

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118058500

Date In: 415118 17:28	Job description	Date & Time Completed	Done by
Ref No: MA11MC18008219164	SAS e-filing		
Veh No: SKG 38502	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 415118 12:30	i-Motor Claim Form	MT10943034-001	415118 18:01
<input checked="" type="radio"/> OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No: ( )

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
	Tan Siew Choo 6430 7882

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
Damaged Portion:	3) TF: 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		
	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:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	04/05/2018 17:28
Date Of Accident	04/05/2018 12:30
Exact Location Of Accident	51 PAYA UBI INDUSTRIAL PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3850L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG YEO TIONG
NRIC No	S7037276B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94528352
Alternative Phone No	OFFICE-94528352

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4X A
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	5061666989-04
Cover Note Number	-

### Driver

Name of Driver	TAN CHWEE KIAU
NRIC No	S7071000E
Date Of Birth	30/06/1970
Occupation	INDOOR
Date Of Driving Pass	17/11/2000
Driving Experience	17 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94528352
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 13 UPPER BOON KENG RD #09-943
Postcode	380013
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS PARKED INFRONT MY OFFICE AT 51 PAYA UBI INDUSTRIAL PARK. WHEN I WENT BACK TO MY VEH AND I REALIZED MY VEH SUNROOF WINDSCREEN WAS CRACK.

#### 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:

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

## SKETCH PLAN

Sunroof windscreen Crack



parked vehicle

A = JKE 3850L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7071000E**

Name: **TAN CHWEE KIAU**

Birth Date: **30 Jun 1970**

Issue Date: **15 Nov 2003**

001003208H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7071000E**

Name: **TAN CHWEE KIAU**

陈翠娇

Race: **CHINESE**

Date of birth: **30-06-1970**

Sex: **F**

Country/Place of birth: **MALAYSIA**





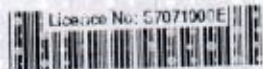
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **17 Nov 2000**

Licence No: **S7071000E**

NP 428A



5430607

NRIC No: **S7071000E**

Date of issue: **02-03-2015**

Address: **APT BLK 13 UPPER BOON KENG ROAD  
#09-943  
SINGAPORE 380013**




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)

SKE3850L

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5061666989-04	NG YEO TIONG	S7037276B	GPC	drivo CLASSIC	SKE3850L	SKE3850L	25/09/2017	24/09/2018

## Claim Handling

## Accident MT/0993034

Policy No.	5061666989-04	Vehicle No.	SKE3850L	GST Registration No.	
Policyholder Name	NG YEO TIONG			Policyholder NRIC	S7037276B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94528352	Contact No.(Office)		Contact No.(Home)	
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(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	04/05/2018 17:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/05/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	51 PAYA UBI INDUSTRIAL PARK				

## ▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	
Transport Allowance		99999999.99	

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 13 #09-943	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 380013
Address 4		Address Type	Singapore address	Post Code	380013
Unit No.	09-943	Related Policy Number	5061666989-04		

## ▼ OI Driver Info

Driver Name	TAN CHWEE KIAU	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7071000E	Driver DOB	30/06/1970
Register Date of Driver License	01/01/2003	Driver Age	47	Driving Experience	15
Contact No.(Mobile)	94528352	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 13 #09-943	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 380013
Address 4		Address Type	Singapore address	Post Code	380013
Unit No.	09-943				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Claim 001 New

Claim Type *	OD-MD ▼	Insured Name	NG YEO TIONG	Insured NRIC	S7037276B
Contact No.(Mobile)	81136967	Contact No.(Home)	67474998	Contact No.(Office)	
Email Address	YEOTIONG@PCRJM.COM	OI Vehicle Number	SKE3850L	TP Vehicle Number	
Claim Description	SKE3850L ON 4 May 2018			Name of Preferred Workshop	Q
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼		
Require Finalisation	Yes ▼	Preferred Repair Option	Income to assign workshop ▼	GIA report	Received
Date Registered	04/05/2018 18:00	Claim Close Date		Date Received	04/05/2018 00:00
Report Taken By	LIEW SHAN HUI				

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0993034	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/05/2018 18:01

Path \*

Choose File No file chosen

Category \*

Confidential

Urgency \*

Descr

Clear

Please Select ▼

NO ▼

Normal ▼



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	

Sen

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	SAS	Normal	SAS 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:01	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:00	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:00	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:00	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:00	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:00	Photos	Normal	Photos 2018-5-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2018 18:00	Photos	Normal	Photos 2018-5-4

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

ASSIGNMENT (IDAC)By CSO- Nature of Accident:

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

Remarks for internal informationRemarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

Veh No: SKE 3850 L Yr Regn: 7

Type: M.C. 6 / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / RRP /

/ Truck / Trailer or

Make & Model: Toyota Estima C.C.

Colour: Silver Transmission Type: Auto / Manual

Eng/No: Sp. Reading: 191300

C/Nr: ACR50-7067359

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STBA / Rim or

Tyre Size: F: 245 / 45 ZR17

R: 245 / 45 ZR17

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

TOYO / YOKO or

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

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

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

No of Repair Days: 1 Vehicle in Idac: Yes / No

D.O.I. 4/5/18 Time: 1750hrs.

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 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:

SKE 3850L

Roof top Moon roof glass (center)  
Glass Moulding  
Glass sealant

shattered  
rec } Replace  
rec }

1 Day.



## Claim Handling

Task Transfer Exit

## Accident MT/0993034

LOS SAL SUB

Policy No.	5061666989-04	Vehicle No.	SKE3850L	GST Registration No.	
Policyholder Name	NG YEO TIONG			Policyholder NRIC	S7037276B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94528352	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	04/05/2018 17:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/05/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	51 PAYA UBI INDUSTRIAL PARK				

## Benefits

Coverage	Sum Insured
Excess Waiver	9999999.99
Transport Allowance	9999999.99

## Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 13 #09-943	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 380013
Address 4		Address Type	Singapore address	Post Code	380013
Unit No.	09-943	Related Policy Number	5061666989-04		

## OI Driver Info

Driver Name	TAN CHWEE KIAU	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7071000E	Driver DOB	30/06/1970
Register Date of Driver License	03/01/2003	Driver Age	47	Driving Experience	15
Contact No.(Mobile)	94528352	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 13 #09-943	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 380013
Address 4		Address Type	Singapore address	Post Code	380013
Unit No.	09-943				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	NG YEO TIONG	Insured NRIC	S7037276B
Contact No.(Mobile)	81136967	Contact No.(Home)	67474998	Contact No.(Office)	
Email Address	YEOTIONG@PCRM.COM	OI Vehicle Number	SKE3850L	TP Vehicle Number	
Claim Description	SKE3850L ON 4 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	GIA report	Received
Date Registered	04/05/2018 18:02	Claim Close Date		Date Received	07/05/2018 09:08
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	ESTIMA	Engine Capacity	
Date of Registration	25/09/2008	Classis No.	ACR507067359		
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	KELVIN	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:1 DAYS,1X ROOF TOP MOON ROOF GLASS (CENTER) - REPLACE, 1X GLASS MOULDING - REPLACE, 1X GLASS SEALANT - REPLACE.					
Remark					

Damage Listing

N	No.	Part No.	Description	Qty *	Repair Code *	
	1	32200101	NUMBER PLATE (FRONT)	1	Unconfirm	X
			ROOF TOP FRAME RUBBER			
			ROOF TOP INSULATOR			
			ROOF TOP LOWER CANVAS			
			ROOF TOP MOULDING			
			ROOF TOP MOULDING CLIPS			
			ROOF TOP MOULDING END JOINT			
			ROOF TOP SPEED WARNING LIGHT			
			ROTOR DISC			

Save Submit

## LKK Paya Ubi

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**From:** Tan Siew Choo <siewchoo.tan@income.com.sg>  
**Sent:** Tuesday, 10 July 2018 2:29 PM  
**To:** NAC  
**Subject:** SKE3850L, OD claim no : MT/0993034

From: Tan Siew Choo  
Sent: Monday, May 07, 2018 4:37 PM  
To: 'City Auto' <cityauto@singnet.com.sg>  
Subject: SKE3850L, OD claim no : MT/0993034  
Importance: High

Dear City Auto,

Veh is still with OID Ms Tan (tel : 94528352), kindly assist with the necessary arrangement asap.

OD excess waiver n pls assist to provide 2 days of Transport allowances to owner.

No survey required only for this repair works.

Regards.

Without Prejudice  
Tan Siew Choo  
Senior Claims Executive  
Motor Insurance  
T +65 6430 7882  
www.income.com.sg

Our Ref: MT/CA/OD/051/0993034-001/TSC  
07 May 2018  
CITY AUTO PTE LTD  
BLK 8 #01-58TO66  
SIN MING INDUSTRIAL EST SECTOR C  
SINGAPORE 575643  
Dear Sir  
CLAIM NUMBER: MT/0993034-001



REPAIR OF VEHICLE NUMBER: SKE3850L

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

Award Date: 07 May 2018

Make: TOYOTA

Model: ESTIMA

Estimated Repair Days: 2

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Transport Allowance and Excess Waiver

Excess Applicable: 0.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

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