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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.
- 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.

foresaid.	ACCIDENT STATEMENT
	31/03/2018 09:11
Date Of Report	29/03/2018 19:15
Date Of Accident	BUKIT TIMAH RD SLIP RD INTO NEWTON CIRCUS
Exact Location Of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
	GBE5546J
Vehicle Registration Number	
Insured/Policyholder	BAN SOON HENG ENGINEERING PTE LTD
Name Of Registered Owner	199302272G
Co Reg No	NOEMAIL
Email Address	NOEWALL
Mobile Phone No	OFFICE-67430447
Alternative Phone No	OFFICE-0/430447
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used a time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	A CONTRACTOR OF THE LTD
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092144463
Cover Note Number	
Driver	
Name of Driver	SATHISVARAN DEV PILLAI
NRIC No	S8403016C
Date Of Birth	17/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2011
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97214923
Fax Number	
Contact Number	NOFMAIL

NOEMAIL

Address BLK 451B SENGKANG WEST WAY #10-373

Postcode 792451

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

XD654H

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver GOH TECK SENG

NRIC/Passport Number F1427208U

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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:

- 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)
  - (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.
- 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.

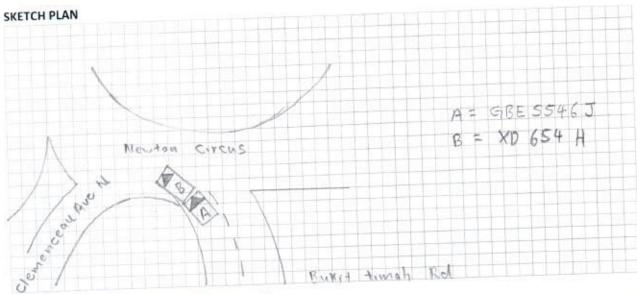
ENGIN

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 .:



CRIBE CIRCUMSTANCES	Newton Circus
roundabout. At t eliicles. After se nto the back o	from Bukit Timuh Koad approaching the stop line, I checked on right side for incoming that is clear, I moved forward and knocked in the fruck which was in the roundabout.

## DECLARATION

I/Wit deblare the foregoing particulars are true in every respect.

Policyholder's Signature

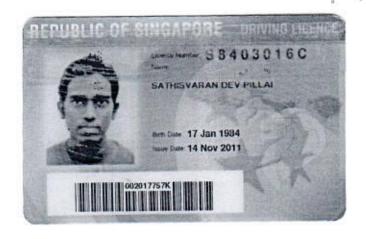
Date & Time:

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

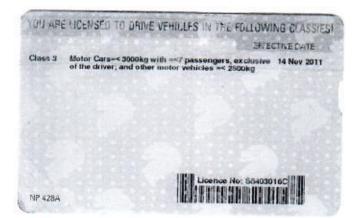
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











Certificate of	f Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) AG MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RI ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	ULES, 1960
Certificate Number   5092144463	Cover : Comprehensive
<ol> <li>Index mark and Registration Number of Vehicle         Chassis Number</li> <li>Name of Policyholder</li> <li>Effective Date of Insurance</li> <li>Expiry Date of Insurance</li> <li>Persons or Classes of Persons entitled to drive#         <ul> <li>(a) The Policyholder.</li> <li>(b) Any other person who is driving on the Policyholder's or Provided that the person driving is permitted in accordate the Motor Vehicle or has been so permitted and is not denactment or regulation in that behalf from driving the</li> </ul> </li> <li>Limitations as to Use#         <ul> <li>(a) Use for social domestic and pleasure purposes and in content of the Company of the Comp</li></ul></li></ol>	: GBE5546J : ZFAZ6300006B17421 : BAN SOON HENG ENGINEERING PTE LTD : 29 Dec 2017 : 28 Dec 2018  Index or with his/her permission. Index with the licensing or other laws or regulations to drive disqualified by order of a Court of Law or by reason of any Motor Vehicle.  Innection with the Policyholder's business or profession. On with the Policyholder's business.  Institute of the Policyholder's business or profession. On with the Policyholder's business.
headings.	
EXCESS (SECTION 1) ; S\$600	
EXCESS (SECTION 2) : N/A	
WINDSCREEN EXCESS : S\$100	
INSURE WITH COE : YES	
HIRE PURCHASE COMPANY ; N/A	
SUM INSURED : MARKET VALUE OF	INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to which this Certificate relative Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  Agency TIMES INS BROKERS (MOTOR BUSING Date of Issue 22 Jun 2017 17:12 hrs	a) and Part IV of the Road Transport Act, 1967 (Malaysia)
	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Im

Authorised Officer

Chief Executive

ident MT/0988412		11.000.000.000	GBE55463	GST Registration No.	199302272G
	092144463	Vehicle No.	G0E33403	Policyholder NRIC	199302272G
yholder Name B	AN SOON HENG ENGINEERING PTE LTD				0
	LEET INSURANCE	Cover Type	Comprehensive	100 Stemonor	Œ.
acc court	7430447	Contact No.(Office)		Contact No.(Home)	No T
and the second	The Manager of the Control of the Co	Special Remark		eCode	NO *
ail Address	CONTROL CAMPA	TCA	e No Yes	eCode Reason	
	» No Yes	NCD Entitlement(%)	0	Private Hire	No
D Protection	No.	NCD Emilianism of 197	7		
Accident Details		A Secretary of the Secretary and the secretary of the sec	Yes	Accident Type	Collision - Head to Rear
port Date	02/04/2018 10:44	Accident Report Within 24 hrs			Singapore
te of Accident	29/03/2018	Time of Accident hh:mm	19:15	ICM No.	
porting Centre		Orange Force			
cident Location	BUKIT TIMAH RO SLIP RO INTO NEWTON CL	RCUS			
> Benefits					
7 Excess	COD 00	Additional Excess		Windscreen Excess	1
vn damage Excess	600.00	Outside Singapore DD Excess			
named Driver Excess					
aird Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	tion		nor a classica Data	01/01/2015	
T Registered	Yes		GST Registration Date	No	
ST Registration No.	199302272G		GST Status Verified	110	
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odinication missery					
Policyholder Mailing Ad	dress			EW/18520	SINGAPORE 408933
	S1 UBI AVENUE 1	Address 2	#06-20 PAYA UBI INDUSTRIAL F	Address 3	
ddress 1	DI dei HAEROF 1	Address Type	Singapore address	Post Code	408933
Address 4		Related Policy Number	5099220288		
init No.	06-20	Indiana a sand			
			Unnamed Driver		
Oriver Name	Unnamed Driver	Driver Type		Driver DOB	17/01/1984
Innamed driver Name	SATHISVARAN DEV PILLAI	Driver NRIC	\$8403016C	Driving Experience	6
Register Date of Driver License	14/11/2011	Driver Age	34		
	97214923	Contact No.(Office)		Contact No.(Home)	FERNVALE FOLIAGE
Contact No.(Mobile)		Address 2	SENGKANG WEST WAY	Address 3	
Address 1	BLK 4518 #10-373	Address Type	Singapore address	Post Code	792451
Address 4	SINGAPORE 792451	real cas Type			
Unit No.	10-373	107/00/00/00/00/00/00/00/00/00/00/00/00/0		Driver Insurer Company	
Does he own a Singaponi Registered car?	Yes a No	Driver Vehicle No.			
ALL GIBERTS					
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes No		
Reading?					
och care					
Modification History					
Modification History					
Modification History  Claim 001 OD-MD No.	w.				
	<u></u>				
		Torruped Name	BAN SOON HENG ENGINEERING	Insured NRIC	1993022726
170 2004 2004	OD-MD ¥	Insured Name	BAN SOON HENG ENGINEERING	Insured NRIC Contact No.(Office)	199302272G 67430447
Claim 001 OD-MD		Contact No.(Home)		Contact No.(Office)	
Claim 001 OD-MD No.	OD-MD ¥		BAN SOON HENG ENGINEERING GBE55463	Contact No.(Office) TP Vehicle Number	67430447 XD654H
Claim 901 OD-MD No.  Claim Type * Contact No.(Mobile) Email Address	OD-MD ¥	Contact No.(Home)	GBE55463	Contact No.(Office)	67430447 XD654H
Claim 901 OD-MD No  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description	OD-MD 97559698 GBE55463 / XD654H ON 29 Mar 2018	Contact No.(Home)		Contact No.(Office) TP Vehicle Number	67430447 XD654H GOLDBELL CHANGI
Claim 901 OD-MD No  Claim Type *  Contact No.(Mobile)  Email Address	OD-MD 97559698 GBE5546J / XD654H ON 29 Mar 2018 &4482686	Contact No.(Home) OI Vehicle Number Insured Liability *	GBE55463 Fully at Fault	Contact No.(Office) TP Vehicle Number	67430447 XD654H 30 GOLDBELL CHANGI
Claim 001 OD-MD No  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact	OD-MD 97559698  GBE5546J / XD654H ON 29 Mar 2018 &4482686  Yes	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option	GBE55463	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	67430447 XD654H GOLDBELL CHANGI
Claim 001 OD-MD No  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.	OD-MD 97559698 GBE5546J / XD654H ON 29 Mar 2018 &4482686	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463 Fully at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report	67430447 XD654H 30 GOLDBELL CHANGI
Claim 001 OD-MD No  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation	OD-MD 97559698  GBE5546J / XD654H ON 29 Mar 2018 &4482686  Yes	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option	GBE55463 Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 3 GOLDBELL CMANGI
Claim 901 OD-MD Ne  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463 Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 30 GOLDBELL CHANGI
Claim 001 OD-MD No  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463  Fully at Fault  Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 30 GOLDBELL CHANGI
Claim 901 OD-MD Ne  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Regular Finalisation Date Registered Report Taken By	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463 Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 30 GOLDBELL CHANGI
Claim 901 OD-MD  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463  Fully at Fault  Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 30 GOLDBELL CHANGI
Claim 901 OD-MD Ne  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463  Fully at Fault  Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 30 GOLDBELL CHANGI
Claim 001 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  ** Print AK letter  Attachment	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58	Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	GBE55463  Fully at Fault  Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H 3 GOLDBELL CMANGI
Claim 901 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  ** Print AK letter	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58 LIEW SHAN HUI	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	GBE55463  Fully at Fault  Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H GOLDBELL CMANGI
Claim 901 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	OD-MD	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer  Claim No.	GBE55463  Fully at Fault  Preferred Workshop (refer below)  Save   Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	67430447 XD654H GOLDBELL CMANGI
Claim 901 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	OD-MD 97559698  GBE55463 / XD654H ON 29 Mar 2018 64482686  Yes 02/04/2018 10:58 LIEW SHAN HUI	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	GBE55463  Fully at Fault  Preferred Workshop (refer below)  Save Submit  001 02/04/2018 11:49	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired	67430447  XD654H  GOLDBELL CHANGI  Received  02/04/2018 00:00
Claim 901 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	OD-MD	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer  Claim No.	GBE55463  Fully at Fault  Preferred Workshop (refer below)  Save Submit  001 02/04/2018 11:49 Category *	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired  Confidential Un	67430447  XD654H  GOLDBELL CHANGI  Received  02/04/2018 00:00
Claim 901 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received	OD-MD 97559698  GBE5546J / XD654H ON 29 Mor 2018 64482686  Yes 02/04/2018 10:58 LIEW SHAN HUI  MT/0988412 • Yes No Path *	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer  Claim No.	GBE55463  Fully at Fault  Preferred Workshop (refer below)  Save Submit  001 02/04/2018 11:49	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired  Confidential V NO Norm	67430447  XD654H  GOLDBELL CHANGI  Received  02/04/2018 00:00
Claim 901 OD-MD  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received  Choose File No file cho	OD-MD 97559698  GBE5546J / XD654H ON 29 Mor 2018 64482686  Yes 02/04/2018 10:58 LIEW SHAN HUI  MT/0988412 • Yes No Path *	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer  Claim No.	GBE55463  Fully at Fault  Preferred Workshop (refer below)  Save Submit  001 02/04/2018 11:49 Category *	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  V GIA report Date Received Total Loss but Repaired  Confidential Un  V NO V Norm  V NO V Norm	67430447  XD654H  GOLDBELL CHANGI  Received  02/04/2018 00:00
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received	OD-MD	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer  Claim No.	GBE55463  Fully at Fault  Preferred Workshop (refer below)  Save   Submit   001   02/04/2018 11:49   Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired  Confidential V NO Norm	67430447  XD654H  GOLDBELL CHANGI  Received  02/04/2018 00:00

Choose File No file chosen Choose File No file chosen Choose File No file chosen Message Read

▼ Normal Clear Please Select ▼ Normal v NO Clear Please Select \* NO ▼ Normal Clear Please Select

		0.00
7	Attachment	List

	Uploaded By/Date	Folder Date	Scan	- 24400000	1	10000
video List		E 4790 2023	File Name		9	Source
13	NAC_PAYA_UB1_800601( NA	DONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:48	Photos		Normal	Photos 2018-4-2
10	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:48	Photos		Normal	Photos 2018-4-2
7	NAC_PAYA_URI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:48	Photos		Normal	Photos 2018-4-2
6	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:48	Photos		Normal	Photos 2018-4-2
3	NAC_PAYA_UBJ_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:48	Photos		Normal	Photos 2018-4-2
	NAC_PAYA_UBI_B00601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:48	Photos		Normal	Photos 2018-4-2
	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:49	Photos		Normal	Photos 2018-4-2
	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:49	Photos		Normal	Photos 2018-4-2
	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRÉ SERVICES) on 02 Apr 2018 11:49	Photos		Normal	Photos 2018-4-2
4	NAC_PAYA_UBI_800601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:49	Photos		Normal	Photos 2018-4-2
	NAC_PAYA_UBJ_800601( NATH	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:49	Photos		Normal	Photos 2018-4-2
60	NAC_PAYA_UBI_800601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:49	SAS		Normal	SAS 2018-4-2
100 TT*	NAC_PAYA_UBI_800601( NATK	ONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2018 11:49	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-2
tachment	UI.	ploaded By/Date	Category	9	Urgency	Description

Display in New Window Scan and uploading

#### ASSIGNMENT (IDAC)

By CSO- Nature of Acciden	11				By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??				Veh No: GBE 5546 J Yr Regn: 29 Dec 2015
a) Motorcar ( )	a) Pedestrian		)	İ	Type: M.Car / M.Cycle / Bus / Can Lorry / Taxi / Prime Mover / HIPV
b) M/cycle ( )	b) Animal	(	)		/ Truck / Trailer or
c) Bicycle ( )					Make & Model: Frost Doblo Cargo Mario 1198
3) Vehicle hit Road Side Objects:					Colour Silver Transmission Type: Out Manual
a) Govrn.Property ( )	b) Road Work Object	(	)		Eng/No: Sp.Reading: 43470
(Eg. signboard, barrier, tree etc)	c) Private Property	(	ý		C/No: ZFA 26300006 B 17421
4) Vehicle drop into drain		(	)		Gen. Cond: 600 / Fair / Poor / Burnt or
5) Damage due to Act of God:					Steering: Inforder / Jammed / Leaked / Burnt or
a) Fallen Object ( )	b) Flood	(	)		Brake: Forder / Jammed / Leaked / Burnt or
c) Other,					Modi : Ni / S/Rim / STD A/Rim or
6) Parked & Found Damaged:					Tyre Size: F: 195 60 R16
a) Vandalism ( )	b) His by Moving Object	1	-)		R:
7) Theft Case					BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / R SUMI /
a) Stolen ( )	b) Damage found	(	)		TOYO/YOKO or
	when recovered.				Front Rear
8) Fire					R/Bal. 5 mm R/Bal. 9 mm
a) Whilst driving ( )	b) Parked		( )	· ·	L/Bal. 5 mm L/Bal. 6 mm
				8	
9) Accident date more than 24hr	rs		( )	ř	Parallel Import: Yes No Towed-In: Yes / No
		_			Repair Type: (LS)/ I.B.I Towing Required: (Yes)/ No
Remarks for internal informatio	n				No of Repair Days: Vehicle in Idac: Ves / No
				_	D.O.I. 2/4/2018 Time: 8.350~
		-27			By Assessor- 2) Comments
					Damages not due to recent accident.
					2) Damages do not seem hit onto:
Remarks to appear in Works O	rder & Assessment repor	t			a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
1) Potential Total Loss (	)				e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( )
2) SRS Light on (	)				h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
3) ABS Light on	)				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 ( )
	7.				Time Started Time completed:
***					11CSO
2 0 6 500 14	10 p == 1 40 P H H PP				2) ASS
	man ti				Entire Operation Completed Time:
	Kerr s				

Condition\_LCONI (01)Best (2)Deuted (3)Distanced (4)Cracked (5)Cut (6)Scratched (07)Deformed (07)Shifted (07)Dackled (10)Disket (11)Discoursy (12)Missing (13)Torm (14)Disconfined (15)Not-Working

#### VAN/LORRY (Frt)

ACTION (AC) (I)Replace (√) (2)RepuiN) (3)Cleck Ø) (4)Not Consistent (8C)

Front Portion

NAC	INC	Item	CON	AC	Qty
001	Territoria de la constanta de	Frt Number Plate	DD	-	
002	100000000000000000000000000000000000000	Frt Number Plate Base	CRA		
2001	991300	Frt Bumper Frt Bumper Legacians	DV	-	6
2001	991477	Fit Bumper Lower	MES	5	0
2003	991449	Frt Bumper Side Come Up Grille	-	1	
2004	991443	Frt Bumper Side Sporge	CRA	-	
1006	991325	Frt Bumper Bracket		1	
1008	991433	Frt Bumper Reinforcement	BT	/	
2005	991466	Frt Bumper Signal Lamp	111111111111111111111111111111111111111		
1017	995100	Frt LH Bumper Fog Lamp Cover		N.	
1018	991355	Frt RH Bumper Fog Lamp Cover		2	
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021		Frt Grille	CRA	-	
1022	and the same and the same	Frt Grille Emblem	MEC	/	
2006	Control or the Section Assessed	Frt Grille Sticker		_	-
1023		Frt Grille Chrome Moulding			
2007		Frt Panel Frt Lower Panel	-		-
2008		Frt Lower Panel Frt Panel Emblem			
2010	Annual Control of the	Frt Panel Sticker			
2010	Company of the Compan	Frt Panel Garnish			
1024	and the state of t	Frt Apron Panel	-	-	
2012	and an investment of the second	Frt Corner Panel	1		
2013		Frt Corner Panel Signal Lamp	-		
2014	995245	Frt Signal Lamp LH			
2015		Frt Signal Lamp RH			
1029		Frt LH Headlamp Assy	CRA		-
1030		Frt RH Headlamp Assy	49	5	
1031		Frt LH Side Lamp	0 -		
1032		Frt RH Side Lamp			
2016		Frt Wiper Panel			
2017	995043	Frt Wiper Nozzle			
1120	992140				
1121	992142	Frt Wiper Blade			
2018	992145	Frt Wiper Link			
2019	992148				
1122	995045	Wiper Panel Garnish		_	
1114		Frt Windscreen Washertonk		13	
1115		Frt Windscreen Rubber			
1117		Frt Windscreen Sealant		-	
2020	A CONTRACTOR OF THE PARTY OF TH	Frt Windscreen Outer Pillar		-	-
2021		Frt Windscreen Inner Pillar			
1118		ERP Bracket	1	_	
1119		ERP Unit	-	-	-
2022		Frt Side Mirror (Big)	-	-	-
2023		Frt Side Mirror (Small)	-	-	
2024 2025		Frt Side Mirror (Round) Frt Wing Mirror Stay			-
1025		Frt Support Panel	PT	-	1
1033		Bonnet	12.1	1	1
1035	manufacture by the best by the	A CONTRACTOR OF THE CONTRACTOR	12-	1	+
1037	Contract Contract	- Control of the Control	PT		2
-	The second section (1) is a second of		P	1	-
1039	The second leaves to the second leaves to the	A STATE OF THE STA	-	ri	-
Make Company	the State of State of the State of		-	10	-
1043		The state of the s	-	3	-
1048	and the state of t	A STATE OF THE STA	-	15	1
1049		A contract of the contract of	-	1	-
1053	which for the period proper to any	The state of the s	-	17	-
1054	The second second second	A DESCRIPTION OF THE PROPERTY	-	n	-
1056		A STATE OF THE PROPERTY OF THE	-	1	-
1058	The second second second	A STATE OF THE PARTY OF THE PAR	-	1	
2026	Control and the control and an experience			1	
1079	and the land of the land of the land			1	
1059				13	
THEFT		Air Duct Air Cleaner Assy		-	-
	0000070			1	
1060		Battery	-	-	-

110	Dist	Vehicle No: GB6 5	000	7	Ų
NAC	INC	Item	CON	AC	Qty
1085		Engine Under Cover			
1086		Engine Mounting			
2027		Frt Cabin Assy	_	-	
2028		Frt Cabin Mounting Frt Cabin Rear Panel	-		-
1092	CONTRACTOR CONTRACTOR STATE	Frt LH Chassis Member			
1093	Charles of the second second second	Frt RH Chassis Member			
1094	-	Frt Vertical Cross Member			
1095	manufactured and a Cartifolium	Frt Lower Cross Member			
2030		Air Con Evaporator Assy			
2031	MARKET MARKET STATE OF THE PARKET STATE STATE OF THE PARKET STATE ST	Air Con Blower			
1082	990427	Brake Master Pump Assy			
1083		Brake Booster Pump Assy			
2032		Brake Pedal			
2033	Contract of the Contract	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127		Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131		Airbag Control Unit			
1133	991922	Frt RH Seat Belt Assy			
1135	and the second second second second	Frt LH Seat Belt Assy			
1124		Dashboard Assy	1 1 1 1		
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096		Frt LH Fender	BIC	1	
1097		Frt LH Fender Inner Panel	BT	R	
1100	991740	Frt LH Fender Inner Shield	-	1	
1101	995179	Frt LH Mudflap			
2035	Control Street April 2 Street April 2015	Frt LH Wheel Guard			
1102	995170	Frt LH Wheel Rim			
1104		Frt LH Tyre			
1105	995071	Frt RH Fender			
1106		Frt RH Fender Inner Panel		10	
1109		Frt RH Fender Inner Shield		17	
1110		Frt RH Mudflap			
2036		Frt RH Wheel Guard	-		
1111	STATE OF STREET	Frt RH Wheel Rim			
1113		Frt RH Tyre			
1255	and the second second second	Frt LH Door	SCR	K	-
1256	Commencia Control Anna Control Anna Control	Frt LH Door Protector		-	-
1257		Frt LH Door Hinge	-		-
1258	COLUMN TO SERVICIO A CARDON COLOR	Frt LH Door Wing Mirror	-	-	-
1262		Frt LH Door Glass		-	-
1263		Frt LH Door Glass Regulator		-	-
1264	The second second second	Frt LH Door Glass Regulator Motor			-
1265	991662	A MANAGEMENT CAN PRODUCE OF THE CONTROL OF THE CONT	-	-	
1266	The second second second		-	-	-
1272	991617		-	-	+
1316	995327	Frt RH Door Frt RH Door Protector		-	-
1317		Frt RH Door Hinge	1		1
1318		Fit RH Door Wing Mirror		1	
	THE PERSON NAMED IN COLUMN TWO			1	1
1323	and the second distribution of the second distribution of		-	-	-
1324		Frt RH Door Glass Regulator	-	-	+
1325		Frt RH Door Glass Regulator Motor	-	+	+
1326		Frt RH Door Rubber	-	+	+
1327		Frt RH Door Outer Handle	-	-	-
1333		Frt RH Door Inner Trim Board	-	-	-
2037	real of the property of the property of the	Frt Door Frt Pillar			
2038	or State September 56 August According			-	-
2039	and an overlander being		1	-	1
2040	-	and the state of t			
2041					-
2042		Frt Step Panel Top Garnish	-		-
2043	-	the first of the second	-	-	+
1073		and the state of t	4	-	+
1136	99024	FFT No. Plate Farnish	To see	-	1
E .		IN MOINDLE HOLDING	VI	2 -	

2018						ransfer Exit
im Handling Accident MT/0988412				GST Registration No.	199302272G	OS SAL SUB
M.F. COMMISSION CO.	5092144463	Vehicle No.	GBE5546J	Policyholder NRIC	199302272G	
cyholder Name	BAN SOON HENG ENGINEERING PTE LTD		a contractor	Loading	0	
duct Code	FLEET INSURANCE	Cover Type	Comprehensive	Contact No.(Home)		
stact No.(Mobile)	67430447	Contact No.(Office)		eCode	No *	
ail Address		Special Remark	e No Yes	eCode Reason		
(	» No Yes	TCA		Private Hire	No	
D Protection	No	NCD Entitlement(%)	0			
Accident Details		Control of the Contro	Danies -	Accident Type	Collision - Head to Rear	
port Date	02/04/2018 10:44	Accident Report Within 24 hrs	Yes		Singapore	
te of Accident	29/03/2018	Time of Accident hh:mm	19:15	Country of Accident	Singapore	
	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.		
porting Centre cident Location	BUKIT TIMAH RD SLIP RD INTO NEWTON	CIRCUS				
Benefits	AT GASO / AT CONTRACTOR AT LOCAL					
Excess						100.00
vn damage Excess	600.00	Additional Excess		Windscreen Excess		100.00
		Outside Singapore OD Excess				
named Driver Excess	701001	Outside Singapore TP				
aird Party Excess	0.00	Excess				
GST Registered Info			GST Registration Date	24/05/1999		
IT Registered	Yes		GST Status Verified	Yes		
T Registration No.	199302272G 02/04/2018 14:30:15 Kar	thlyn Yuen changed GST Regis	tration Date from 01/01/2015 to 24/05/1	999		
odification History	02/04/2018 14:30:15 Kar	thlyn Yuen changed GST Statu	is Verified from No to Yes			
Policyholder Mailing		Address 2	#06-20 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933	
ddress 1	51 UBI AVENUE 1	Address Type	Singapore address	Post Code	408933	
ddress 4		Related Policy Number	5099220288			
nit No.	06-20	Xir SXX Francis				
OI Driver Info	1 Paris	Driver Type	Unnamed Driver			
Priver Name	Unnamed Driver SATHISVARAN DEV PILLAS	Driver NRIC	58403016C	Driver DOB	17/01/1984	
Innamed driver Name tegister Date of Driver		Driver Age	34	Driving Experience	6	
icense	14/11/2011	Contact No.(Office)		Contact No.(Home)		
Contact No.(Mobile)	97214923	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE FOLIAGE	
Address 1	BLK 451B #10-373	Address Type	Singapore address	Post Code	792451	
Address 4	SINGAPORE 792451	High east 17pe				
Jnit No.	10-373	con constitute flam		Driver Insurer Company		
Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.				
<b>▽</b> Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No			
Modification History						
→ Investigation						
Claim 001 OD-MD						LOS SAL
	er Zuraimee Bin Mantau					
Contractor Contractor	OD-MD	Insured Name	BAN SOON HENG ENGINEERING	Insured NRIC	199302272G	
Claim Type	97559698	Contact No.(Home)		Contact No. (Office)	67430447	
Contact No.(Mobile)	27.333074	OI Vehicle Number	GBE5546J	TP Vehicle Number	XD654H	
Email Address	2015 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Name of Preferred Workshop	GOLDBELL CHANGI	
Claim Description	GBE5546) / XD654H ON 29 Mar 2018		Fully at Fault			
Preferred Workshop Contact No.	64482686	Insured Liability	a to the state of the flow beatings.	GIA report	Received	
Require Finalisation	Yes	Preferend Repair Option	Limiting moreousk fract. Aspect	Date Received	02/04/2018 15:39	
Date Registered	02/04/2018 12:01	Claim Close Date Workshop Repairer		Total Loss but Repaired		
Report Taken By	LIEW SHAN HUT	Workshop Repairer				
Print AK letter						
Modification History						
	ation Approval					
Approvál		Reason				
Remarks						
	t Attachment					
damage assessmen	C PARAMETERISTIS					
damage assessmen	t Marketinism					

			Claim Ha	ndling ( damac	ge assessment Claim Task	MT/0988412 / Claim	001 OD-MD)				
2/2018			Ciaiiii i ic	indining ( damag	DOBLO CARGO		0.97				
	FIAT		Classic No.		ZFA26300006B174Z1						
Date of Registration	29/12/2015		Classis No.		● Yes ⑤ No	Parallel Import *	⊕ Yes ®	No			
Towing Required *	● Yes □ No		Vehicle in I	DAC *		Survey Current Status					
Type of Tender	Own Damage		Assessor N	ame *	SIMON	Survey Current Status					
DAC/Workshop Name	NATIONAL ASSESSMEN	IT CENTR	IDAC/Work	shop Location	51 UBI AVENUE 1 #01-25 PAYA						
Windscreen Parts & Labour			Total Loss	•	Yes No		itie				
Cost	_		Scrape Va	lue(\$)		Economical Repair Value	ie(\$)		_		
Market Value(\$)			SUMPL VO	ID LOWER - REPLACE	1X FRT BUMPER UPP GRILLE - UNCO	NFIRM.1X FRT WINDSCREEN W	ASHER TANK - UNCONFIRM	4.1X AIRCON LIQUID	PIPE -		
	REMARK: NO OF REPAI UNCONFIRM. 1X AIRDS	UCT - UNCONF	FIRM.	IN CONTEN							
Remark	1										
▽ Damage I	isting						Penai	Code *			
Find a Part			No.	Part No.	Descripti		ty * Repair	*	×		
root Not App	irabio.	iii	1	25400102	FENDER (FROM		1 Repair	*	×		
ABS			2	25400801	FENDER INNER PANE		1 Unconfirm	•	×		
ABSOR			3	25400901	FENDER INNER SHIEL		1 Unconfirm		1		
ACCEL	ERATOR		4	25400902	FENDER INNER SHIELD		1 Repair	¥			
	TISEMENT STICKER	+	5	23300201	DOOR (FROM	53000		•	Ē		
			6	32200501	NUMBER PLATE GAR	INISH (FRONT)	1 Replace	*	Ī		
			7	32200101	NUMBER PLATE		1 Replace		Ī		
			8	32200201	NUMBER PLATE B		1 Replace		Ī		
			9	16000101	BUMPER (F	No. of the Control of	6 Replace	*	Ī		
			10	16002401	BUMPER CLIPS		1 Replace	*	E		
			11	16005901	BUMPER SPONG	Print and the second se	1 Unconfirm	•	Ī		
			12	16001301	BUMPER BRACKET		1 Unconfirm	•	Ī		
			13	16001302	BUMPER BRACKET		1 Replace	•	I		
					14	16005001	BUMPER REINFORC		1 Unconfirm	•	Ì
			15	16002901	BUMPER FOG LAMP CO		1 Unconfirm	•	Ì		
			16	16002902	BUMPER FOG LAMP CO	VER (FRONT RIGHT)		-			
			17	27100101	GRILLE (F	The second secon	1 Replace	•			
			18	27100801	GRILLE EMBLE	M (FRONT)	1 Replace	•			
			19	27700101	HEAD LAM	(LEFT)	1 Replace	•	Ì		
			20	27700102	HEAD LAMP		1 Replace	•			
			21	41300101	SUPPORT PAN	De la companya della companya della companya de la companya della	1 Replace	•			
			22	149001	BON	OET .	1 Replace	•			
			23	14903401	BONNET LOC		1 Replace	•			
			24	14902201	BONNET HIN	- All	1 Replace				
			25	14902202	BONNET HIN		1 Replace	•			
			26	149043	BONNET RUB		1 Unconfirm				
			27	112023	AIR CON CO	The state of the s	1 Unconfirm	•			
			28	112060	AIR CO			*			
			29	344001	RADIA	The state of the s	1 Unconfirm	*			
			30	344005	RADIATOR	COWLING	1 Unconfirm	•			
			31	344008	RADIATO	OR FAN	1 Unconfirm	•			
			32	344007	RADIATOR EXP	ANSION TANK	1 Unconfirm				
			33	243014	ENGINE LO	WER COVER	1 Unconfirm	-			



# 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

ehicle Check-	<u>In</u>		500-50 L-00-2100-14-10
ehicle No:	GBE 5546 J.	Date In:	Time In: with Keys: Yes / No
			For Office use
			Attended by:
Managed in Section 200	ection of Vehicle		
	HOCK WAH		
Collection Date:	6.4.18	Time:	with Keys: Yes / No
Γοw Truck No:	Ym 7317B	_Tow Man: _	KELVIN NRIC: _ \$8848791E
	K:		
For office use		*	
Attended by:	ROSLINDA		Approved by:
	CV. L. I.		
	urn of Vehicle		
Returned Date:		Time: _	with Key: Yes / No
			NRIC:
			For office use
Signature.			Attended by:
Owner Collec	ction of Vehicle		
Collection Date:		Time:	with Key: Yes / No
			NRIC:
For office use			
Attended by:			Approved by:

#### LKK Paya Ubi

From:

Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>

Sent:

Thursday, 5 April 2018 5:10 PM

To:

'Hock Wah'

Cc:

'LKK Paya Ubi'

Subject:

Vehicle GBE5546J,OD Claim No: MT/0988412-001, DOA: 29/03/2018

Dear Hock Wah Motor

OD Excess \$600 apply.

Vehicle is currently at NAC Paya Ubi.

Please arrange to take away the vehicle and update Mr Steven Choo at 97559698 on the repair.

Strictly no further supplementary is allowed and please arrange for a survey before repair.

Please forward the invoice and DV within 7 working days to us once repairs has been done and survey has been conducted.

Update the 'Repair Status' when repairs are done.

### 

Our Ref: MT/CA/OD/051/0988412-001/ZBM

05 Apr 2018

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12

BEDOK INDUSTRIAL PARK E

SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/0988412-001

REPAIR OF VEHICLE NUMBER: GBE5546J

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

follows:

Award Date: 05 Apr 2018

Make: FIAT

Model: DOBLO CARGO Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at

motor@income.com.sg.

Thank you

#### Zuraimee Bin Mantau

Senior Executive, Motor Insurance 7+65 6430 7891 www.income.com.sg











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