

NATIONAL Assessment Centre Services		Ref: 12000	MMMA 118033073
Date In: 9/3/18 14:55	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19004560/h4	E-mail (within 5hrs, AIC 2hrs)		
Veh No: FBL 322J	i-Motor Claim Form	MT/0985441	9/3/18 16:27
D.O.A: 3/3/18 10:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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: FZ S612T	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	(Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions
	Revert to OD claim.
07/06/18	1st closed date: 14/03/2018, Reopen by Kim becoz has to convert to OD claim.

NA1803606 / NA1801570	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00	
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10	0.00	
	*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	

7/11/18

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	09/03/2018 14:55
Date Of Accident	03/03/2018 10:30
Exact Location Of Accident	JUNC OF SENGKANG EAST WAY & PUNGGOL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL322J
Insured/Policyholder	
Name Of Registered Owner	WONG JOO CHUANG
NRIC No	S1571353D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92970660
Alternative Phone No	OFFICE-92970660
Vehicle Particulars	
Manufacturer	ADIVA
Model	AR3 200 3-WHEELER CVT
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080085253-01
Cover Note Number	-
Driver	
Name of Driver	WONG JOO CHUANG
NRIC No	S1571353D
Date Of Birth	02/05/1956
Occupation	INDOOR
Date Of Driving Pass	16/07/1993
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92970660
Fax Number	
Contact Number	OFFICE-92970660
EMail Address	NOEMAIL

Address	BLK 250B COMPASSVALE ST #11-71
Postcode	542250
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 - CROSS JUNCTION
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?	YES
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FZ5612T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

WONG JOO CHUANG

Approximate Age

Injuries Sustain

ABRASION ON LEFT & RIGHT FOREARMS, RIGHT ABDOMEN, LEFT LOWER LIMB

Injured person in which vehicle?

FBL322J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

CHEW CHWEE KEE

Approximate Age

Injuries Sustain

BACK, ABRASION LEFT ELBOW

Injured person in which vehicle?

FBL322J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan


SKETCH PLAN

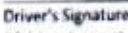
IMPORTANT NOTICE


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.

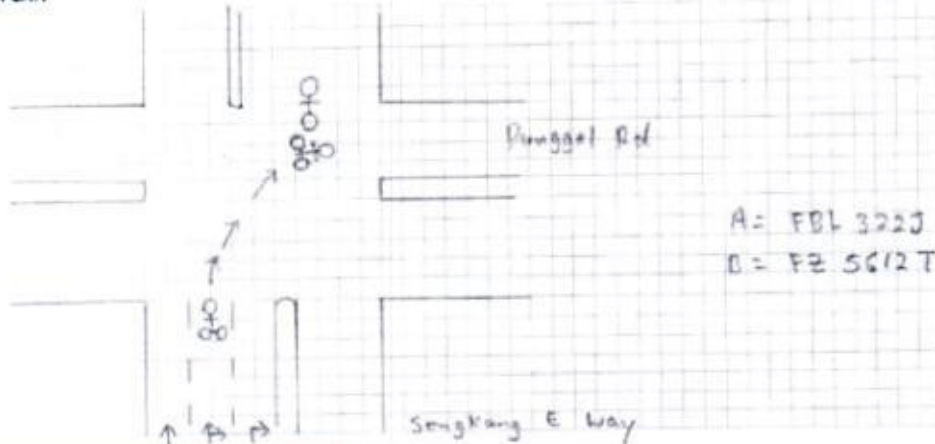

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180303/2089

3 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

CONTINUATION OF REPORT

Brief Details.

On 03/03/2018, at around 1030hrs, while I was riding (Plate no: FBL322J) from seng kang east way to punggol road with the red traffic light, green turning arrow in my favor, the back of my left rear wheel was hit by another motorbike (FZ5612T) at the traffic light junction when he was riding straight along seng kang east way with the red light against his favor. All the three of us were conveyed by ambulance to Khoo Teck Puat Hospital. Both my wife (pillion) and myself receive an MC of 2 and 3 days respectively. I sustained abrasion on my left and right forearms, right abdomen, left lower limb. My wife injured her back when she landed on the ground and abrasion on her left elbow. I do not know how serious was the rider's (plate no: FZ5612T) injuries and I do not know his particulars.

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 : MNA118033073 Vehicle Registration No: FBL322J
Name(as shown in NRIC) : WONG JOO CHUAN NRIC/FIN/Passport No : S1571353D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 250B COMPASSVALE ST #11-71 Singapore(542250)
Contact (Tel) : _____ Mobile No. : 92970660
Email Address : _____
Date of Accident : 03/03/18 Time of Accident : 10:30
Place of Accident : JUNC OF SENGKANG EASTWAY 1 PUNGGOL RD
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:

REVERT FROM TP CLAIM TO OD CLAIMS

Wong Joo Chuan
Policyholder / Driver's Signature

Date: 27/3/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

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 information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

Veh No: FBL322J Yr Regn: 4 May 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / HiPV
/ Truck / Trailer or

Make & Model: Adira AR3 2003 CVT 171

Colour: Blue Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 12412

C/No: RGVTC 40A AFA 000258

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

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 120/70 R14 - Maxxis
R: 120/80 R12 Maxxis

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

Front: 3 mm Rear: 3 mm

R/Bal: 3 mm L/Bal: 3 mm

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

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

No of Repair Days: 5 Vehicle in Idac: Yes / No

D.O.I. 28/3/2016 Time: 8.35 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. 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:

Condition (CON)

(01) Bent (2) Denied (3) Distorted (4) Cracked (5) Cut (6) Scratched
 (07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary
 (12) Missing (13) Torn (14) Unconfirmed (15) Not Working

FOR MOTORCYCLE

ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)
 4. Not Consistent (NC)

May 2005

Motorcycle

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard			
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing	RH CUT		
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror			
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar			
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH			
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	Hand Brake Lever			
3036	991119	Side Fairing	RH CUT		
3037	994220	Side Fairing Top Garnish	LH CUT		
3038	994219	Side Fairing Inner Garnish	LH CRA		
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing			
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower			
		Rear Tailboard	AT	CRA	

Vehicle No: FBL 322J

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy			
1405	993719	Rear LH Shock Absorber	BT		
1445	993720	Rear RH Shock Absorber	BT		
3062	995065	Rear Tyre	LTR CUT		
3063	991200	Rear Rim	RH CUT		
3064	994872	Rear Tyre Rim Spoke	LTR		
3065	993474	Rear Fender Wheel Guard	CUT		
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame	BT		
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp	Stay RH CUT		
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box	CUT		
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			
		Rear Drive Shaft LH			
		Gearbox Cover Fnt	CRA		
		" " " " " " " "			
		Rear Sub Frame + Bracket			
		Rear Lower Arm LH	BT		
		Rear Upper Arm LH	BT		
		Rear Knuckle Arm LH	BT		
		Rear LH Wheel Bearing	NEC		
		R Seat Backrest R Cover	CRA		
		R Seat Frame			

No of Items: _____

Assessor: _____

Claim Handling

Task Transfer Exit

Accident MT/0985441

LOS SAL SUB

Policy No.	5080085253-01	Vehicle No.	FBL322J	GST Registration No.	
Policyholder Name	WONG JOO CHUANG			Policyholder NRIC	S1571353D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92970660	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	09/03/2018 16:16	Accident Report Within 24 hrs	No	Accident Type	Collision - Cross Junction
Date of Accident	03/03/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNC OF SENGKANG EAST WAY & PUNGGOL RD				

Benefits

Excess

Own damage Excess	300.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 250B #11-71	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 542250
Address 4		Address Type	Singapore address	Post Code	542250
Unit No.	11-71	Related Policy Number	5080085253-01		

OI Driver Info

Driver Name	WONG JOO CHUANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1571353D	Driver DOB	02/05/1956
Register Date of Driver License	16/07/1993	Driver Age	61	Driving Experience	24
Contact No.(Mobile)	92970660	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 250B #11-71	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 542250
Address 4		Address Type	Singapore address	Post Code	542250
Unit No.	11-71				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Modification History	12/03/2018 16:27 s025755 Modify Accident Report Within 24 hrs(Yes-->No)		

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	WONG JOO CHUANG	Insured NRIC	S1571353D
Contact No.(Mobile)	92970660	Contact No.(Home)	68815501	Contact No.(Office)	64837003
Email Address	wongjc05@singnet.com.sg	OI Vehicle Number	FBL322J	TP Vehicle Number	FZ5612T
Claim Description	FBL322J / FZ5612T ON 3 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/03/2018 16:29	Claim Close Date		Date Received	28/03/2018 11:35
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
Modification History	27/03/2018 14:13 s069588 Modify Claim Type(OD-MX-->OD-MD)				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	Vehicle Model	Engine Capacity
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3/28/2018

Claim Handling (damage assessment Claim Task MT/0985441 / Claim 001 OD-MD)

ADIVA	AD3 200	171
Date of Registration 04/05/2016	Classis No. RGVTC40AAFA000258	
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 type="radio"/> Yes <input checked="" type="radio"/> No	
Market Value(\$)	Scrape Value(\$)	Economical Repair Value(\$)
REMARK:NO OF REPAIR DAYS:5 DAYS.1X FRT FENDER WHEEL GUARD - UNCONFIRM.1X FRT FORK - UNCONFIRM.1X FRT HEADLAMP - UNCONFIRM.1X LH SIDE FAIRING TOP GARNISH - UNCONFIRM.1X LH SIDE FAIRING INNER GARNISH - REPLACE.1X REAR RH TAILBOARD - REPLACE.1X REAR RH RIM - REPLACE.1X REAR LH & REAR RH FENDER WHEEL GUARD - REPLACE.1X REAR RH TAILLAMP STAY - REPLACE.1X GEAR BOX COVER FRT - REPLACE.1X GEAR BOX COVER REAR - REPLACE.1X REAR SUB FRAME BRACKET - UNCONFIRM.1X REAR LH WHEEL BEARING - REPLACE.1X REAR SEAT BACK REST REAR COVER - REPLACE.1X REAR SEAT FRAME - UNCONFIRM.		
Remark		

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root	1	278004	HEAD LAMP (M/C) FAIRING	1	Replace	X
Not Applicable	2	25200106	FAIRING (RIGHT)	1	Replace	X
ABS	3	25200102	FAIRING (CENTRE)	1	Unconfirm	X
ABSORBER	4	36600103	SHOCK ABSORBER (REAR LEFT)	1	Replace	X
ACCELERATOR	5	36600104	SHOCK ABSORBER (REAR RIGHT)	1	Unconfirm	X
ACTUATOR	6	43600103	TYRE (REAR LEFT)	1	Replace	X
ADVERTISEMENT STICKER	7	43600104	TYRE (REAR RIGHT)	1	Replace	X
	8	407001	SUB FRAME	1	Replace	X
	9	15100102	BOX (M/C) (REAR)	1	Replace	X
	10	23600103	DRIVE SHAFT (REAR LEFT)	1	Unconfirm	X
	11	30500103	LOWER ARM (REAR LEFT)	1	Replace	X
	12	43900103	UPPER ARM (REAR LEFT)	1	Replace	X
	13	30000103	KNUCKLE ARM (REAR LEFT)	1	Replace	X

Save Submit

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Monday, 2 April 2018 11:46 AM
To: NAC ; PanEuroBikes
Subject: FBL322J, OD claim no : MT/0985441

Importance: High

Dear IDAC – Pls release bike to Pan Euro Bikes (Mr Kin Wah, tel: 6299-4929), owner has been informed accordingly too.

Dear Kin Wah of Pan Euro Bikes,

Pls assist to collect bike from IDAC (NAC-Ubi).

Kindly put up estimate to arrange for survey personally at mtsurvey@income.com.sg

Once survey done, pls forward surveyor's marking to my email for our approval.

Regards.

Without Prejudice

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



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Vehicle Movement Form

Vehicle Check-In

Vehicle No: FBL 322 J Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Pan euro Bike

Collection Date: 3/4/18 Time: 17.09 with Keys: Yes / ~~No~~

Tow Truck No: GZ5568B Tow Man: mohan NRIC: S165772412

Signature: 

For office use

Attended by: ROS LINDA

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: _____

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