

(Total 1855 File)

NATIONAL Assessment Centre Services

Date In	06/03/2018 13:11	Job description	Date & Time Completed	Done by
Ref No	NA/INC18004269/K4	SAS e-filing		
Veh No	SJF 4873X	E-mail (within 3hrs, M/G 2hrs)		
DOA	22/01/2018 15:30	i-Motor Claim Form	MT/0984916	06/3/18 13:45
		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

TP Insurer		Tel:	Fax:
Preferred Wksp / INC Assign Wksp / QW:		INC () / Non-INC ()	
TP Particulars:	Veh No:	Tel:	
Owner / Driver ()		Cover Type: ()	
Policy No: ()	Period: ()	Date:	Time:
Confirmed by: ()			
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:	Date & Time Completed	Done by
(INC hotline: 6788-6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions
8/3/18 1610	NTUC Adm Theresa spoken to the Driver about the IC name different?
8/3/18 1434	Have E-mail to NTUC and Mr. Clarence reply Email to me. of outcome?

Claimant's Particulars:	NA1801680	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:		For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:		6) TR: Re-inspection \$75		
		7) NI: 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 \$10		
		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	06/03/2018 13:11
Date Of Accident	22/01/2018 15:30
Exact Location Of Accident	JURONG CANAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4873X
Insured/Policyholder	
Name Of Registered Owner	LEE SAMUEL
NRIC No	S8718987B
Email Address	LEESAMUEL1188@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88000891
Alternative Phone No	OTHERS-88000891

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5097437669
Cover Note Number	

Driver

Name of Driver	LEE SAMUEL
NRIC No	S8718987B
Date Of Birth	03/07/1987
Occupation	INDOOR
Date Of Driving Pass	14/09/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88000891
Fax Number	
Contact Number	OTHERS-88000891
E-Mail Address	LEESAMUEL1188@GMAIL.COM

Address	BLK 102 JURONG EAST STREET 13 #07-136
Postcode	600102
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	FIRE, EXPLOSION OR LIGHTNING
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?	NO
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180306/2067

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

6/3/2018

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

SKETCH PLAN

JURONG CANAL DRIVE




Car
A - Fire


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls Refer to the Police Report -
T/20180306/2067

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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



**SINGAPORE
POLICE FORCE**



T/20180306/2067

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

1 of 3

Report No. T/20180306/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2018 12:33	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: LEE SAMUEL			Address: APT BLK 102 JURONG EAST STREET 13 #07-136 SINGAPORE 600102		
ID Type / ID No.: NRIC NO / S8718987B			Contact No.: Home/Office: Mobile: 88000891		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 03/07/1987	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SERVICE SUPERVISOR			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/01/2018 15:30	Type of Location:
Location: Along Road 1 JURONG CANAL DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: VEHICLE CAUGHT FIRE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition*	No of Passenger
SJF4873X	Car	TOYOTA	VIOS	Beige	Caught Fire	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180306/2067

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180306/2067

CONTINUATION OF REPORT

Driver			
Name	LEE SAMUEL	ID No.	S8718987B
Related Vehicle	SJF4873X (Car)	Contact No.	88000891
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/01/2018 at about 3.30pm I just exited PIE and going towards Jurong Canal Drive. At that point of time, I was on the right lane. Out of a sudden my car (SJF4873X) caught fire. The fire came from the front and I am not sure what happen. I then exited the car. Police was called in vide incident number D/20180122/2099.

I wished to state that I have been driving this car for about 1 week. I bought this car on 15/01/2018. I am not sure what actually happened.



**SINGAPORE
POLICE FORCE**



T/20180306/2067

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180306/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt ABDUL RAHMAN BIN ABDUL
RAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

06/03/2018 12:33

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

* Total loss Fire.

Reported on 6/3/2018
@ 1300HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (22/01/2018) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: Jurong Canal Drive.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 4873X
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 88000891
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* (Tow In)
key did not
give. ?
*

Email = leesamuel1188@gmail.com

fax =

Leesamuel1188@gmail.com ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8718987B**



Name
LEE SAMUEL

李 室 玟

Race
CHINESE

Date of birth
03-07-1987

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8718987B**



**LEE YAN SONG
(LI YANSONG)**

Birth Date **03 Jul 1987**

Issue Date **28 Dec 2005**

001390299E



5584156



NRIC No. **S8718987B**



Date of issue
18-03-2016

Address
**APT BLK 102 JURONG EAST STREET 13
#07-136
SINGAPORE 600102**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	28 Dec 2005
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	28 Apr 2007
Class 2	MOTORCYCLES EXCEEDING 400 CC	19 Mar 2015
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	14 Sep 2015

S / No. 9000228203

NP 428A

Licence No: **S8718987B**



Certificate of Insurance

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

Certificate Number: 5097437669

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJF4873X |
| Chassis Number | : MR053HY9305064330 |
| 2. Name of Policyholder | : LEE SAMUEL |
| 3. Effective Date of Insurance | : 15 Jan 2018 |
| 4. Expiry Date of Insurance | : 14 Jan 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE SAMUEL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 15 Jan 2018 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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
<input type="radio"/>	5097437669	LEE SAMUEL	S8718987B	GPC	drivo CLASSIC	SJF4873X	SJF4873X	15/01/2018	14/01/2019

▼ Policy Information

Policy No.	5097437669	Policyholder Name	LEE SAMUEL	Policyholder NRIC	S8718987B
Address	BLK 102 #07-136 JURONG EAST STREET 13 SINGAPORE 600102				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/01/2018	Effective Date	15/01/2018 00:00	Expiry Date	14/01/2019 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	INDEX AGENCY PTE LTD	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 102 #07-136	Address 2	JURONG EAST STREET 13	Address 3	JURONG EAST VILLE
Address 4	SINGAPORE 600102	Address Type	Singapore address	Post Code	600102
Unit No.	07-136	Related Policy Number	5097437669		

▶ Insured Object: SJF4873X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0984916

Policy No.	5097437669	Vehicle No.	SJF4873X	GST Registration No.	
Policyholder Name	LEE SAMUEL			Policyholder NRIC	S87
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88000891	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 checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	06/03/2018 13:41	Accident Report Within 24 hrs	Yes	Accident Type	Fire,
Date of Accident	22/01/2018	Time of Accident hh:mm	15:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG CANAL DRIVE				

▼ 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	BLK 102 #07-136	Address 2	JURONG EAST STREET 13	Address 3	JURONG EAST STREET 13
Address 4	SINGAPORE 600102	Address Type	Singapore address	Post Code	600102
Unit No.	07-136	Related Policy Number	5097437669		

▼ OI Driver Info

Driver Name	LEE SAMUEL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8718987B	Driver DOB	03/01/1987
Register Date of Driver License	14/09/2015	Driver Age	30	Driving Experience	2
Contact No.(Mobile)	88000891	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 102	Address 2	JURONG EAST STREET 13	Address 3	JURONG EAST STREET 13
Address 4		Address Type	Singapore address	Post Code	600102
Unit No.	#07-136				
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
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Modification History

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	LEE SAMUEL	Insured NRIC	S87
Contact No.(Mobile)	88000891	Contact No.(Home)	65605398	Contact No.(Office)	
Email Address	LEESAMUEL1188@GMAIL.COM	OI Vehicle Number	SJF4873X	TP Vehicle Number	
Claim Description	SJF4873X / - ON 22 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	06/03/2018 13:49	Claim Close Date		Date Received	06/03/2018 13:49
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

3/6/2018

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

Accident No.

MT/0984916

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

06/03/2018 13:45

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen



















Choose File No file chosen

Choose File No file chosen

Message Read

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:48	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:47	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:45	Photos	Normal	Photos 20

Video List

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

Scan and uploading

Business
Transaction Ref. 20180116144853120332
No.

Business
Transaction Date 16 Jan 2018

Business
Transaction Time 14:48:53

Message

Vehicle has been successfully transferred to LEE SAMUEL (SB71898780).
Please note that \$25.00 will be deducted from your GIRO account.

19.884
M.V. \$13,000

Land Transport Authority

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.	SJF4873X	Vehicle Scheme:	Normal
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Model:	VIOS E AUTO
Vehicle Make:	TOYOTA	Engine No:	1NZX751788
Chassis No:	MR053HY9305064330	Trailer Chassis No:	-
Motor No:	-	Passenger Capacity:	4
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1497 cc	Maximum Laden Weight:	1505 kg
Unladen Weight:	1095 kg	Secondary Colour:	-
Primary Colour:	Beige	Maximum Power Output:	80.0 kW (107 bhp)
IU Label No:	1122098410	Original Registration Date:	30 May 2008
First Registration Date:	30 May 2008	Open Market Value:	\$12,344.00
Manufacturing Year:	2008	Minimum PARF Benefit:	\$6,172.00
PARF Eligibility:	Yes	Actual ARF Paid:	\$12,344.00
No. of Transfer:	2		

Owner Particulars

Owner Name:	LEE SAMUEL
Owner ID Type:	Singapore NRIC
Owner ID:	S8718967B
Registered Address Type:	HDB / HJDC
Registered Block / House No:	102
Registered Street Name:	JURONG EAST STREET 13
Registered Unit No:	# 07 - 136
Registered Building Name:	
Registered Postal Code:	600102
COE No./Expiry Date:	2008050101003264R / 31 Jan 2023
COE Bid Category:	A - Car (1600cc & below)
PQPPaid:	\$21,485.00

Transaction Details

6,172
Bal: 4.3 mths

ASSIGNMENT ID-0

By Assessor- 1) Main Assessment

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ? ☐
- a) Motorcar ☐ b) Pedestrian ☐
- c) Motorcycle ☐ d) Animal ☐
- e) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govt. 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 information

- Market value \$13,000

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ☐
- 2) SR6 Light on ☐
- 3) ABS Light on ☐

By Assessor- 2) Vehicle Information

Vehicle No: **SJF4873 X** Page: **30 May 2008**

Type: Motorcar / Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover / ☐

/ Truck / Trailer or ☐

Make & Model: **Toyota Vios 1.5E**

Colour: **-** Transmission Type: **C** / Manual

Eng/No: ☐ Sp. Reading: ☐

C/No: **MR053HX9305464330**

Gen. Cond: Good / Fair / Poor / ☐

Steering: In order / Jammad / Leaked / ☐

Brake: In order / Jammad / Leaked / ☐

Modi: Nil / S/Rim / STD A/Rim or ☐

Tyre Size: F: ☐ R: ☐

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

TOYO / YOKO or: ☐

Front	Rear
R/Bal: <input type="checkbox"/> mm	R/Bal: <input type="checkbox"/> mm
L/Bal: <input type="checkbox"/> mm	L/Bal: <input type="checkbox"/> mm

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

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

No. of Repair Days: ☐ Vehicle In Idler: Yes / No

D.O.I: ☐ Time: ☐

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 Vedge ☐

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

WCSO

WCSO

WCSO/Overseer/Completed Time

Claim Handling

Task Transfer Exit

Accident MT/0984916

LOS SAL SUB

Policy No.	5097437669	Vehicle No.	SJF4873X	GST Registration No.	
Policyholder Name	LEE SAMUEL			Policyholder NRIC	S8718987B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88000891	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	06/03/2018 13:41	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	22/01/2018	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JURONG CANAL DRIVE				

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 102 #07-136	Address 2	JURONG EAST STREET 13	Address 3	JURONG EAST VILLE
Address 4	SINGAPORE 600102	Address Type	Singapore address	Post Code	600102
Unit No.	07-136	Related Policy Number	5097437669		

OI Driver Info

Driver Name	LEE SAMUEL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8718987B	Driver DOB	03/07/1987
Register Date of Driver License	14/09/2015	Driver Age	30	Driving Experience	2
Contact No.(Mobile)	88000891	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 102	Address 2	JURONG EAST STREET 13	Address 3	
Address 4		Address Type	Singapore address	Post Code	600102
Unit No.	#07-136				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	LEE SAMUEL	Insured NRIC	S8718987B
Contact No.(Mobile)	88000891	Contact No.(Home)	65605398	Contact No.(Office)	
Email Address	LEESAMUEL1188@GMAIL.COM	OI Vehicle Number	SJF4873X	TP Vehicle Number	-
Claim Description	SJF4873X / - ON 22 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/03/2018 13:50	Claim Close Date		Date Received	06/03/2018 13:45
Report Taken By	KRISHNASAMY	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	TOYOTA	Vehicle Model	VIOS	Engine Capacity	
Date of Registration	30/05/2008	Classis No.	MR053HY9305064330		
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 type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No		
Market Value(\$) *	13,000.00	Scrape Value(\$) *		Economical Repair Value(\$) *	
NOT ECONOMICAL FOR REPAIR AND VEHICLE HAD BEEN DE-REGISTERED					

Remark *

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root	1	32200101	NUMBER PLATE (FRONT)	1	Replace
Not Applicable					
ABS					
ABSORBER					
ACCELERATOR					
ACTUATOR					
ADVERTISEMENT STICKER					

Save

Submit

LKK Paya Ubi

From: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Sent: Thursday, 8 March 2018 2:53 PM
To: Tan Siew Choo; LKK Paya Ubi
Cc: Teng Ken Leong; Woo Chee Wai
Subject: RE: SJF4873X, OD claim no : MT/0984916

Hi Krishna

Please bear with us as we only received the case yesterday.

Regards

Clarence Anthony
Manager
Motor Insurance
T +65 6430 7877
www.income.com.sg



From: Tan Siew Choo
Sent: 8 March, 2018 2:36 PM
To: LKK Paya Ubi <rspu@lkkauto.com>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>; Woo Chee Wai <CheeWai.Woo@income.com.sg>
Subject: RE: SJF4873X, OD claim no : MT/0984916

Dear IDAC,

This case might take a longer period as it was still under investigation.

Regards.

Without Prejudice

Tan Siew Choo
Senior Claims Executive
Motor Insurance
T +65 6430 7882



From: LKK Paya Ubi [<mailto:rspu@lkkauto.com>]
Sent: Thursday, March 08, 2018 2:34 PM
To: Tan Siew Choo <siewchoo.tan@income.com.sg>
Subject: RE: SJF4873X, OD claim no : MT/0984916

Hi

The vehicle no: SJF 4873X was at our idac on 06/03/2018 @ 13:11hrs and may I know if you can make arrangement to tow the vehicle by 3 days if not when raining it will cause mosquitos at our areas .

Thank You

Krishnasamy (Admin)
51 Ubi Ave 1 , #01-25 ,
Paya Ubi Industrial Park ,
Singapore 4089933 Tel : 68410055
Fax : 68416315

From: Tan Siew Choo [<mailto:siewchoo.tan@income.com.sg>]
Sent: Thursday, 8 March 2018 1:58 PM
To: NAC <rspu@lkkauto.com>
Subject: SJF4873X, OD claim no : MT/0984916
Importance: High

Dear IDAC,

Is this veh in your compound at the moment ?

When was it being towed to your compound ?

Regards

Without Prejudice

Tan Siew Choo
Senior Claims Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg



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From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Thursday, 8 March 2018 2:36 PM
To: LKK Paya Ubi
Cc: Clarence Richard Anthony; Teng Ken Leong; Woo Chee Wai
Subject: RE: SJF4873X, OD claim no : MT/0984916

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Regards.

Without Prejudice

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Motor Insurance
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Subject: RE: SJF4873X, OD claim no : MT/0984916

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When was it being towed to your compound ?

Regards

Without Prejudice

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LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Thursday, 15 March 2018 8:34 AM
To: leesamuel1188@gmail.com; admin@indexagency.com.sg; NAC
Cc: Clarence Richard Anthony
Subject: Total loss : SJF4873X, Claim no : MT/0984916

Importance: High

Dear IDAC,

Owner Mr Lee Samuel (tel : 88000891) has to make his own arrangement to tow veh out to scrap personally at LTA's authorised scrapyards.

Pls assist to liaise with owner directly.

Regards,

Without Prejudice

Tan Siew Choo
Senior Claims Executive
Motor Insurance
T +65 6430 7882
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: S5F 4873X Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: LTA

Collection Date: 15/8/18 Time: 1540 with Keys: Yes / No

Tow Truck No: YL1230K Tow Man: Lim Ching Boon NRIC: 7115263/Y

Signature: [Signature]

For office use

Attended by: Shan Hui

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: _____