

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA18029832-02

Date In: 2/3/18-16:41	Job description	Date & Time Completed	Done by
Ref No: NA/MC18004091/C24	SAS e-filing		
Veh No: JICE9994B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/3/18-12:30	i-Motor Claim Form	MT/0984461	2/3/18 17:09
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: VB85119	INC () / Non-INC ()
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1801516	Invoice Preparation Checklist	Amt (\$) In 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		
	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		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat. 1:

Pat. 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	02/03/2018 16:41
Date Of Accident	02/03/2018 12:30
Exact Location Of Accident	JB CHECKPOINT TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9794B
Insured/Policyholder	
Name Of Registered Owner	KOH CAROLYN
NRIC No	S9314042G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97986998
Alternative Phone No	OFFICE-97986998

Vehicle Particulars

Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5092088808
Cover Note Number	

Driver

Name of Driver	YU SIEW GUAN
NRIC No	S7072104Z
Date Of Birth	09/01/1970
Occupation	INDOOR
Date Of Driving Pass	10/01/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93820211
Fax Number	
Contact Number	OFFICE-93820211
Email Address	NOEMAIL

Address	BLK 553 PASIR RIS STREET 51 #07-111
Postcode	510553
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	
Was any body injured in the Accident?	YES
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	KULAIJAYA POLICE STATION
Police Station Address	ROAD: MALAYSIA , POSTCODE: 0 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG JB CHECKPOINT. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND 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	VBB5319
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIJAYANIRMALA A/P SINGARAM
NRIC/Passport Number	680501086466
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name YU SIEW GUAN

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SKE9794B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

Sketch plan on grid paper showing vehicle positions and details:

- Vehicle A: SKR9794B
- Vehicle B: V13B5319
- Location: JB Checkpoint
- Diagram: A rectangular box divided into two sections. The top section contains a car icon and the letter 'B'. The bottom section contains a car icon and the letter '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.:

**POLIS DIRAJA MALAYSIA**
REPOt POLIS

Balai : TRAFIK KULAIJAYA
Daerah : KULAIJAYA
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/005372/18
Tarikh : 05/03/2018
Waktu : 1933 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R102049
No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/005119/18

Butir-butir Penerima Repot

Nama : NOR MOHD ASYHAD NAIM BIN ZAKARIA
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personel : R203065
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : YU SIEW GUAN
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SWASTA
Alamat Tempat Tinggal : APT BLK 553 PASIR RIS STREET 51 , #07-111 SINGAPORE, 510553
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---
Tarikh Lahir : 09/01/1970
Warganegara : Singapore
Umur : 48 tahun 1 bulan
No Pasport : S7072104Z
No Tel (Pejabat) : ---
No Tel (HP) : 63820211

Pengadu Menyatakan:-

PADA 02/03/2018 JA LEBIH KURANG 1215 HRS SAYA MEMANDU M/KAR NO.SKE9794B JENIS BMW DARI JOHOR BAHRU MENGHALA KE SINGAPURA. KETIKA MEMANDU DAN SAMPAI DI TAMBAK JOHOR KAWASAN BSI, TIBA-TIBA SEBUAH M/KAR NO.VBB5319 JENIS H/ACCORD TELAH MEMBREK SECARA MENGEJUT DI HADAPAN LALUAN SAYA. SAYA BREK DAN ELAK TAPI TELAH TERLANGGAR DI BAHAGIAN BELAKANG M/KAR ITU. SAYA TIDAK MENGALAMI SEBARANG KECEDERAAN. KEROSAKAN M/KAR SAYA PADA BAHAGIAN DEPAN, BUMPER, BONET, PANEL, SENSOR, SET LAMPU DAN LIAN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUJUAN SIVIL)KE TUA TRAFIK DAERAH, JOHOR BAHRU, JOHOR
TIDAK BOLEH DICINAKAN UNTUK TUJUAN PERBICARAAN

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118029832 Vehicle Registration No: SK E9794B
Name (as shown in NRIC) : YU SIEW GUAN NRIC/FIN/Passport No : S70721042
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : Blk 553 Pasir Ris Street 51 #07-111 Singapore (510553)
Contact (Tel) : _____ Mobile No. : 93820211
Email Address : _____
Date of Accident : 2/3/18 Time of Accident : 12:30
Place of Accident : JB checkpoint twds woodlands checkpoint.
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

1. Add in police report.

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7072104Z**

Name **YU SIEW GUAN**

Birth Date: **09 Jan 1970**

Issue Date: **25 Jun 2015**

002443486H

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7072104Z**

Name **YU SIEW GUAN**

楊秀環

Race **CHINESE**

Date of birth **09-01-1970**

Sex **F**

Country/Place of birth **MALAYSIA**

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	10 Jan 1992
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Jan 1992



NP 428A

5496168

NRIC No: **S7072104Z**

Date of issue **24-06-2015**

Address **APT BLK 553 PASIR RIS STREET 51 #07-111 SINGAPORE 510553**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5092088808	KOH CAROLYN	S9314042G	GPC	drive CLASSIC	SKE9794B	SKE9794B	21/06/2017	20/06/2018

 Policy Information

Policy No.	5092088808	Policyholder Name	KOH CAROLYN	Policyholder NRIC	S9314042G
Address	BLK 553 #07-111 PASIR RIS STREET 51 SINGAPORE 510553				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/06/2017	Effective Date	21/06/2017 00:00	Expiry Date	20/06/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 553 #07-111	Address 2	PASIR RIS STREET 51	Address 3	SINGAPORE 510553
Address 4		Address Type	Singapore address	Post Code	510553
Unit No.	07-111	Related Policy Number	5092088808		

 Insured Object: SKE9794B
 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

[Exit](#)

Claim Handling

Accident MT/0984461

Policy No.	509208808	Vehicle No.	SKE9794B	GST Registration No.	
Policyholder Name	KOH CAROLYN	Cover Type	drive CLASSIC	Policyholder NRIC	S9314042G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97986998	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KPK	☒ No ☐ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	02/03/2018 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/03/2018	Time of Accident h:mm	12:30	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	38 CHECKPOINT TWDS WOODLANDS CHECKPOINT				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore DD 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 553 #07-111	Address 2	PASIR RIS STREET 51	Address 3	SINGAPORE 510553
Address 4		Address Type	Singapore address	Post Code	510553
Unit No.	07-111	Related Policy Number	509208808		
OT Driver Info					
Driver Name	YU SIEW GUAN	Driver Type	Main Driver	Driver DOB	09/01/1970
Unnamed driver Name		Driver NRIC	S70721042	Driving Experience	26
Register Date of Driver License	10/01/1992	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	93820211	Contact No.(Office)	0	Address 3	SINGAPORE 510553
Address 1	BLK 553	Address 2	PASIR RIS STREET 51	Post Code	510553
Address 4		Address Type	Singapore address		
Unit No.	07-111			Driver Insurer Company	
Does he own a Singapore Registered Car?	☐ Yes ☒ No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No		
Modification History					

Claim 001 [New](#)

Claim Type *	DD-MD	Insured Name	KOH CAROLYN	Insured NRIC	S9314042G
Contact No.(Mobile)	97986998	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SKE9794B	TP Vehicle Number	VBB5319
Claim Description	SKE9794B / VBB5319 ON 2 Mar 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	Received
Date Registered	02/03/2018 17:09	Claim Close Date		Date Received	02/03/2018 00:00
Report Taken By	Jackson				
☒ Print AK letter					
Save Submit					

Attachment

Accident No.	HT/0984461	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/03/2018 17:10		
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
☐ Send Message Upload					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:10	SAS	Normal	SAS 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:10	Photos	Normal	Photos 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:10	Photos	Normal	Photos 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:10	Photos	Normal	Photos 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:10	Photos	Normal	Photos 2018-3-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:09	Photos	Normal	Photos 2018-3-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:09	Photos	Normal	Photos 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:09	Photos	Normal	Photos 2018-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:09	Photos	Normal	Photos 2018-3-2		Edit

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)By CSO- Nature of Accident:

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

Remarks for internal informationRemarks 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: SKE 9794 B Yr Regn: 23 Apr

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / H/PV

/ Truck / Trailer or

Make & Model: BMW 520i 2.0L c.c. 1997

Colour: Black Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 88439

C/No: WBAXG12040 DW 3841

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NIL / S/Rim / STD A/Rim or

Tyre Size: F: 225/55 R17

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 4 mm R/Bal. 5 mm

L/Bal. 4 mm L/Bal. 5 mm

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

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

No of Repair Days: 6 Vehicle in Idac: Yes / No

D.O.I. 7/3/2018 Time: 5.20 pm

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. Govrn 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) CSO

2) ASS

3) Entire Operation Completed Time:

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate			
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper			
1005	992341	Frt Bumper Clips			
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement			
1009	991318	Frt Bumper Headlamp Washer Jet			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Panel Emblem			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille			
1022	991328	Frt Grille Emblem			
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy			
1030	991821	Frt RH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Flinge			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

Vehicle No: SKL-9794R

NAC	INC	Item	CON	AC	Qn
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			

Claim Handling

[Task Transfer](#) [Exit](#)
[LOG](#) [SAL](#) [SUB](#)

Accident MT/0984461

Policy No.	5092088808	Vehicle No.	SKE9794B	GST Registration No.	
Policyholder Name	KOH CAROLYN			Policyholder NRIC	S9314042G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97986998	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	101
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	02/03/2018 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/03/2018	Time of Accident hh:mm	12:30	Country of Accident	Outside Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JB CHECKPOINT TWDS WOODLANDS CHECKPOINT				

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	BLK 553 #07-111	Address 2	PASIR RIS STREET 51	Address 3	SINGAPORE 510553
Address 4		Address Type	Singapore address	Post Code	510553
Unit No.	07-111	Related Policy Number	5092088808		

OI Driver Info

Driver Name	YU SIEW GUAN	Driver Type	Main Driver	Driver DOB	09/01/1970
Unnamed driver Name		Driver NRIC	S7072104Z	Driving Experience	26
Register Date of Driver License	10/01/1992	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	93820211	Contact No.(Office)	0	Address 3	SINGAPORE 510553
Address 1	BLK 553	Address 2	PASIR RIS STREET 51	Post Code	510553
Address 4		Address Type	Singapore address		
Unit No.	07-111				
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
Modification History			

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	KOH CAROLYN	Insured NRIC	S9314042G
Contact No.(Mobile)	97986998	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKE9794B	TP Vehicle Number	VBB5319
Claim Description	SKE9794B / VBB5319 ON 2 Mar 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	Received
Date Registered	02/03/2018 17:11	Claim Close Date		Date Received	07/03/2018 17:59
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 *	BMW	Vehicle Model	S20i	Engine Capacity	
Date of Registration	23/04/2012	Classis No.	WBAXG12040DW35841		
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Parallel Import *	☐ Yes ☒ 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 *	☐ Yes ☒ No		
Market Value (\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK: NO OF REPAIR DAYS: 6 DAYS. 2 X FRT BUMPER HEADLAMP WASHER JET - UNCONFIRM. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE.

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root	1	32200201	NUMBER PLATE BASE (FRONT)	1	Unconfirm
Not Applicable	2	16000101	BUMPER (FRONT)	1	Replace
ABS	3	16002401	BUMPER CLIPS (FRONT)	6	Replace
ABSORBER	4	16005101	BUMPER RETAINER (FRONT LEFT)	1	Unconfirm
ACCELERATOR	5	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Unconfirm
ACTUATOR	6	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm
ADVERTISEMENT STICKER	7	16002601	BUMPER EMBLEM (FRONT)	1	Replace
AIR BAG	8	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm
AIR BLOWER	9	16003401	BUMPER GUIDE (REAR LEFT)	1	Unconfirm
AIR BOX	10	16005501	BUMPER SENSOR (FRONT)	2	Replace
AIR CHAMBER BOX	11	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm
AIR CLEANER	12	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm
AIR COMPRESSOR	13	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm
AIR CON	14	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm
AIR CON (VAN)	15	27100101	GRILLE (FRONT)	2	Replace
AIR COOLER	16	41300101	SUPPORT PANEL (FRONT)	1	Replace
AIR DISTRIBUTOR	17	28500101	HORN (LEFT)	1	Unconfirm
AIR FILTER	18	15600101	BRACE PANEL (FRONT)	1	Unconfirm
AIR FLOW	19	27700101	HEAD LAMP (LEFT)	1	Replace
AIR GRILLE	20	27700102	HEAD LAMP (RIGHT)	1	Replace
AIR HORN	21	149001	BONNET	1	Repair
AIR INTAKE	22	14903401	BONNET LOCK (LOWER)	1	Unconfirm
AIR RESONATOR BOX	23	14903402	BONNET LOCK (UPPER)	1	Unconfirm
AIR THROTTLE BODY AND SENSOR	24	112023	AIR CON CONDENSER	1	Unconfirm
ALARM	25	344001	RADIATOR	1	Unconfirm
ALTERNATOR	26	344005	RADIATOR COWLING	1	Unconfirm
ALUMINIUM PANEL - SIDE	27	243014	ENGINE LOWER COVER	1	Unconfirm
AMPLIFIER	28	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm
ANTENNA	29	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm
ANTI ROLL					
APRON					
ARCH					
ARM REST					
ASH TRAY					
AUTO CLUTCH					
AUTO COOLER PIPE					
AUTO CRUISE MOTOR					
AUTO TRANSMISSION					
AXLE					
BACK REST (M/C)					
BACK SEAT					
BALANCER					
BATTERY					
BEADING (M/C)					

Save Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Thursday, 8 March 2018 2:36 PM
To: 'LKK Paya Ubi'; CITY AUTO
Subject: SKE9794B | MT/0984461 (Awarding Letter to City Auto)

Importance: High

Hi IDAC and City Auto,

Vehicle is currently in IDAC.

Excess of \$600 is applicable.

Please assist to liaise with the driver – Ms Yu Siew Guan at tel: 9382 0211 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Claims Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg



Our Ref: MT/CA/OD/051/0984461-001/YCL

08 Mar 2018

CITY AUTO PTE LTD
BLK 8 #01-58 TO 66
SIN MING INDUSTRIAL EST SECTOR C
SINGAPORE 575643

Dear Sir

CLAIM NUMBER: MT/0984461-001
REPAIR OF VEHICLE NUMBER: SKE9794B

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

Award Date: 08 Mar 2018
Make: BMW

Model: 520i

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits: Not applicable

Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee
Senior Manager
Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



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: SKE9794B Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: City Auto Pte Ltd

Collection Date: 8/3/2018 Time: 16:47 with Keys: Yes / No

Tow Truck No: YL 8963J Tow Man: Danny NRIC: G 2373780 P

Signature: 

For office use

Attended by: Jackson

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: _____