

Claim Handling

Accident MT/0983122

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----|
| Policy No. | 5087576346 | Vehicle No. | SLA3993S | GST Registration No. | |
| Policyholder Name | TAN KIM YAN | | | Policyholder NRIC | S70 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 93893068 | 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(%) | 40 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|------|
| Report Date | 21/02/2018 18:26 | Accident Report Within 24 hrs | Yes | Accident Type | Chai |
| Date of Accident | 20/02/2018 | Time of Accident hh:mm | 09:00 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNC OF JALAN BAHAR & NANYANG AVE | | | | |

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-------------------|-----------|------|
| Address 1 | 145 LOYANG BESAR CLOSE | Address 2 | WATERCREST | Address 3 | SINI |
| Address 4 | | Address Type | Singapore address | Post Code | 509H |
| Unit No. | | Related Policy Number | 5087576346-01 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name | ONG HUAN JIE, KENNETH | Driver Type | Named Driver | Driver DOB | 01/C |
| Unnamed driver Name | | Driver NRIC | S9430997B | Driving Experience | 5 |
| Register Date of Driver License | 01/01/2013 | Driver Age | 23 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 98008965 | Contact No.(Office) | 0 | Address 3 | SINI |
| Address 1 | 145 LOYANG BESAR CLOSE | Address 2 | WATERCREST | Post Code | 509H |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | | |

Declaration

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

Modification History

Claim 001 OD-MD

New

| | | | | | |
|---|------------------------------------|-------------------------|---------------------------|----------------------------|------|
| Claim Type * | OD-MD | Insured Name | TAN KIM YAN | Insured NRIC | S70 |
| Contact No.(Mobile) | 93893068 | Contact No.(Home) | 65831995 | Contact No.(Office) | 654 |
| Email Address | | OI Vehicle Number | SLA3993S | TP Vehicle Number | SJS |
| Claim Description | SLA3993S / SJS2896A ON 20 Feb 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Income to assign workshop | GIA report | Rec |
| Date Registered | 21/02/2018 18:31 | Claim Close Date | | Date Received | 21/C |
| Report Taken By | ROSINDA | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <div>Save Submit</div> | | | | | |

Attachment

2/21/2018

Claim Handling(accident reporting Claim Task 001 OD-MD)

Accident No.

MT/0983122

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

21/02/2018 00:00

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 ▼ |
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descrip |
|------------|--|-----------------------|---------|--------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:31 | NRIC/ Driving License | Normal | NRIC/ Driving Lice |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:31 | SAS | Normal | SAS 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:31 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 18:30 | Photos | Normal | Photos 2018 |

Video List

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

ASSIGNMENT ID: C

By Assessor-1) Nature of Accident

- 1) Vehicle hit Vehicle:
 - a) Motorcycle ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ?
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govt. Property ()
(Eg. signboard, barrier, etc.)
 - b) Road Work Object ()
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object ()
 - b) Flood ()
 - c) Other ()
- 6) Parked & Found Damaged:
 - a) Vandalism ()
 - b) Hit by Moving Object ()
- 7) Theft Case:
 - a) Stolen ()
 - b) Damage found when recovered ()
- 8) Fire:
 - a) Whilst driving ()
 - b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor-1) Vehicle Information

Veh No: SLA 3993 5 / Page 24 Feb 2016
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 / Truck / Trailer or
 Make & Model: Honda Vezel 1.5 X / 1496
 Colour: White Transmission Type: Auto / Manual
 Eng/No: _____ Sp. Reading: 27360
 C/No: RU11109257
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Modi: NH / S/Rim / STD A/Rim or
 Tyre Size: Fr: 215/60R16
 R: _____
 BS: OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

| | | | |
|--------------------|--|--------------------|--|
| Front: | | Rear: | |
| R/Bal. <u>5</u> mm | | R/Bal. <u>5</u> mm | |
| L/Bal. <u>5</u> mm | | L/Bal. <u>5</u> mm | |

Parallel Import: Yes / No
 Repair Type: LS / I.B.I
 No of Repair Days: 7
 D.O.I. 22/2/2018
 Towed-In: Yes / No
 Towing Required: Yes / No
 Vehicle in Load: Yes / No
 Time: 8:50 am

By Assessor-2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a) Vehicle () b) Motorcycle () c) Bicycle () d) Pedestrian ()
 - e) Animal () f) Govt. 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: _____

NO.80

CLASS

Ex. Ex. Operation Completed Time

Claim Handling

Task Transfer Exit

Accident MT/0983122

LOS SAL SUB

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5087576346 | Vehicle No. | SLA3993S | GST Registration No. | |
| Policyholder Name | TAN KIM YAN | | | Policyholder NRIC | S7013993F |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 93893068 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| 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(%) | 40 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date | 21/02/2018 18:26 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 20/02/2018 | Time of Accident hh:mm | 09:00 | Country of Accident | Singapore |
| Reporting Centre | NATIONAL ASSESSMENT CENTR | Orange Force | No | ICM No. | |
| Accident Location | JUNC OF JALAN BAHAR & NANYANG AVE | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 145 LOYANG BESAR CLOSE | Address 2 | WATERCREST | Address 3 | SINGAPORE 509038 |
| Address 4 | | Address Type | Singapore address | Post Code | 509038 |
| Unit No. | | Related Policy Number | 5087576346-01 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | ONG HUAN JIE,KENNETH | Driver Type | Named Driver | | |
| Unnamed driver Name | | Driver NRIC | S9430997B | Driver DOB | 01/09/1994 |
| Register Date of Driver License | 01/01/2013 | Driver Age | 23 | Driving Experience | 5 |
| Contact No.(Mobile) | 98008965 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | 145 LOYANG BESAR CLOSE | Address 2 | WATERCREST | Address 3 | SINGAPORE 509038 |
| Address 4 | | Address Type | Singapore address | Post Code | 509038 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|---------------------------|----------------------------|------------------|
| Claim Type | OD-MD | Insured Name | TAN KIM YAN | Insured NRIC | S7013993F |
| Contact No.(Mobile) | 93893068 | Contact No.(Home) | 65831995 | Contact No.(Office) | 65482544 |
| Email Address | | OI Vehicle Number | SLA3993S | TP Vehicle Number | SJS2896A |
| Claim Description | SLA3993S / SJS2896A ON 20 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 | 21/02/2018 18:32 | Claim Close Date | | Date Received | 22/02/2018 11:13 |
| Report Taken By | ROSLINDA | 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 | HONDA | Vehicle Model | VEZEL | Engine Capacity | 1496 |
| Date of Registration | 24/02/2016 | Classis No. | RU11109257 | | |
| Towing Required * | <input checked="" type="radio"/> Yes <input type="radio"/> No | Vehicle in IDAC * | <input checked="" type="radio"/> Yes <input type="radio"/> No | Parallel Import * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Type of Tender * | Own Damage | Assessor Name * | SIMON | Survey Current Status | |
| IDAC/Workshop Name | NATIONAL ASSESSMENT CENTR | IDAC/Workshop Location | 51 UBI AVENUE 1 #01-25 PAYA | | |
| Windscreen Parts & Labour Cost | | Total Loss * | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Market Value(\$) | | Scrape Value(\$) | | Economical Repair Value(\$) | |

NO OF REPAIR: 07 DAYS-FRT GRILLE CHROME MOULDING-REPLACE,FRT SUPPORT PANEL TOP GARNISH COVER-REPLACE,AIRCON SUCTION PIPE(LOW PRESSURE)-UNCONFIRM,AIR UNCONFIRM,AIR DUCT-UNCONFIRM,FRT LH FENDER WHEEL ARCH PROTECTOR-UNCONFIRM,FRT RH FENDER WHEEL ARCH-UNCONFIRM,

Remark

Damage Listing

| Find a Part | No. | Part No. | Description | Qty * | Repair Code * |
|-----------------------|-----|----------|-------------------------------------|-------|---------------|
| root | 1 | 32200101 | NUMBER PLATE (FRONT) | 1 | Replace |
| Not Applicable | 2 | 32200201 | NUMBER PLATE BASE (FRONT) | 1 | Replace |
| ABS | 3 | 16000101 | BUMPER (FRONT) | 1 | Replace |
| ABSORBER | 4 | 16002401 | BUMPER CLIPS (FRONT) | 6 | Replace |
| ACCELERATOR | 5 | 16005101 | BUMPER RETAINER (FRONT LEFT) | 1 | Replace |
| ACTUATOR | 6 | 16005102 | BUMPER RETAINER (FRONT RIGHT) | 1 | Replace |
| ADVERTISEMENT STICKER | 7 | 16005001 | BUMPER REINFORCEMENT (FRONT) | 1 | Replace |
| | 8 | 16003201 | BUMPER GRILLE (FRONT) | 1 | Replace |
| | 9 | 16002901 | BUMPER FOG LAMP COVER (FRONT LEFT) | 1 | Replace |
| | 10 | 16002902 | BUMPER FOG LAMP COVER (FRONT RIGHT) | 1 | Replace |
| | 11 | 16002701 | BUMPER FOG LAMP (FRONT LEFT) | 1 | Unconfirm |
| | 12 | 16002702 | BUMPER FOG LAMP (FRONT RIGHT) | 1 | Unconfirm |
| | 13 | 27100101 | GRILLE (FRONT) | 1 | Replace |
| | 14 | 27100801 | GRILLE EMBLEM (FRONT) | 1 | Replace |
| | 15 | 112023 | AIR CON CONDENSER | 1 | Replace |
| | 16 | 112060 | AIR CON FAN | 1 | Unconfirm |
| | 17 | 112044 | AIR CON DISCHARGE PIPE | 1 | Unconfirm |
| | 18 | 41300101 | SUPPORT PANEL (FRONT) | 1 | Replace |
| | 19 | 28500101 | HORN (LEFT) | 1 | Replace |
| | 20 | 28500102 | HORN (RIGHT) | 1 | Replace |
| | 21 | 15600101 | BRACE PANEL (FRONT) | 1 | Replace |
| | 22 | 27700101 | HEAD LAMP (LEFT) | 1 | Replace |
| | 23 | 27700102 | HEAD LAMP (RIGHT) | 1 | Replace |
| | 24 | 149001 | BONNET | 1 | Replace |
| | 25 | 14903401 | BONNET LOCK (LOWER) | 1 | Replace |
| | 26 | 149029 | BONNET INSULATOR | 1 | Unconfirm |
| | 27 | 14902201 | BONNET HINGE (LEFT) | 1 | Replace |
| | 28 | 14902202 | BONNET HINGE (RIGHT) | 1 | Replace |
| | 29 | 344001 | RADIATOR | 1 | Unconfirm |
| | 30 | 344005 | RADIATOR COWLING | 1 | Unconfirm |
| | 31 | 344008 | RADIATOR FAN | 1 | Unconfirm |
| | 32 | 344011 | RADIATOR FAN CLUTCH | 1 | Unconfirm |
| | 33 | 141001 | BATTERY | 1 | Unconfirm |
| | 34 | 454012 | WIPER WASHER TANK | 1 | Unconfirm |
| | 35 | 243014 | ENGINE LOWER COVER | 1 | Unconfirm |
| | 36 | 25400102 | FENDER (FRONT LEFT) | 1 | Repair |
| | 37 | 25400901 | FENDER INNER SHIELD (FRONT LEFT) | 1 | Replace |

| | | | | |
|----|----------|-----------------------------------|--------------------------------|---------------------------|
| 38 | 25400103 | FENDER (FRONT RIGHT) | <input type="text" value="1"/> | Repair |
| 39 | 25400902 | FENDER INNER SHIELD (FRONT RIGHT) | <input type="text" value="1"/> | Unconfirm |
| 40 | 149043 | BONNET RUBBER (LONG) | <input type="text" value="1"/> | Unconfirm |
| 41 | 22600102 | DASHBOARD (TOP) | <input type="text" value="1"/> | Replace |
| 42 | 401001 | STEERING AIR BAG | <input type="text" value="1"/> | Replace |
| 43 | 401005 | STEERING AIR BAG SENSOR | <input type="text" value="1"/> | Replace |
| 44 | 226002 | DASHBOARD AIR BAG | <input type="text" value="1"/> | Replace |
| 45 | 226003 | DASHBOARD AIR BAG SENSOR | <input type="text" value="1"/> | Replace |
| 46 | 106007 | AIR BAG CONTROL UNIT | <input type="text" value="1"/> | Unconfirm |
| 47 | 36300101 | SEAT BELT (FRONT LEFT) | <input type="text" value="1"/> | Replace |
| 48 | 36300102 | SEAT BELT (FRONT RIGHT) | <input type="text" value="1"/> | Replace |

[Save](#)[Submit](#)



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

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

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: City Auto

Collection Date: 24/12 Time: 10:30 with Keys: Yes / No

Tow Truck No: YM45413 Tow Man: N/A Jun Han NRIC: 590297917

Signature: 2

64520716

For office use

Attended by: ROSLINDA

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Friday, 23 February 2018 5:12 PM
To: CITY AUTO
Cc: 'LKK Paya Ubi'
Subject: MT/0983122-001, VEHICLE NUMBER: SLA3993S

Importance: High

Dear cityauto

Please tow this vehicle from Idac and contact owner Ms Tan Kim Yan at 93893068 when the vehicle arrived at your workshop to revert on the repair days, excess \$642.

Our Ref: MT/CA/OD/051/0983122-001/NHJ

23 Feb 2018

CITY AUTO PTE LTD

BLK 8 #01-58TO66

SIN MING INDUSTRIAL EST SECTOR C

SINGAPORE 575643

Dear Sir

CLAIM NUMBER: MT/0983122-001

REPAIR OF VEHICLE NUMBER: SLA3993S

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

Award Date: 23 Feb 2018

Make: HONDA

Model: VEZEL

Estimated Repair Days: 8

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 Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee

Senior Manager

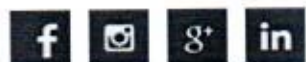
Motor Insurance

Ng Hak Joo

Claims Executive, Motor Insurance

T +65 6430 7890

www.income.com.sg



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