NATIONAL Assessment Centre Services [wef 1 Jan'05] MN4118059720

Date In: 8/5/18 10:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC1800838 6/V24	SAS e-filing		
Veh No: SJM9112R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A.: 8/5/8-07:30	i-Motor Claim Form	MT/093446-001	8/5/18 14:16
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: Unknown INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : ( ) *Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

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

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

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

Remarks:- (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

NA1802965

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
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 / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

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 witholding 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	08/05/2018 10:19
Date Of Accident	08/05/2018 07:30
Exact Location Of Accident	BLK 338 TAMPINES ST 33 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM9112R
Insured/Policyholder	
Name Of Registered Owner	HENG GOUT KUAN
NRIC No	S1164404Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93369561
Alternative Phone No	OFFICE-93369561
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 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	5089896029-01
Cover Note Number	
Driver	
Name of Driver	HENG GOUT KUAN
NRIC No	S1164404Z
Date Of Birth	13/11/1956
Occupation	INDOOR
Date Of Driving Pass	19/09/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93369561
Fax Number	
Contact Number	OFFICE-93369561
EMail Address	NOEMAIL

Address	BLK 338 TAMPINES STREET 33 #09-214
Postcode	520338
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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.	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

ON STATED DATE AND TIME, I WAS MAKING A LEFT TURN FROM BLK 338 TAMPINES ST 33 CARPARK.VEHICLE B WAS ALONG THE DRIVEWAY. I ACCIDENTALLY HIT ONTO VEHICLE B FRONT LEFT PORTION (FRONT LEFT DOOR).

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIAN WAN HENG (LIAN YUNXING)
NRIC/Passport Number	S7413955H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

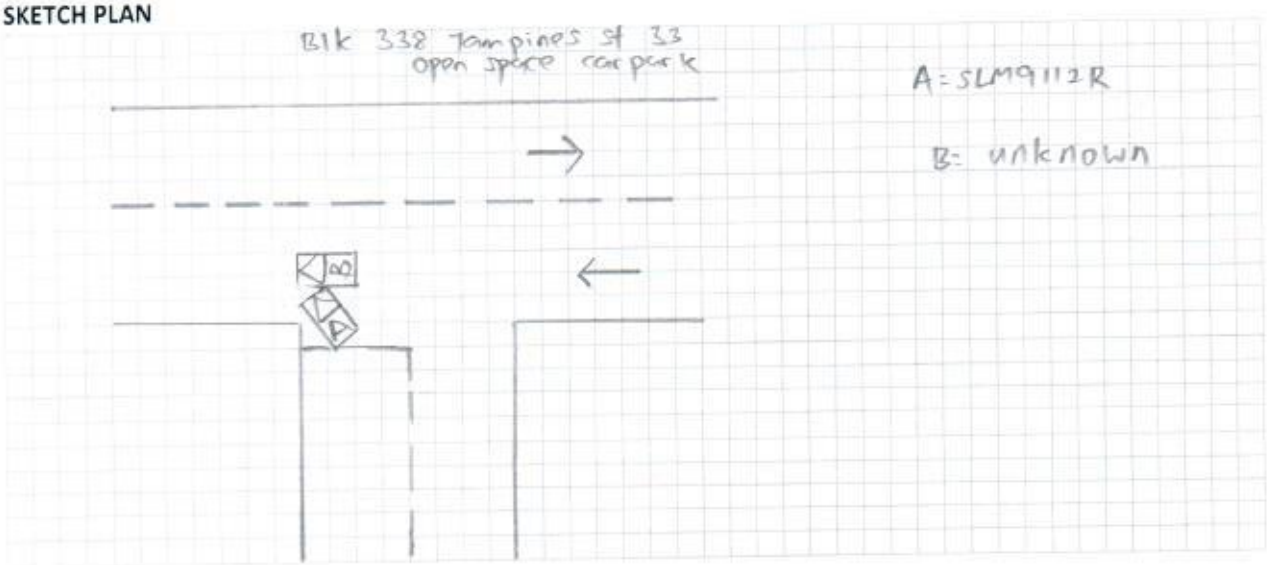
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

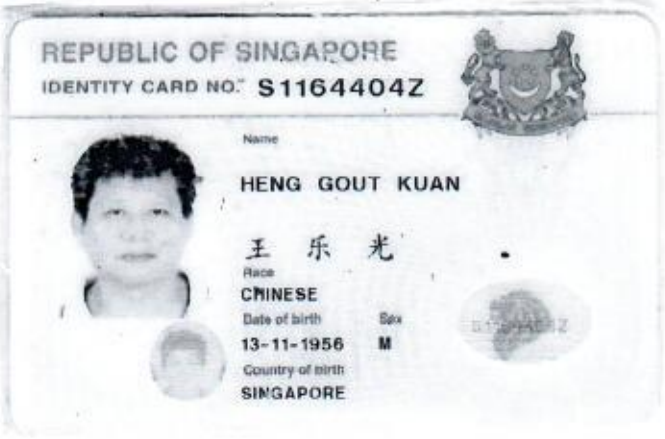
Refer to statement.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1164404Z
HENG GOUT KUAN
Birth Date 13 Nov 1956
Issue Date 31 Oct 2003
000966660H


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1164404Z
Name
HENG GOUT KUAN
王 乐 光
Race
CHINESE
Date of birth
13-11-1956
Sex
M
Country of birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2560 kilograms
19 Sep 1980
Licence No: S1164404Z
NP 428A


NRIC No. S1164404Z
Date of Issue
03-10-2011
Address
APT BLK 338 TAMPINES STREET 33
#09-214
SINGAPORE 520338

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 08/05/2018 07:30

Vehicle No.(For Motor) SLM9112R

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5089896029-01	HENG GOUT KUAN	S1164404Z	GPC	drivo CLASSIC	SLM9112R	SLM9112R	17/04/2018	16/04/2019

Continue

Policy Information

Policy No.	5089896029-01	Policyholder Name	HENG GOUT KUAN	Policyholder NRIC	S1164404Z
Address	BLK 338 #09-214 TAMPINES STREET 33 SINGAPORE 520338				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/04/2018	Effective Date	17/04/2018 00:00	Expiry Date	16/04/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	HO TEE TEE	Agent Tel.	62589518	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 338 #09-214	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520338
Address 4		Address Type	Singapore address	Post Code	520338
Unit No.		Related Policy Number	5089896029-01		

Insured Object: SLM9112R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Exit

Claim Handling

Accident MI/0993446

Policy No.	5089896029-01	Vehicle No.	SLM9112R	GST Registration No.	
Policyholder Name	HENG GOUT KUAN			Policyholder NRIC	S1164404Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93369561	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	08/05/2018 13:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/05/2018	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 338 TAMPINES ST 33 OPEN SPACE CARPARK				

Benefits

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 338 #09-214	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520338
Address 4		Address Type	Singapore address	Post Code	520338
Unit No.		Related Policy Number	5089896029-01		

OI Driver Info

Driver Name	HENG GOUT KUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1164404Z	Driver DOB	13/11/1956
Registar Date of Driver License	19/09/1990	Driver Age	61	Driving Experience	27
Contact No.(Mobile)	93369561	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 338	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520338
Address 4		Address Type	Singapore address	Post Code	520338
Unit No.	09-214				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	HENG GOUT KUAN	Insured NRIC	S1164404Z
Contact No.(Mobile)	93369561	Contact No.(Home)	67891459	Contact No.(Office)	
Email Address		OI Vehicle Number	SLM9112R	TP Vehicle Number	UNKNOWN
Claim Description	SLM9112R / UNKNOWN ON 8 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Prefererred Repair Option	income to assign workshop	GIA report	Received
Date Registered	08/05/2018 14:16	Claim Close Date		Date Received	08/05/2018 00:00
Report Taken By	Jackson				
Print AK letter					

Save Submit

Attachment

Accident No.	MI/0993446	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	08/05/2018 14:22

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	
	Browse...	Clear	Please Select	No	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:22	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:21	SAS		Normal	SAS 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:21	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:21	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:21	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:21	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:21	Photos		Normal	Photos 2018-5-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:17	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:17	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:17	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:17	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:17	Photos		Normal	Photos 2018-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 14:17	Photos		Normal	Photos 2018-5-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ASS. REC. BY:

REF:

Assessor:
Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:
a) Motorcar ( )
b) M/cycle ( )
c) Bicycle ( )

2) Vehicle hit ??
a) Pedestrian ( )
b) Animal ( )

3) Vehicle hit Road Side Objects:
a) Govm.Property ( )
(Eg: signboard, barrier, tree etc)
b) Road Work Object ( )
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 ( )

By Assessor- 1) Vehicle Information

Veh No: SLM 9112 R Yr Regn: April / 2017

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

Make & Model: Toyota Harrier Elegance c.c 1986

Colour Brown Transmission Type: Auto / Manual

Eng/No: 3ZRB850052 Sp.Reading: 16899 km

C/No: ZSU60C085782

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

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/65 R17

R: 225/65 R17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I ✓

No of Repair Days: 3

D.O.I. 9/5/2018

Towed-In: Yes / No ✓

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: _____ ✓

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
e.Animal ( ) f.Govm 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 ( )

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

	Time Started:	Time completed:
1) CSO		
2) ASS		
3) Entire Operation Completed Time:		

Condition (CON):
(01)Bent (2)Dented (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

ACTION (AC):
(1)Replace (✓) (2)Repair (X) (3)Check (?)
(4)Not Consistent (NC)

Aug 2005

MOTOR CAR (Frt)

Vehicle No: SLM 9112 R

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate			
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	Dm	✓	
1005	992341	Frt Bumper Clips	NSC	✓	
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer RH	NSC	✓	
1008	991433	Frt Bumper Reinforcement		?	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge RH	BR	✓	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler	SCR	✓	
1016	991438	Frt Bumper ~~Sensor~~ Tow cover	SCR	✓	
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille			
1022	991328	Frt Grille Emblem			
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy			
1030	991821	Frt RH Headlamp Assy			
1031	995088	Frt LH Side Lamp		?	
1032	995089	Frt RH Side Lamp		?	
1033	990248	Bonnet	BR	R	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992736	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

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

No of Items:_____ Assessor:_____

original copy

Task Transfer · Exit

Claim Handling

LOS SAL SUB

Accident MT/0993446

Policy No.	5089896029-01	Vehicle No.	SLM9112R	GST Registration No.	
Policyholder Name	HENG GOUT KUAN			Policyholder NRIC	S1164404Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93369561	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	08/05/2018 13:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/05/2018	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 338 TAMPINES ST 33 OPEN SPACE CARPARK				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Modification History

Policyholder Mailing Address

Address 1	BLK 338 #09-214	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520338
Address 4		Address Type	Singapore address	Post Code	520338
Unit No.		Related Policy Number	5089896029-01		

01 Driver Info

Driver Name	HENG GOUT KUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1164404Z	Driver DOB	13/11/1956
Register Date of Driver License	19/09/1990	Driver Age	61	Driving Experience	27
Contact No.(Mobile)	93369561	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 338	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520338
Address 4		Address Type	Singapore address	Post Code	520338
Unit No.	09-214				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	( ) Yes (•) No

Modification History

Investigation

Claim 001 OD-MD

LOS SAL SUB

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	HENG GOUT KUAN	Insured NRIC	S1164404Z
Contact No.(Mobile)	93369561	Contact No.(Home)	67891459	Contact No.(Office)	
Email Address		01 Vehicle Number	SLM9112R	TP Vehicle Number	UNKNOWN
Claim Description	SLM9112R / UNKNOWN ON 8 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	08/05/2018 14:23	Claim Close Date		Date Received	09/05/2018 12:53
Report Taken By	Jackson	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	HARRIER	Engine Capcity	
Date of Registration	17/04/2017	Classic No.	ZSU600085782		
Towing Required *	(•) Yes ( ) No	Vehicle in IDAC *	(•) Yes ( ) No	Parallel Import *	(•) Yes ( ) No
Type of Tender *	Own Damage	Assessor Name *	SATHYA	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	( ) Yes (•) No		
Market Value($)		Scrape Value($)		Economical Repair Value($)	

Remark

REMARK:NO OF REPAIR DAYS :2 DAYS. 1 X FRT BUMPER LOWER SPOILER - REPLACE.

Damage Listing

Find a Part

- root
  - Not Applicable
  - ABS
  - ABSORBER
  - ACCELERATOR
  - ACTUATOR
  - ADVERTISEMENT STICKER
  - AIR BAG
  - AIR BLOWER
  - AIR BOX
  - AIR CHAMBER BOX
  - AIR CLEANER
  - AIR COMPRESSOR
  - AIR CON
  - AIR CON (VAN)

No.	Part No.	Description	Qty *	Repair Code *	
1	16000101	BUMPER (FRONT)	1	Replace	X
2	16002401	BUMPER CLIPS (FRONT)	1	Replace	X
3	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
4	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
5	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
6	16006701	BUMPER TOWING COVER (FRONT)	1	Replace	X
7	37700102	SIDE LAMP (FRONT RIGHT)	1	Unconfirm	X
8	149001	BONNET	1	Repair	X
9	25400103	FENDER (FRONT RIGHT)	1	Replace	X
10	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X

Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 10 May 2018 3:22 PM
To: Chew Goon Motor - Mrs Chew
Cc: LKK Paya Ubi
Subject: MT/0993446-001, VEHICLE NUMBER: SLM9112R

Importance: High

Dear Chew Goon

Please tow this vehicle from Idac by today and contact owner Mr Heng Gout Kuan at 93369561 when the vehicle arrived at your workshop to revert on the repair days, excess $642.

Our Ref: MT/CA/OD/051/0993446-001/NHJ
10 May 2018
CHEW GOON MOTOR
BLK 10 AMK IND PARK 2A AVE 5
#01-15,16&17 AMK AUTOPOINT
SINGAPORE 568047
Dear Sir
CLAIM NUMBER: MT/0993446-001
REPAIR OF VEHICLE NUMBER: SLM9112R
We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 10 May 2018
Make: TOYOTA
Model: HARRIER
Estimated Repair Days: 4
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits Applicable: N/A
Excess Applicable: 600.00
Please note that supplementary items will not be allowed.
If you have any queries, please contact Ng Hak Joo at 64307890 or email us at motor@income.com.sg.
Yours sincerely
Low Choo Mee
Senior Manager
Motor Insurance

Ng Hak Joo
Claims Executive, Motor Insurance
T +65 6430 7890
www.income.com.sg

Disclaimer

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

NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NATIONAL ASSESSMENT CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SLM9112R Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Chew Guan

Collection Date: 10/5/18 Time: 1630 with Keys: Yes / ~~No~~

Tow Truck No: YN7944K Tow Man: Jody. Liew NRIC: 9669023

Signature: _____

For office use

Attended by: Jackson ***Approved by:*** _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In
Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____ ***Approved by:*** _____