NATIONAL Assessment Centre	e Services	[wef 1-Ja-700]			
Date In: 18/05/18	Jeb description		Date & Time Completed	Don	e by
Ref No NA/INC/8009068/C13	SAS e-filing		1		
Veh No GBESS31B	E-mail (widow)	Blas, AIC 2hrs)			-
DOA: 17/05/18 1150	i-Motor Clair		m7/0994947-	001	
OD TP ' Reporting Only	i-Motor W/O	(Within: OD 2hrs			****
(SE) 11 Preporting Only	i-Photo Uplo:				
TP Insurer:	Assessment/Su	rvey Report			
	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
	52×927B	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
	iod: ()	Cover Type: ()	
Confirmed by : (Insured/Driver Liability: (%) [N		Date:	Time:)	
			%; P: 21-79%. F: 80-10	0%]	
	/arranty: YES ()/NO()		
General Remarks:-	0 () / \$2,000 ()			
() Walk-In Customer : Customer's inform	TO SHE SHOULD SH	see to see / high a	Fra Caller Back Carrier	Same -	
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co	ourtesy Car ()	i ili dayar	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	duriesy Car ()				
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()				(II) - FILMO
Injury :					
			•		
Date/Time Actions	and and the second			11.11	
					-
	1125				
NA1803137		Invoice Pren	pration Checklist	Anit (\$)	Amt (\$
laimant's Particulars :-		Invoice Preparation Checklist 1) AR: Accident Reporting (\$30);		Ist Bill	Add Bil
	2	2) DA : Damage Assessment (\$100); INC (\$80)			
river/Owner:		3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120			
ontact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
amaged Portion:		For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75			
) N1 : Idae DA + 8) NTUC Addition		0	
C Checked by (Engr-In-Charge):		OD* *N5: Courtesy Co	sr / Tpt Allowance \$	5	
		*N6: Repair Co-	rdination \$1	0	
uditors' Comments :-		And the state of t	t Excess Coordination S	-	
<u>(.]:</u>	9	TP (N11) : TP (N N12: Idae Mobile	on INC) against INC \$2	-	-
1. 2/3:		voice dated	iřee Chargeá		Mary a
				1000	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. 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 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.

CONTRACTOR OF THE PROPERTY OF STREET	ACCIDENT STATEMENT
Date Of Report	18/05/2018 15:55
Date Of Accident	17/05/2018 11:50
Exact Location Of Accident	JUNC OF JALAN ISHAK & LOR MARICAN
Country/State of Loss	SINGAPORE
pales of water the same of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE5531B
Insured/Policyholder	
Name Of Registered Owner	AFGHANISTAN FAMILY RESTAURANT
Co Reg No	52828362J
Email Address	ADENZ_19@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98297540
Alternative Phone No	OFFICE-98297540
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076519095-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD BIN HASSAN
NRIC No	S7519830B
Date Of Birth	06/07/1975
Occupation	INDOOR
Date Of Driving Pass	15/10/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297540
Fax Number	
Contact Number	

ADENZ_19@HOTMAIL.COM

BLK 874A TAMPINES ST 84 Address

#04-135

Postcode 521874

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - FAMILY

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name

KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST

ROAD: BLK 112 LENGKONG TIGA #01-215, POSTCODE: 410112, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7489999 - FAX NO: 67454676

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180517/2125

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLK927B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

NO

MUHAMMAD BIN HASSAN Name

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? GBE5531B Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

AFGHANISTAN FAMILY RESTAURANT BLK 201E #01-56, TAMPINES ST 23

Date & Time: 527201 FAX: 6747 2082

GST / BUSINESS REG NO.: 52828362J

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN LOR MARKAN JALAN ISHAK A - GBE5531B B- SLK927B C- PROPERTY LORUNG MARICANI DESCRIBE CIRCUMSTANCES OF THE ACCIDENT to the police report: 7/20180517/2125

DECLARATION

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

AFGHANISTAN FAMILY RESTAURANT

BLK 201E #01-56, TAMPINES ST 23
POSINGAPONE 527201
Date \$AX: 6747 2082

GST / BUSINESS REG NO.: 52828362J

gred 18/6

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

Name: NRIC/FIN No.:





T/20180517/2125

1 of 3

Report No. T/20180517/2125

Police Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE 410112

Tel No: 1800-7489999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 018 18:15	Made:	Vide Report No.: G/20180517/0089	Station Diary No.: 26			
Informa	nt's Partic	ulars	AND STREET, ST	CONTROL OF THE PARTY OF THE PAR			
	f Informant: IMAD BIN I		Address: APT BLK 874A TAMPINES 5 521874	STREET 84 #04-135 SINGAPORE			
	/ ID No.: O / S75198	30B	Contact No.: Home/Office:	Mobile: 98297540			
	Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age:	Date of Birth: 06/07/1975	Type of Informant: Driver				
Race: Indian			Language:	Institution / School Name:			
Occupation: ASSISTANT MANAGER		GER	Driving Licence Information: Class: 2B.3				

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2018 11:5	Type of Location X-Junction	
Location: Junction of Ro JALAN ISHAN LORONG MA			683	98	
Class		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collisi Moving Vehicl	on: e Against - Road Divider/	Kerb/Railings		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBE5531B	Van				Seriously Damaged		
SLK927B	Car				No Damage	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180517/2125

2 of 3

Report No. T/20180517/2125

Police Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE 410112

Tel No: 1800-7489999

CONTINUATION OF REPORT

Name	MUHAMMAD BIN E	MUHAMMAD BIN HASSAN					
		NOONI		ID No	0.	S7519830B	
Related Vehicle	GBE5531B (Van)						
	COLCOOTD (Vall)	GBESSSIB (Van)		Cont	act No.	98297540	
Hospital/Clinic	SINGAPORE CENERAL HOSE						
	OINGAPORE GENE	SINGAPORE GENERAL HOSPITAL		Class Drivir Licen	ig ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	17/05/2018	17/05/2018			y Date		
No. of Days granted Medical Leave		100	Date Dis	Date Discharge		/2018	
to: of Days granted Medical Leave 03					Slight		

Brief Details.

On the above-mentioned date and time, I was driving along Jln Ishak towards Lor Salleh when a car from Lor Marican suddenly appeared to be crossing the junction towards Jln Daud. To avoid a collision, I swerved to the right. However my van then mounted the kerb and hit onto a tree and subsequently the tree hit the fence of 87E Lor Marican. I did not hit onto the said car at the junction.

The driver of the said car then opened my door and asked me if I was okay and if I could step out of my vehicle. I tried to step out, but I felt pain in my lower body, thus I rested for a while. The other driver then called for ambulance. After a few minutes, I stood outside on the pavement and talked to the other driver and the affected house owner.

The ambulance and Traffic Police officer came a while later. The paramedics checked on me and advised me to follow them to the hospital. However I told them that I would be going to the hospital myself after I've settled everything at the scene.

Later at about 1500hrs, I went to Singapore General Hospital where I was treated as an outpatient and received a 3-day MC.





Police Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE 410112

3 of 3 Report No. T/20180517/2125

Tel No: 1800-7489999

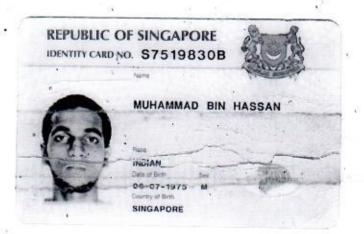
CONTINUATION OF REPORT

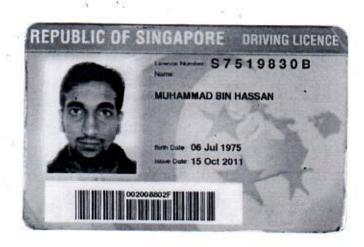
Sketch Plan

Informant is not able to provide sketch plan

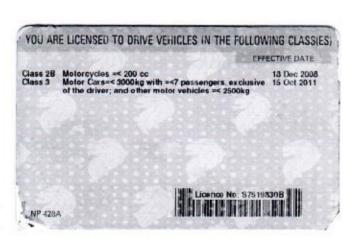
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

	as reference.
Signature Of Officer Recording The Rep G / Staff Sgt MUHAMMAD HAFIZ BIN ABD	S and of mornant.
RAZAK	wind the same of t
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 18:15
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	ORE
Authentication Stamp	FORCE
	SIGNATURE









GeneralClaim **eBao**Tech · Change Password · Log Out Hello, NAC_PAYA_UBI_800601 · Change Language My Desktop **Policy Query** Notice of Loss Date of Accident 17/05/2018 11:50 Policy No. Vehicle No.(For Motor) GBE5531B Search Policyholder Name Vehicle No. Insured Object Commence Date Policyholder NRIC Expiry Date Select Policy No. Product Cover Type **AFGHANISTAN** 5076519095-FAMILY RESTAURANT 31/12/2017 528283623 GCV Comprehensive GBE5531B GBE5531B 30/12/2018 Continue

Claim Handling

olicy No.	5076519095-02	Vehicle No.	GBESS31B	GST Registration No.	528283623
olicyholder Name	AFGHANISTAN FAMILY RESTAURANT			Policyholder NRIC	528283623
roduct Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	98297540	Contact No.(Office)	0	Contact No.(Home)	0
	98297340	Special Remark	177.0	eCode	No *
mail Address	copyring seems		* No Yes	eCode Reason	
FK	No Yes	TCA			No
ICD Protection	No	NCD Entitlement(%)	20	Private Hire	NO
Accident Details					
Report Date	18/05/2018 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/05/2018	Time of Accident hh:mm	11:50	Country of Accident	Singapore
keporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF JALAN ISHAK & LOR MARICAN				
✓ Benefits	30112 07 371201 12/10/14 20/17				
▽ Excess		0 K W 400 COOK # 100 Do		Windscreen Excess	100.00
Own damage Excess	600.00	Additional Excess		Williascreen Cycess	100.00
Innamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
 GST Registered Information 	ition			151751W-W-1911	
SST Registered	Yes		GST Registration Date	01/01/2003	
ST Registration No.	528283623		GST Status Verified	Yes	
Addition History					
	dress				
Address 1	BLK 2016 #01-56	Address Z	TAMPINES STREET 23	Address 3	SINGAPORE 5272
Address 4		Address Type	Singapore address	Post Code	527201
Unit No.	01-56	Related Policy Number	5076519095-02		
▽ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD BIN HASSAN	Driver NRIC	575198308	Driver DOB	06/07/1975
472 (SOUNE) (C) (SOUND ()		Driver Age	42	Driving Experience	6
Register Date of Driver License		77-57 B 03 B 04 Common		Contact No.(Home)	0
Contact No.[Mobile]	98297540	Contact No.(Office)	0		
Address 1	BLK 874A	Address 2	TAMPINES STREET 84	Address 3	TAMPINES VISTA
Address 4	SINGAPORE 521874	Address Type	Singapore address	Post Code	521874
Unit No.	#04-135				
Does he own a Singapore	Yes - No	Driver Vehicle No.		Driver Insurer Company	
Dues ne awn a singapore					
Registered car?					
Registered car?					
Registered car? Declaration Breathalyser or Blood Test	0 ma	Any injury?	a Ves No		
Registered car? Declaration Breathalyser or Blood Test	0 mg	Any Injury?	« Yes 🕠 No		
Registered car? Declaration Breathalyser or Blood Test	0 mg	Any Injury?	≆ Yes ⊜ No		
Registered car? Declaration Broathalyser or Blood Test Reading?	0 mg	Any injury?	∗ Yes ○ No		
Registered car? Declaration Breathalyser or Blood Test Reading?	0 mg	Any Injury?	∝ Yes ○ No		
Registered car? Declaration Breathalyser or Blood Test Reading?	B	Any injury?	⊛ Yes ○ No		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	B	Any injury?	⊛ Yes ○ No		
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net	α			Testing ANDIO	520202523
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net	B	Insured Name	Yes No AFGHANISTAN FAMILY RESTAUR	Insured NRIC	52828362)
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net	α			Contact No.(Office)	67837746
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No.(Mobile)	α	Insured Name		Contact No.(Office) TP Vehicle Number	
Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address	α	Insured Name Contact No.(Home)	AFGHANISTAN FAMILY RESTAUR	Contact No.(Office)	67837746
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	QD-MD •	Insured Name Contact No.(Home)	AFGHANISTAN FAMILY RESTAUR	Contact No.(Office) TP Vehicle Number	67837746
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	QD-MD. • GBESS318 / SLK927B ON 17 May 2018	Insured Name Contact No.(Home) OI Vehicle Number	AFGHANISTAN FAMILY RESTAUR GBESS31B	Contact No.(Office) TP Vehicle Number	67837746
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	QD-MD	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability + Preferered Repair Option	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	67837746 SLK9278 Received
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	QD-MD	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	67837746 SLK9278 Received
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Registered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registerad Report Taken By Print AK letter	QD-MD	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault Income to assign workshop Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired GD Excess Collected by	67837746 SLK9278 Received
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	QD-MD	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault Income to assign workshop Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired GD Excess Collected by	67837746 SLK9278 Received
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	QD-MD	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault Income to assign workshop Save Submit 001 18/05/2018 00:00	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired OD Excess Collected by Workshop	67837746 SLK9278 Received 18/05/2018 00:0
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	QD-MD	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault Income to assign workshop Save Submit 001 18/05/2018 00:00 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired OD Excess Collected by Workshop Confidential Urge	67837746 SLK9278 Received 18/05/2018 00:0
Registered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registerad Report Taken By Print AK letter	OD-MD. GBESS318 / SLK927B ON 17 May 2018 Yes 18/05/2018 17:38 ROSLINDA MT/0994947 Yes No Path *	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault Income to assign workshop Save Submit 001 18/05/2018 00:00 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired OD Excess Collected by Workshop	67837746 SLK9278 Received 18/05/2018 00:00
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MD Net 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	QD-MD. ▼ GBESS318 / SLK9278 ON 17 May 2018 Yes ▼ 18/05/2018 17:38 ROSLINDA MT/0994947 ▼ Yes □ No. Path *	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	AFGHANISTAN FAMILY RESTAUR GBE5531B Not at Fault Income to assign workshop Save Submit 001 18/05/2018 00:00 Category * Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired OD Excess Collected by Workshop Confidential Urge	67837746 SLK9278 Received 18/05/2018 00:00

5/18/2018

Claim Handling(accident reporting Claim Task 001 OD-MD)

Chaose File No file chosen Choose File No file chosen Choose File No file chosen Clear Please Select ▼ Normal y NO v Normal Clear Please Select w NO ▼ Normal Clear Please Select ٠

Message Read

achment		Uploaded By/Date	Category	9	Urgency	Description
of again or Mat	NAC_PAYA_UBI_8006010	NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:38	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-18
0	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:37	SAS		Normal	SAS 2018-5-18
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:37	Photos		Normal	Photos 2018-5-18
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2016 17:37	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBT_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:37	Photos		Normal	Photos 2018-5-18
30	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:37	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:37	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
2	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
-	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
*	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos		Normal	Photos 2018-5-18
o List	Uploaded By/Date	Folder Date	File Name		P	Source

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CIT) (Maples) (Maple) (Michiel Commission (Mic

111

INC Item 1085 | 991011 Engine Under Cover H086 990946 Engine Mounting 2027 | 991500 Frt Cabin Assy 2028 991501 Frt Cabin Mounting 2029 991502 Frt Cabin Rear Panel 1092 991520 Frt LH Chassis Member D R 1093 991520 Frt RH Chassis Member 1094 990728 Frt Vertical Cross Member 1095. 991863 Frt Lower Cross Member 2030 | 990143 | Air Con Evaporator Assy 2031 990106 Air Con Blower 990427 Brake Master Pump Assy 1083 990403 Brake Booster Pump Assy 2032 | 990431 | Brake Pedal 2033 | 990021 | Accelerator Pedal 2034 | 990627 | Clutch Pedal 1127 994483 Steering Wheel Airbag BUS. 1128 994485 Steering Wheel Airbag Sensor YES. 990029 Airbag Control Unit 1133 991922 Frt RH Seat Belt Assy 1135 995182 Frt LH Seat Belt Assy 1124 990753 Dashboard Assy 1135 992282 Glove Box Cover 1326 992281 Glove Box Compartment 1095 995070 Frt LH Fender 1000 995072 Frt LH Fender Inner Panel 19 000 991740 Frt LH Fender Inner Shield 1101 995179 Frt LH Mudflap 2035 994966 Frt LH Wheel Guard 1707 995170 Frt LH Wheel Rim 8804 995065 Frt LH Tyre 995071 Frt RH Fender BUC 991739 Frt RH Fender Inner Panel 991740 Frt RH Fender Inner Shield RA 1410 991884 Frt RH Mudflap 1 2036 994966 Frt RH Wheel Guard 1.417 992087 Frt RH Wheel Rim 995065 Frt RH Tyre 995326 Frt LH Door 9556 995140 Frt LH Door Protector 995104 Frt LH Door Hinge 995142 Frt LH Door Wing Mirror 1262 995103 Frt LH Door Glass 1263 991595 Frt LH Door Glass Regulator 991596 Frt LH Door Glass Regulator Motor 991662 Frt LH Door Rubber 1266 991636 Frt LH Door Outer Handle 1072 991617 Frt LH Door Juner Trim Board 1816 995327 Frt RH Door 991654 Frt RH Door Protector 991601 Frt RH Door Hinge 1319 991685 Frt RH Door Wing Mirror 991584 Frt RH Door Glass 991595 Frt RH Door Glass Regulator 991596 Frt RH Door Glass Regulator Motor 1326 991662 Frt RH Door Rubber 1327 991636 Frt RH Door Outer Handle 1335 991617 Frt RH Door Inner Trim Board 991644 Frt Door Frt Pillar 991657 Frt Door Rear Pillar 2039 992072 Frt Wheel Arch Panel 2040 992069 Frt Wheel Arch Panel Garnish 2041 991996 Frt Step Panel 2042 994498 Frt Step Panel Top Garnish 2043 994495 Frt Step Panel Inner Gamish 1073 995053 Wiper Washer Tank 990247 Sticker

Engine Do Cover

Atternative Assy

Tear backmantive 1136

NAC		Item			A	To
1001		Frt Number Plate	18			1
1002		Frt Number Plate Base	CF	P	/	1
1004	991300	Frt Bumper	Di			1
2001	991477	Frt Bumper Upper Cho 5		Šc.		12
2002	991387	Frt Bumper Lower				1
2003		Frt Bumper Side Cover Person	D)	<	_	
2004	991443	Frt Bumper Side Sowa D	10	5		+
1006		Frt Bumper Bracket	-	7		1
1008		Frt Bumper Reinforcement	TZ	-	-	
2005	001/166	Frt Bumper Signal Lamp	5	1		-
1017	005100	Pet I V Person For I	-	-		
175-02-02-03-02-	993100	Frt LH Bumper Fog Lamp Cover				
1018	991353	Frt RH Bumper Fog Lamp Cover				
1019	99507,9	Frt LH Bumper Fog Lamp		-		
1020	995080	Frt RH Bumper Fog Lamp	- Committee			1
1021		Frt Grille	1	1	-	
1022		Frt Grille Emblem	CV	TL	_	-
2006		Frt Grille Sticker		T	- 1	_
		Frt Grille Chrome Moulding				
2007		Frt Panel		1		
2008	991874	Frt Lower Panel		1		
		Frt Panel Emblem		1		
		Frt Panel Sticker		+		
		Frt Panel Garnish	1	+	-1	_
		Frt Apron Panel	-	1	-	_
		Frt Corner Panel	-	-	-	
2013	001527	Frt Comer Panel Signal Lamp			1	
2014	005245	Fit Corner Paner Signar Lamp Fit Signal Lamp LH	1	-	1	
2015	005246	Frt Signal Lamp RH	-	+	-	
000000	005153	Frt LH Headlamp Assy	27777	-	-	
050	001921	Frt RH Headlamp Assy	SK!	7	1	
031	005000	Frt LH Side Lamp	CRI	3	1	
		Frt RH Side Lamp	+-	-	_	
2016	992149	Frt Wiper Panel			1	
2017	995043	Frt Wiper Nozzle			1	
		Frt Wiper Arm				
		Frt Wiper Blade		T	T	
		Frt Wiper Link			1	
2019		Frt Wiper Motor	Rene o			
		Wiper Panel Garnish	OX		1	-
		Frt Windscreen		1	+	-
115	992097	Frt Windscreen Rubber			+	
		Frt Windscreen Sealant		1	+	
		Frt Windscreen Outer Pillar		+	+	_
2021	992113	Frt Windscreen Inner Pillar	+	+	+	_
118	991019	ERP Bracket	-	+	+	_
119	991020	ERP Unit			+	_
		Frt Side Mirror (Big)	-	+	-	_
2023	991959	Frt Side Mirror (Small)		-	-	
024	991962	Frt Side Mirror (Round)	-	+	-	
025	995015	Frt Wing Mirror Stay		1	-	
002	002012	Frt Support Panel	- Janes	1	1	
WATEL TO	0000340	Proceedings of the control of the co	ST	1	1	
1000	990248	Bonnet	RAS	-	1	
		Bonnet Lock	BT	F	1	
0.57	990273	Bonnet Hinge	BI	-	1	2
039		Bonnet Rubber	B7		7	
		Air Con Condenser	BT		7	
043	990122	Air Con Fan Assy	-	1	+	
048	990149	Air Con Liquid Pipe	-	17	+	_
049	995066	Air Con Receiver Drier	-	-	-	
052	995074 F	Padiator	-	-	-	
			10	1		
053 9	792/38	tadiator Cowling	RA	-	+	
054 9	992742 R	tadiator Fan Assy	CUT.	-	+	
256 9	992758 R	adiator Hose Top	5	5	+	-
	92741 R	adiator Expansion Tank	20	-	1	-
	192506	oil Cooler	20	1	1	
	04421	out Cooler		. 1		
HA Y	794431 P	ower Steering Cooler Pipe				
159 9	90151 A	ir Duct	ASD.	1	1	
160. 9	90070 A	ir Cleaner Assy	-	7		
67 9	90219 B	attery		17	1	-
69/ 9	00222 D	attery Bracket		300	-	_[

Assessor:

and the sale of the sale

No of Items:

(12)Missing (13)Torn (14)Usconfirmed (15)Not Working

MUTUR CARTUCI POPULATION OF THE STATE B

		om (14) Lieconfirmed (15) thick Working	557	4=33	
	ercarriag		Tool	11.0	lo.
NAC	INC	Item	CON	AC	Qty
		Frt LH Shock Absorber	-	+-	-
The second second	_	Frt LH Shock Absorber Mounting	-	-	_
		2 Frt LH Coil Spring	-	-	
		Frt LH Knuckle Arm	-	-	
		Frt LH Knuckle Arm Bearing	-	10	1
		Frt LH Lower Arm	-	R	1 15
		Frt LH Upper Arm	-		1 2
		Frt LH Tie Rod	-		
		Frt LH Drive Shaft	-		V-S
		Frt LH Control Arm	+-		
_	-	Frt LH Trailing Arm	-		
		Frt LH Leaf Spring	-		10
		Frt LH Brake Disc Rotor	-		
		Frt LH Brake Caliper	-		
		Frt LH Brake Pipe	-		1
		Frt LH Brake Hose		-	
		Frt LH Brake Sensor Wire	-		
		Frt Stay Bar Bracket	-		
1390	994455	Steering Rack & Pinion		7	
1391	994435	Steering Cross Member	-	2	
		Frt Sub Frame	-		-
		Frt Sub Frame Mounting Frt Anti Roll Bar	-		_
			-		_
		Frt Anti Roll Bar Linkage Engine Block	-		
		Engine Block Gasket	-	27	-
		Engine Oil Sump	-	1	-
		Engine Oil	1	2	
		Gear Box Assy			
		Gear Box Gasket			
1402	992241	Gear Box Oil Sump			
1403	992257	Gear Oil			
1000	990534	Centre Exhaust Pipe Assy			
		Centre Exhaust Mounting			73.
1404	991134	Floor Panel			- *
		Rear LH Shock Absorber			
1406	993723	Rear LH Shock Absorber Mounting		14 14	
		Rear LH Coil Spring			
		Rear LH Knuckle Arm			- 8
		Rear LH Knuckle Arm Bearing			
		Rear LH Lower Arm			
		Rear Let Upper Arm			
		Rear LH Drive Shaft		_	
		Rear LH Control Arm			
		Rear LH Trailing Arm	-		_
		Rear LH Leaf Spring			_
		Rear LH Brake Disc Rotor			
		Rear LH Brake Caliper Assy	-	-	
		Rear LH Brake Pipe	-		
Actor or recommended	AND DESCRIPTION OF THE PERSON NAMED IN	Rear LH Brake Hose			\perp
		Rear Sub Frame			
		Rear Sub Frame Mounting			
_		Rear Anti Roll Bar			
		Rear Anti Roll Bar Linkage			
-	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Axle Beam		_	
		Rear Axle Panhard Rod			
		Differential Assy			_
1427	992706	Propeller Shaft	1		

NAC	INC	Item	CON	40	0
			CON	AC	VI
		Frt RH Shock Absorber	-	-	-
		Frt RH Shock Absorber Mounting	-	_	-
		Frt RH Coil Spring			
1431	991844	Frt RH Knuckle Arm			
1432	991845	Frt RH Knuckle Arm Bearing			
and the same	The second second	Frt RH Lower Arm		1	
		Frt RH Upper Arm		-	
		Frt RH Tie Rod			
		Frt RH Drive Shaft			_
			1	-	-
	and the second second second	Frt RH Control Arm		. 6	_
1438	992062	Frt RH Trailing Arm			
1439	991848	Frt RH Leaf Spring			
		Frt RH Brake Disc Rotor			
		Frt RH Brake Caliper			_
			+		_
		Frt RH Brake Pipe	-		_
		Frt RH Brake Hose	-		_
		Frt RH Brake Sensor Wire			
		Rear RH Shock Absorber			
1446	993723	Rear RH Shock Absorber Mounting			
		Rear RH Coil Spring	1		Т
		Rear RH Knuckle Arm			
		Rear RH Knuckle Arm Bearing			_
		Rear RH Lower Arm			
					_
		Rear RH Upper Arm	+	-	_
		Rear RH Drive Shaft	-		_
		Rear RH Control Arm			_
		Rear RH Trailing Arm			
455	995110	Rear RH Leaf Spring			
1456	992942	Rear RH Brake Disc Rotor			
457	992938	Rear RH Brake Caliper Assy		7	
		Rear RH Brake Pipe			
		Rear RH Brake Hose			
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No of Items:	Assessor:	
No of Items:	Assessor:	

ASSIGNMENT (IDAC)

By CSO- Nature of Acciden	10 m			By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No. GBE 5531 B Yr Regn. 31 Dec 2015
a) Motorcar ()	a) Pedestrian	į	9 1	Type: M.Car / M.Cycle / Bus (a) / Lorry / Taxi / Prime Mover / MP
b) M/cycle ()	b) Animal	(1 18	/ Truck / Trailer or
c) Bicycle ()				Make & Model: Nisran NV200 1.6A7 0.0 1597
3) Vehicle hit Road Side Objects:				Colour Gray Transmission Type: Qui / Manual
a) Govm.Property ()	b) Road Work Object	(1	Eng/No: Sp.Reading: 28614
(Eg: signboard, barner, tree etc)	c) Private Property	1	,	C/No: VM 20183463 *
4) Vehicle drop into drain		()	Gen. Cond: Gel / Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering: Moreer / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	Ñ	5	Brake: Jammed / Leaked / Burnt or
c) Other,				Modi: (Nil) / S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: (65 80 RIP
a) Vandalism ()	b) Hit by Moving Object	()	R:
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found when recovered.	()	буо уоко ог
8) Fire				R/Bal. S mm R/Bal S
a) Whilst driving ()	b) Parked	1		1/Pal +
3/ 1//	D) I diked	1	1	L/Bal mm L/Bal mm
9) Accident date more than 24hrs		7	1	Parallel Import: Yes No Towed-In: Yes / No
		8	S	Repair Type: LS I.B.I Towing Required: (As) / No
Remarks for internal information			-	No of Repair Days: Vehicle in Idac: Ves / No
				D.O.I. 21/2/2018 Time: 12,10pm
				12,10
				By Assessor- 2) Comments
				Damages not due to recent accident.
	T-70 TIL			2) Damages do not seem hit onto:
Remarks to appear in Works Order	& Assessment report			a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()
1) Potential Total Loss ()			77.59	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 ()			-	Vehicle does not seem damaged as a result of:
		1 =		a.Fallen Object() b.Flood() c.Vandalism() d.Fire()
		-	711	
		-		e.Moving Object () f.Stolen () g.Stolen & Recovered ()
***				Time Started: Time completed:
Y Y one waster	the last seek and the			1) CSO
				2) ASS
				3) Entire Operation Completed Time:

Claim Handling Accident MT/099494	7				LOS SAL S
Policy No.	5076519095-02	Vehicle No.	GBE5531B	GST Registration No.	528283623
Policyholder Name	AFGHANISTAN FAMILY RESTAURANT			Policyholder NRIC	528283623
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98297540	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(%)	20	Private Hire	No
Report Date	18/05/2018 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/05/2018	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	3489226
Accident Location	JUNC OF JALAN ISHAK & LOR MARICAN	A STATE PERSONNEL I			
▽ Benefits					
▽ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
COLUMN COMPANY OF STREET	544.55	Outside Singapore OD			
Unnamed Driver Excess		Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
	mation				
GST Registered	Yes		GST Registration Date	01/01/2003	
GST Registration No.	528283623		GST Status Verified	Yes	
Modification History					
▽ Policyholder Mailing	Address				
Address 1	BLK 201E #01-56	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 527201
Address 4	BCK 2512 #01-50	Address Type	Singapore address	Post Code	527201
Unit No.	01-56	Related Policy Number	5076519095-02		
	01-30	Related Folicy Harrises	3070313033-02		
OI Driver Info	SACOCIO DE MARION	Parties Trace	Unanimed Driver		
Driver Name	Unnamed Driver MUHAMMAD BIN HASSAN	Driver Type Driver NRIC	Unnamed Driver 575198308	Driver DOB	06/07/1975
Unnamed driver Name Register Date of Driver				Driving Experience	
License	15/10/2011	Driver Age	42		6
Contact No.(Mobile)	98297540	Contact No.(Office)	D	Contact No.(Home)	0
Address 1	BLK 874A	Address 2	TAMPINES STREET 84	Address 3	TAMPINES VISTA
Address 4	SINGAPORE 521874	Address Type	Singapore address	Post Code	521874
Unit No.	# 04-135			Marketon and a second of	
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
▽ Declaration					
Breathalyser or Blood Test	- A-W-0	Anniet and	The State of the S		
Reading?	D mg	Any injury?	= Yes No		
Modification History	21/05/2018 11:40 s990621 Modify Drang 21/05/2018 11:40 s990621 Modify ICM N	lo(>3489226)			
▽ Investigation Claim 001 OD-MD					
▼ Claim Case Officer	No Hak Joo				LOS SAL
	OD-MD	Insured Name	AFGHANISTAN FAMILY RESTAUR	Insured NRIC	528283623
Claim Type Contact No.(Mobile)	Market till	Contact No.(Home)	ACOUNTAINE LABOUR REGINOR	Contact No.(Office)	67837746
Email Address		OI Vehicle Number	GBE5531B	TP Vehicle Number	SLK927B
			Secretary of the Secretary	Name of Preferred	7 to 10 ft 5 ft
Claim Description	G8E5531B / SLK927B ON 17 May 2018			Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	income to assign workshop	GIA report	Received
Date Registered	18/05/2018 17:38	Claim Close Date		Date Received	18/05/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	
Modification History					
▽ Special Claim Creation	on Annroyal				
Approval	- Approved	Reason			
Carried Control		- Accessed to the second secon			

21/2018					age assessment Claim Task							
Vehicle Make	NISSAN		Vehicle M		NV200	Engine Capcit		0.7				
Date of Registration	31/12/2015		Classis N	o:	VM20083463							
Towing Required *	* Yes D No		Vehicle in	IDAC *	● Yes ○ No	Parallel Impor	t •	Yes ® No				
Type of Tender Own Damage IDAC/Workshop NATIONAL ASSESSMENT CENTR Windscreen		•	Assessor Name * IDAC/Workshop Location		SIMON	Survey Currer	nt Status					
		ENT CENTS			51 UBI AVENUE 1 #01-25 PAYA							
		Turky Horkshop Location										
Parts & Labour Cost			Total Los	s •	Yes No							
Market			Scrape V	alue(\$)		Economical Re	epair Value(\$)					
Value(\$)	REMARK: NO OF REPA	AIR DAYS: 8 DAY	AYS.1X AIRCON LIQUID PIPE - UNCONFIRM.1X AIR DUCT - REPLACE.1X AIR CLEANER - UNCONFIRM.1X ENGINE TOP COVER - UNCONFIRM									
Compain												
Remark												
→ Damage L	letina											
Find a Part	isony						000000					
root			No.	Part No.	Description		Qty •	Repair Code *	-	1721		
Not Appl	icable		1	32200101	NUMBER PLATE (FI		1	Replace		X		
ABS ABSORE	VER.		2	32200201	NUMBER PLATE BASE	(FRONT)	1	Replace	*	×		
ACCELE			3	16000101	BUMPER (FROM	IT)	1	Replace	*	×		
ACTUAT	OR		4	16002401	BUMPER CLIPS (FI	RONT)	- 6	Replace	•	X		
ADVERT	IISEMENT STICKER		s	16005101	BUMPER RETAINER (FR	ONT LEFT)	1	Replace	*	X X X		
			6	16005102	BUMPER RETAINER (FRO	ONT RIGHT)	1	Replace		X		
			7	16005901	BUMPER SPONGE (FRONT)	1	Replace	•	×		
			8	16003001	BUMPER REINFORCEME	NT (FRONT)	1	Replace		×		
			9	27100101	GRILLE (FRON	T)	1	Replace		×		
			10	27100801	GRILLE EMBLEM (F	RONT)	1	Replace	. *	×		
			11	27700101	HEAD LAMP (LE	FT)	1	Replace	∀	×		
			12	27700102	HEAD LAMP (RIC	энт)	1	Replace		X		
			13	454009	WIPER PANEL GAR	INISH	1	Replace	•	×		
			14	41300101	SUPPORT PANEL (F	RONT)	1	Replace	•	x		
			15	149001	BONNET		1	Replace	•	X		
			16	14903401	BONNET LOCK (LO	WER)	1	Replace	*	X		
			17	14902201	BONNET HINGE (LEFT)	-1	Replace		×		
			18	14902202	BONNET HINGE (F	UGHT)	1	Replace	•	×		
			19	149043	BONNET RUBBER (LONG):	1	Replace	•	×		
			20	112023	AIR CON CONDE		1	Replace	•	×		
			21	344001	RADIATOR		1	Replace	•	×		
			22	344005	RADIATOR COWI	LING	1	Replace	*	x		
			23	344008	RADIATÓR FA		1	Replace	•	X		
			24	34402802	RADIATOR HOSE		1	Replace	•	×		
			25	344007	RADIATOR EXPANSIO		1	Replace		×		
			26	323001	OIL COOLER		1	Unconfirm		×		
			27	141001	BATTERY		1	Unconfirm	•	×		
			28	243014	ENGINE LOWER C	OVER	1	Replace	•	×		
			29	24301903	ENGINE MOUNTING		1	Unconfirm	•	×		
			30	24301905	ENGINE MOUNTING		1	Unconfirm	•	×		
			31	24301906	ENGINE MOUNTING		1	Unconfirm		×		
			32	19600501	CHASSIS MEMBER (FR		1	Repair		y		
				19600501	CHASSIS MEMBER (FRO	A CONTRACTOR OF THE PARTY OF TH	1	Repair	•	Y		
			33	401001	STEERING AIR I		1	Replace	•	Y		
			35	401001	STEERING AIR BAG		4	Replace	*	×		
			36	106007	AIR BAG CONTROL		1	Unconfirm	•	×		
					FENDER (FRONT)		1	Repair	•	v		
			37	25400102					-	- A		
			38	25400103	FENDER (FRONT R		1	Replace	-	X		
			39	25400902	FENDER INNER SHIELD (F		1	Replace		A		
			40	124001	ALTERNATOR		1	Unconfirm		×		
			41	268006	GEAR BOX MOUN		1	Unconfirm	*	X		
			42	30500102	LOWER ARM (FRONT		1	Unconfirm				
			43	30500101	LOWER ARM (FRON	T LEFT)	1	Unconfirm	•	X		
			44	401021	STEERING CROSS N	MEMBER	1	Unconfirm				
			45	243005	ENGINE BLOCK GA	ACKET	1	Unconfirm		X		

ENGINE OIL SUMP

Save Submit

243030



Vehicle Check-In

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

Vehicle No:	Date In:	Time In:	with Keys: Yes / No
		For Office	use
		Attended b	y:
Workshop Collection of Vehicle			
Workshop: Modern Duto			
Collection Date: <u>03/5/18</u>	Time: 143	with Keys: Yes/ N	lo -
Tow Truck No: YM 7654C	_Tow Man: McC	heel one NR	IC: 87727585A
Signature:	9 +20	44907	
For office use			
Attended by: ROSLINION		Approved	by:
Workshop Return of Vehicle Workshop:			
Returned Date:	Time:	with Key: Yes/N	o
* Tow In / Drive In Tow Man / Workshop Representative:		NRIO NRIO	C:
Signature:		For office	use
		Attended l	by:
Owner Collection of Vehicle			
Collection Date:	Time:	with Key: Yes/N	lo
Owner:	NR	IC:	
Signature:			
For office use			
Attended by:		Approv	ed by:

LKK Paya Ubi

From:

Ng Hak Joo <hakjoo.ng@income.com.sg>

Sent:

Wednesday, 23 May 2018 1:54 PM

To:

Chin

Cc:

LKK Paya Ubi

Subject:

MT/0994947-001, VEHICLE NUMBER: GBE5531B

Dear Ms chin of Modern auto

We spoke, Please tow this vehicle from Idac and contact Ms Suhaila of AFGHANISTAN FAMILY RESTAURANT at 98297540 when the vehicle arrived at your w/ s to revert on the repair days, excess \$600/-.

Our Ref: MT/CA/OD/051/0994947-001/NHJ

23 May 2018

MODERN AUTOMOTIVE PTE LTD BLK 3023A #01-61 UBI ROAD 1

SINGAPORE 408717

Dear Sir

CLAIM NUMBER: MT/0994947-001

REPAIR OF VEHICLE NUMBER: GBE5531B

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

follows:

Award Date: 23 May 2018

Make: NISSAN Model: NV200

Estimated Repair Days: 8

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 7+65 6430 7890

www.income.com.sg











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