

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MNA118662062-01**

Date In: 14/5/18 - 09:34	Job description	Date & Time Completed	Done by
Ref No: NA/NC18008774/1/24	SAS e-filing		
Veh No: SCR 98162	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/5/18 - 17:00	i-Motor Claim Form	M710994313-001	14/5/18 21:52
OD TPI 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: **YN78586** 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

NA1803144	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idao DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
Auditors' Comments :-	* N5: Courtesy Car / Tpl 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: Idao 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	14/05/2018 09:34
Date Of Accident	12/05/2018 17:00
Exact Location Of Accident	TAMPINES AVE 4 AFTER JUNC TAMPINES CENTRAL 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR9816Z
Insured/Policyholder	
Name Of Registered Owner	RAMANATHAN PRABHAKARAN
NRIC No	S2607036H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93239325
Alternative Phone No	OFFICE-93239325

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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	5078032993-02
Cover Note Number	

Driver

Name of Driver	RAMANATHAN PRABHAKARAN
NRIC No	S2607036H
Date Of Birth	02/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93239325
Fax Number	
Contact Number	OFFICE-93239325
EMail Address	NOEMAIL

Address	BLK 5 BOON KENG ROAD #05-78
Postcode	330005
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 - CHANGE/CROSS LANE
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.	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 TRAVELLING ALONG LANE 2 TAMPINES CENRAL 5. SUDDENLY VEHICLE B ALONG LANE 1 CUT ONTO MY LANE AND VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7858G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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.



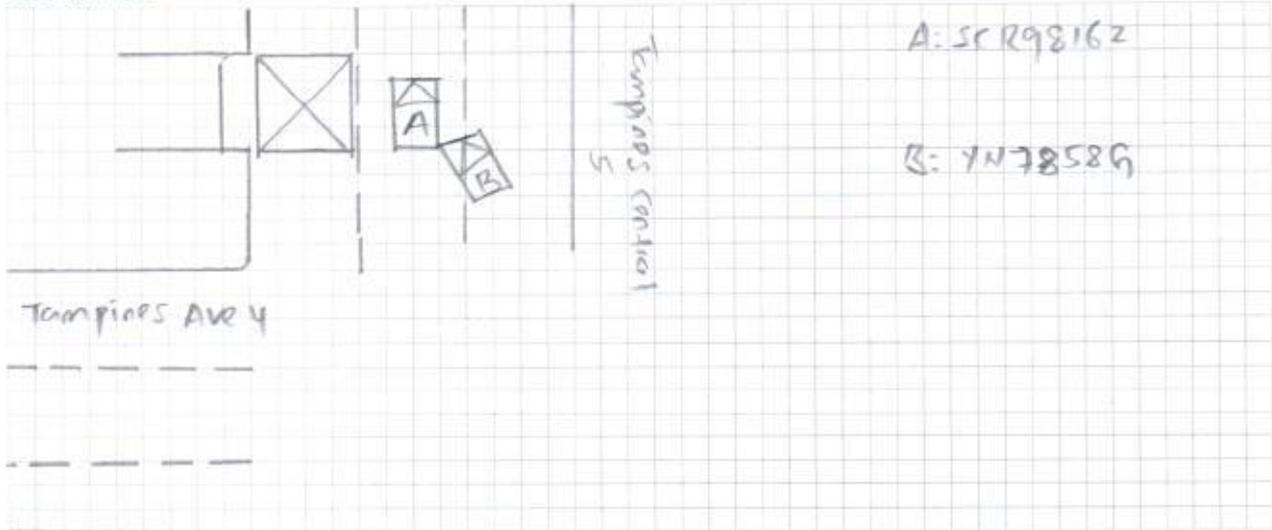
Policyholder's Signature
Date & Time:

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA18062062 Vehicle Registration No: SCR9816Z
Name (as shown in NRIC) : RAMANATHAN PRABHAKARAN NRIC/FIN/Passport No : S2607036H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 5 BOON KENG RD #05-78 Singapore(330005)
Contact (Tel) : _____ Mobile No.: 93239325
Email Address : _____
Date of Accident : 12/05/18 Time of Accident : 17:00
Place of Accident : TAMPINES AVE 4 APT JUNC TAMPINES CENTRAL 5
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM TP CLAIMS TO OA CLAIMS

Policyholder / Driver's Signature

Date: 15/05/18

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of RAMANATHAN PRABHAKARAN

License Number: **S2607036H**

Name: **RAMANATHAN PRABHAKARAN**

Birth Date: **02 Apr 1959**

Issue Date: **24 Apr 2014**

Barcode: **002296927A**

PUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2607036H**

Portrait of RAMANATHAN PRABHAKARAN

Name: **RAMANATHAN PRABHAKARAN**

இரா பிரபாகரன்

Race: **INDIAN**

Date of Birth: **02-04-1959** Sex: **M**

Country of Birth: **INDIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	16 Jan 1992
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	16 Jan 1992

NP 428A

Barcode: Licence No: **S2607036H**

Barcode: **S2607036H**

NRIC No: **S2607036H**

Group: **A+** Date of Issue: **15-07-1997**

Address: **APT BLK 5 BOON KENG ROAD
#05-78
SINGAPORE 330005**

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078032993-02	RAMANATHAN PRABHAKARAN	S2607036H	GPC	drive CLASSIC	SCR9816Z	SCR9816Z	20/03/2018	19/03/2019

Continue

Policy Information

Policy No.	5078032993-02	Policyholder Name	RAMANATHAN PRABHAKARAN	Policyholder NRIC	S2607036H
Address	BLK 5 #05-78 BOON KENG ROAD SINGAPORE 330005				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/03/2018	Effective Date	20/03/2018 00:00	Expiry Date	19/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	K. VEILU	Agent Tel.	64876237	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 5 #05-78	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.		Related Policy Number	5078032993-02		

Insured Object: SCR9816Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/0994313

Policy No.	5078032993-02	Vehicle No.	SCR9816Z	GST Registration No.	
Policyholder Name	RAMANATHAN PRABHAKARAN			Policyholder NRIC	S2607036H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	93239325	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
xFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/05/2018 21:50	Accident Report within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/05/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 4 AFTER JUNC TAMPINES CENTRAL 5				

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

Excess

Own Damage Excess	0.00	Additional Excess	0	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 5 #05-78	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.		Related Policy Number	5078032993-02		

OI Driver Info

Driver Name	RAMANATHAN PRABHAKARAN	Driver Type	Main Driver	Driver DOB	02/04/1959
Unnamed driver Name		Driver NRIC	S2607036H	Driving Experience	26
Register Date of Driver License	16/01/1992	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	93239325	Contact No.(Office)	0	Address 3	SINGAPORE 330005
Address 1	BLK 5	Address 2	BOON KENG ROAD	Post Code	330005
Address 4		Address Type	Singapore address		
Unit No.	05-78			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RAMANATHAN PRABHAKARAN	Insured NRIC	S2607036H
Contact No.(Mobile)	93239325	Contact No.(Home)	63924649	Contact No.(Office)	
Email Address	ramaprabha@hotmail.com	OI Vehicle Number	SCR9816Z	TP Vehicle Number	YN7858G
Claim Description	SCR9816Z / YN7858G ON 12 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/05/2018 00:00
Date Registered	14/05/2018 21:52	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0994313	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2018 21:54

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse... Clear Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:54	SAS	Normal	SAS 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:54	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:53	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:52	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:52	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:52	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:52	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:52	Photos	Normal	Photos 2018-5-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2018 21:52	Photos	Normal	Photos 2018-5-14		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorcycle ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Unknown Object ()
(Eg. signpost, Power Pole 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

Reg No: **SCR 9816 Z** (Year: **Mar 2015**)
 Type: **M** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 / Truck / Trailer ()
 Make & Model: **Mitsubishi Lancer EX** 1590
 Colour: **Grey** Transmission Type: **Aut** / Manual
 Eng No: **4A92B53254** Sp Reading: **51204 km**
 Otl: **JMYSRCYIAFU00282**
 Gen. Cond: Good **Fair** / Poor / Burnt ()
 Steering: **In order** / Jammed / Leaked / Burnt ()
 Brake: **In order** / Jammed / Leaked / Burnt ()
 Mod: Nil / **SPRin** / STD A/Rim ()
 Tyre Size: F: **205/60 R16**
 R: **205/60 R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / **YOKO** or

<u>Front</u>			<u>Rear</u>		
R/Bal	6	mm	R/Bal	6	mm
L/Bal	6	mm	L/Bal	6	mm

 Parallel Import: Yes / **No** Towed-In: Yes / **No**
 Repair Type: LS / I.B.I Towing Required: **Yes** / **No**
 No of Repair Days: **6** Vehicle in Use: **Yes** / No
 D.O.I: **16/5/2018** Time:

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 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 ()

Time Started	Time Completed
To Enter - (Please Print Name)	

Claim Handling

[Task Transfer](#) [Exit](#)

Accident MT/0994313

[VDS](#) [SAL](#) [SUB](#)

Policy No.	5075032993-02	Vehicle No.	SCR9816Z	GST Registration No.	
Policyholder Name	RAMANATHAN PRABHAKARAN			Policyholder NRIC	S2607036H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93239325	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	50
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/05/2018 21:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/05/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	TAMPINES AVE 4 AFTER JUNC TAMPINES CENTRAL 5				

Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0	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 5 #05-70	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.		Related Policy Number	5076032993-02		

OI Driver Info

Driver Name	RAMANATHAN PRABHAKARAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2607036H	Driver DOB	02/04/1959
Register Date of Driver License	18/01/1992	Driver Age	59	Driving Experience	26
Contact No.(Mobile)	93239325	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 5	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330005
Address 4		Address Type	Singapore address	Post Code	330005
Unit No.	05-78				
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Cheo

[VDS](#) [SAL](#) [SUB](#)

Claim Type	OD-MD	Insured Name	RAMANATHAN PRABHAKARAN	Insured NRIC	S2607036H
Contact No.(Mobile)	93239325	Contact No.(Home)	63924649	Contact No.(Office)	
Email Address	ramaprab@hotmai.com	OI Vehicle Number	SCR9816Z	TP Vehicle Number	YN7858G
Claim Description	SCR9816Z / YN7858G ON 12 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/05/2018 21:55	Claim Close Date		Date Received	17/05/2018 16:44
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

Modification History 15/05/2018 11:33 s069588 Modify Claim Type(OD-MX-->OD-MD)

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	MITSUBISHI	Vehicle Model	LANCER EX	Engine Capacity	
Date of Registration	20/03/2015	Classis No.	JMY5RCY1AFUG02862		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SATHYA	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	S1 UBI AVENUE 1 #01-25 PAYA		

Windscreen Parts & Labour Cost

Total Loss *

Yes No

Market Value(\$)

Scrap Value(\$)

Economical Repair Value(\$)

Remark

REMARK: NO OF REPAIR DAY: 6 DAYS. 1 X FRT DOOR OUTER HANDLE - REPLACE. 1 X REAR RH DOOR OUTER HANDLE - REPLACE. 1 X FRONT RH RIM - REPLACE. 1 X FRONT RH WING MIRROR CASING - REPLACE.

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	23300202	DOOR (FRONT RIGHT)	1	Repair	X
ABS	2	35500702	ROCKER PANEL (RIGHT)	1	Replace	X
ABSORBER						
ACCELERATOR	3	16000101	BUMPER (FRONT)	1	Repair	X
ACTUATOR						
ADVERTISEMENT STICKER	4	25400103	FENDER (FRONT RIGHT)	1	Replace	X
AIR BAG	5	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	X
AIR BLOWER						
AIR BOX	6	23300204	DOOR (REAR RIGHT)	1	Replace	X
AIR CHAMBER BOX	7	23300304	DOOR PROTECTOR (REAR RIGHT)	1	Unconfirm	X
AIR CLEANER						
AIR COMPRESSOR	8	16000102	BUMPER (REAR)	1	Replace	X
AIR CON	9	16000104	BUMPER RETAINER (REAR RIGHT)	1	Unconfirm	X
AIR CON (VAN)	10	25400106	FENDER (REAR RIGHT)	1	Replace	X
AIR COOLER						
AIR DISTRIBUTOR	11	43600104	TYRE (REAR RIGHT)	1	Replace	X

Save Submit

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 18 May 2018 2:22 PM
To: NAC ; 'City Auto'
Subject: SCR9816Z, OD claim no : MT/0994313

Importance: High

Dear IDAC and City Auto,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear City Auto,

Excess waiver only.

No survey required only for this repair works.

Kindly assist to expediate as owner needs his veh urgently.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher within 14 days after the repair has been done to my email, cc a copy to Yap Chee Ling at cheeling.yap@income.com.sg

Regards.

Without Prejudice

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



Our Ref: MT/CA/OD/051/0994313-001/TSC

18 May 2018

CITY AUTO PTE LTD

BLK 8 #01-58 TO 66

SIN MING INDUSTRIAL EST SECTOR C

SINGAPORE 575643

Dear Sir

CLAIM NUMBER: MT/0994313-001

REPAIR OF VEHICLE NUMBER: SCR9816Z

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

Award Date: 18 May 2018

Make: MITSUBISHI

Model: LANCER EX

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: 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.

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

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.



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SCR98162 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: City Auto

Collection Date: 18-3/18 Time: 1545 with Keys: Yes / No

Tow Truck No: _____ Tow Man: DRIVE AZAMAN NRIC: S1825415H

Signature: [Signature] 6453 9926 Mr Quick

For office use

Attended by: ROSLINDA

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: _____