

NATIONAL Assessment Centre Services.

[wef 1 Jan 2005] MNA 1180 27014

Date In: 26/2/18 - 11:34	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003568/C24	SAS e-filing		
Veh No: GM26965	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/2/18 - 14:40	i-Motor Claim Form	M70983607	26/2/18 12:17
☒ OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 6088904E	INC () / Non-INC ()
Owner / Driver: (	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (	Date:	Time:
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

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

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

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

Remarks: (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

NA1801312	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Lat 1:			
Lat 2 / 3:			

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	26/02/2018 11:54
Date Of Accident	24/02/2018 14:40
Exact Location Of Accident	ALONG DUNEARN RD AFTER JUNC CHANCERY LN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2696S
Insured/Policyholder	
Name Of Registered Owner	SUBBIAN SETHILKUMAR
NRIC No	S6965719B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82923390
Alternative Phone No	OFFICE-82923390

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 3.5 SMT ABS D/AB HID SR 2WD 4DR
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	5069011191-03
Cover Note Number	

Driver

Name of Driver	SUBBIAN SETHILKUMAR
NRIC No	S6965719B
Date Of Birth	29/11/1969
Occupation	INDOOR
Date Of Driving Pass	26/11/2014
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82923390
Fax Number	
Contact Number	OFFICE-82923390
Email Address	NOEMAIL

Address	BLK 5 BOON KENG ROAD #09-72
Postcode	330005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG DUNEARN RD AFTER JUNC CHANCERY LN. SUDDENLY VEHICLE B BRAKE OF HIS VEHICLE. I TRIED TO BRAKE MY VEHICLE, IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

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	GBB8904E
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)	2

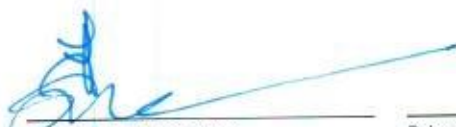
SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

A: SJM26965
R: G1388904E

Dunoon Rd

A
B
A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

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



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6965719B



Name

SUBBIAN SENTHILKUMAR

சுப்பையன் செந்தில் குமார்

Race

INDIAN

Date of birth

29-11-1969

Sex

M

Country/Place of birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6965719B

Name

SUBBIAN SENTHILKUMAR

Birth Date 29 Nov 1969

Issue Date 26 Nov 2014



5328401



NRIC No. S6965719B



Date of issue

14-07-2014

Address

APT BLK 5 BOON KENG ROAD
#09-72
SINGAPORE 330005

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

EFFECTIVE DATE

Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg 26 Nov 2014

NP 428A



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5069011191-03	SUBBIAN SENTHILKUMAR	S69657198	GPC	drivo CLASSIC	SJM2696S	SJM2696S	26/12/2017	25/12/2018

Continue

 Policy Information

Policy No.	5069011191-03	Policyholder Name	SUBBIAN SENTHILKUMAR	Policyholder NRIC	S6965719B
Address	BLK 5 #09-72 BOON KENG ROAD SINGAPORE 330005				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/12/2017	Effective Date	26/12/2017 00:00	Expiry Date	25/12/2018 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 5 #09-72	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.	09-72	Related Policy Number	5069011191-03		

 Insured Object: SJM2696S

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

[Exit](#)

Claim Handling

Accident MT/0983607

Policy No.	5069011191-03	Vehicle No.	SJM26965	GST Registration No.	
Policyholder Name	SUBBIAN SETHILKUMAR	Cover Type	drive CLASSIC	Policyholder NRIC	S69657198
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	82923390	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details					
Report Date	26/02/2018 12:14	Time of Accident (H:MM)	14:40	Accident Type	Collision - Head to Rear
Date of Accident	24/02/2018	Orange Force		Country of Accident	Singapore
Reporting Centre		ICM No.			
Accident Location	ALONG DUNEARN RD AFTER JUNC CHANCERY LN				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	1,500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 5 #09-72	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.	09-72	Related Policy Number	5069011191-03		
OT Driver Info					
Driver Name	SUBBIAN SETHILKUMAR	Driver Type	Main Driver	Driver DOB	29/11/1968
Unnamed driver Name		Driver NRIC	S69657198	Driving Experience	3
Register Date of Driver License	26/11/2014	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	82923390	Contact No.(Office)	0	Address 3	SINGAPORE 330005
Address 1	BLK 5	Address 2	BOON KENG ROAD	Post Code	330005
Address 4		Address Type	Singapore address		
Unit No.	09-72	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	☐ Yes ☒ No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		
Modification History					

Claim 001 [New](#)

Claim Type *	OD-IND	Insured Name	SUBBIAN SETHILKUMAR	Insured NRIC	S69657198
Contact No.(Mobile)	82923390	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJM26965	TP Vehicle Number	G888904E
Claim Description	SJM26965 / G888904E ON 24 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	26/02/2018 00:00
Date Registered	26/02/2018 12:17	Claim Close Date			
Report Taken By	Jackson				
☒ Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0983607	Claim No.	001			
Last Doc. Received	☒ Yes ☐ No	Upload Date	26/02/2018 12:18			
Path *		Category *	Confidential	Urgency *	Description *	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Browse...		Clear	Please Select	☐ No ☐ Yes	Normal	
Send Message Upload						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag. Serv. Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	SAS	Normal	SAS 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 12:17	Photos	Normal	Photos 2018-2-26	Edit

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ASSIGNMENT 10-1

By CQC - Nature of Accident

- 1) Vehicle hit Vehicle:
 - a) Motorcar ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit 1st:
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Object:
 - a) Govm. Property ()
(Eg. signboard, barrier, tree 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

Vehicle: SJM 2696 S / Regn: 26 Dec 2008
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make & Model: Nissan Teana 3.5 / 3498
 Colour: Maroon Transmission Type: Auto / Manual
 Eng/No: _____ Sp. Feeding: 181352
 G/No: JN1BAUT32Z0000283
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215 / 55 R17
 R: _____

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

Front	Rear
R/Bal: <u>6</u> mm	R/Bal: <u>6</u> mm
L/Bal: <u>6</u> mm	L/Bal: <u>6</u> mm

Parallel Import: Yes No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: 9 Vehicle in Idac: Yes / No
 D.O.I: 27/2/2018 Time: 8.30 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) Govm Object () g) Road Work Object ()
 - h) Private Property () i) Drain () j) Road Kerb/Grass/Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a) Fallen Object () b) Flood () c) Vandalism () d) Fire ()
 - e) Moving Object () f) Stolen () g) Stolen & Recovered ()

Time Started: _____ Time Completed: _____

- 1) CEO
- 2) AS
- 3) Extra Operation Completed Time

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/0983607

Policy No.	5069011191-03	Vehicle No.	SJM26965	GST Registration No.	
Policyholder Name	SUBBIAH SENTHILKUMAR	Cover Type	drive CLASSIC	Policyholder NRIC	S6965719B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	82923390	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KPIK	☒ No ☐ Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date 26/02/2018 12:14 Accident Report Within 24 hrs Yes Accident Type Collision - Head to Rear

Date of Accident 24/02/2018 Time of Accident hh:mm 14:40 Country of Accident Singapore

Reporting Centre NATIONAL ASSESSMENT CENTR Orange Force No ICM No.

Accident Location ALONG DUNEARN RD AFTER JUNC CHANCERY LN

Benefits

Excess

Own damage Excess	600.00	Additional Excess	1,500.00	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	BLK 5 #09-72	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.	09-72	Related Policy Number	5069011191-03		

OI Driver Info

Driver Name	SUBBIAH SENTHILKUMAR	Driver Type	Main Driver	Driver DOB	29/11/1969
Unnamed Driver Name		Driver NRIC	S6965719B	Driving Experience	3
Register Date of Driver License	26/11/2014	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	82923390	Contact No.(Office)	0	Address 3	SINGAPORE 330005
Address 1	BLK 5	Address 2	BOON KENG ROAD	Post Code	330005
Address 4		Address Type	Singapore address		
Unit No.	09-72				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Jee

LOS SAL SUB

Claim Type	OD-MD	Insured Name	SUBBIAH SENTHILKUMAR	Insured NRIC	S6965719B
Contact No.(Mobile)	82923390	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJM26965	TP Vehicle Number	GBB8904E
Claim Description	SJM26965 / GBB8904E ON 24 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	26/02/2018 12:18	Claim Close Date		Date Received	27/02/2018 19:57
Report Taken By	Jackson	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	NISSAN	Vehicle Model	TEANA	Engine Capacity	
Date of Registration	26/12/2008	Class No.	3N1BAUJ32Z0000283	Parallel Import *	☐ Yes ☒ No
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	SI		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	☐ Yes ☒ No		
Market Value(\$)		Scrap Value(\$)		Economical Repair Value(\$)	

REMARK: NO OF REPAIR DAY: 9 DAYS. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - UNCONFIRM. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM. 1 X RELAY BOX - UNCONFIRM. 1 X ENGINE TOP COVER - REPLACE. 1 X FRT WINDSCREEN MOULDING - REPLACE. 1 X STEERING WHEEL AIRBAG - REPLACE. 1 X STEERING WHEEL AIRBAG SENSOR - REPLACE. 1 X SPARK PLUG SOCKET - REPLACE. 2 X HEAD LAMP WASHES JET - UNCONFIRM.

Remark

Damage Listing

Find a Part

next

No.	Part No.	Description	Qty *	Repair Code *	
1	149046	BONNET STAND	1	Unconfirm	X
2	112023	AIR CON CONDENSER	1	Replace	X
3	112060	AIR CON FAN	1	Unconfirm	X
4	112011	AIR CON COMPRESSOR	1	Unconfirm	X
5	344001	RADIATOR	1	Replace	X
6	344005	RADIATOR COWLING	1	Replace	X
7	344008	RADIATOR FAN	1	Unconfirm	X
8	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
9	34402802	RADIATOR HOSE (TOP)	1	Replace	X
10	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
11	344007	RADIATOR EXPANSION TANK	1	Unconfirm	X
12	11001301	AIR CLEANER HOSE (BOTTOM)	1	Replace	X
13	32200101	NUMBER PLATE (FRONT)	1	Replace	X
14	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
15	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
16	16000101	BUMPER (FRONT)	1	Replace	X
17	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
18	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	X
19	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace	X
20	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
21	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
22	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
23	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
24	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
25	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
26	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
27	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
28	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
29	27100101	GRILLE (FRONT)	1	Replace	X
30	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
31	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
32	28500101	HORN (LEFT)	1	Replace	X
33	28500102	HORN (RIGHT)	1	Replace	X
34	15600101	BRACE PANEL (FRONT)	1	Replace	X
35	27700101	HEAD LAMP (LEFT)	1	Replace	X
36	27700102	HEAD LAMP (RIGHT)	1	Replace	X
37	149001	BONNET	1	Replace	X
38	14902401	BONNET LOCK (LOWER)	1	Replace	X
39	149029	BONNET INSULATOR	1	Replace	X
40	14902201	BONNET HINGE (LEFT)	1	Replace	X
41	14902202	BONNET HINGE (RIGHT)	1	Replace	X
42	149041	BONNET RUBBER (CENTRE)	1	Replace	X
43	149007	BONNET CABLE	1	Replace	X
44	26600101	FUSE BOX (BOTTOM)	1	Unconfirm	X
45	454012	WIPER WASHER TANK	1	Unconfirm	X
46	141001	BATTERY	1	Unconfirm	X
47	141002	BATTERY BRACKET	1	Unconfirm	X
48	124001	ALTERNATOR	1	Unconfirm	X
49	243014	ENGINE LOWER COVER	1	Unconfirm	X
50	24301902	ENGINE MOUNTING (CENTRE)	1	Unconfirm	X
51	243038	ENGINE ROCKER COVER	1	Replace	X
52	25400102	FENDER (FRONT LEFT)	1	Replace	X
53	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
54	23300201	DOOR (FRONT LEFT)	1	Repair	X
55	25400103	FENDER (FRONT RIGHT)	1	Replace	X
56	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	X
57	23300202	DOOR (FRONT RIGHT)	1	Repair	X
58	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	X
59	451020	WINDSCREEN SEALANT	1	Replace	X
60	245001	ERP BRACKET	1	Replace	X
61	454009	WIPER PANEL GARNISH	1	Replace	X

62	22600101	DASHBOARD (BOTTOM)	1	Replace	X
63	226002	DASHBOARD AIR BAG	1	Replace	X
64	226003	DASHBOARD AIR BAG SENSOR	1	Replace	X
65	106007	AIR BAG CONTROL UNIT	1	Unconfirm	X
66	36300101	SEAT BELT (FRONT LEFT)	1	Replace	X
67	36300102	SEAT BELT (FRONT RIGHT)	1	Replace	X

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 1 March 2018 9:53 AM
To: AMKAUTOPOINT
Cc: 'LKK Paya Ubi'
Subject: RE: SJM2696S under OD Claim: MT/0983607

Dear Ms Jolle of Autopoint

We spoke to award global sum of \$4700/- **with strictly no supplementary.**

Please tow this vehicle from Idac and contact owner Mr Subbian at 82923390 when the repair is done as we have informed him the excess of \$2247.

Our Ref: MT/CA/OD/051/0983607-001/NHJ
01 Mar 2018

AMK AUTOPOINT PTE LTD (AMK)
10 ANG MO KIO INDUSTRIAL PARK 2A
AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/0983607-001

REPAIR OF VEHICLE NUMBER: SJM2696S

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

Award Date: 01 Mar 2018

Make: NISSAN

Model: TEANA

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: 2100.0

Please note that supplementary items will not be allowed.

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

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

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



From: AMKAUTOPOINT [mailto:amkautopoint@singnet.com.sg]
Sent: Wednesday, February 28, 2018 3:12 PM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Subject: RE: SJM2696S under OD Claim: MT/0983607

Hi Hak Joo,

The lowest my workshop can do it is at S\$ 4700/-.

Thanks and Regards
Joelle Tan

AMK Autopoint Pte Ltd
10 Ang Mo Kio Industrial Park 2A
#01-22
Singapore 568047
Tel: 6484 7928 | Fax: 6484 6923

From: Ng Hak Joo [mailto:hakjoo.ng@income.com.sg]
Sent: Wednesday, February 28, 2018 3:04 PM
To: AMKAUTOPOINT
Subject: SJM2696S under OD Claim: MT/0983607
Importance: High

Dear Ms Jolle of Autopoint

We spoke, You have tendered global sum of \$4950/-, please revert whether your side can repair at \$4500/- with strictly no supplementary as it is very near to the ERV.

Excess \$2100/-.

Tks

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



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NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJM26965 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: BodyFix

Collection Date: 01/03/18 Time: 1055 with Keys: Yes / No

Tow Truck No: YN7944K Tow Man: Jocky NRIC: 1822610C

Signature: [Signature]

96691023

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: _____