

NATIONAL Assessment Centre Services

Date In: 18/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009068/C13	SAS e-filing		
Veh No: GBE5531B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/05/18 1150	i-Motor Claim Form	MT/0994947-001	
<input checked="" type="radio"/> OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLK927B	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA1803137	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) rT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice Anted	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 willful 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	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

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	
Email Address	ADENZ_19@HOTMAIL.COM

Address	BLK 874A TAMPINES ST 84 #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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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

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	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	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD BIN HASSAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBE5531B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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**.
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.

AFGHANISTAN FAMILY RESTAURANT
BLK 201E #01-56, TAMPINES ST 23
SINGAPORE 527201
FAX: 6747 2082
GST / BUSINESS REG NO.: 52828362J

 18/5
Driver's Signature
(If driver is not the policyholder)
Date & Time:

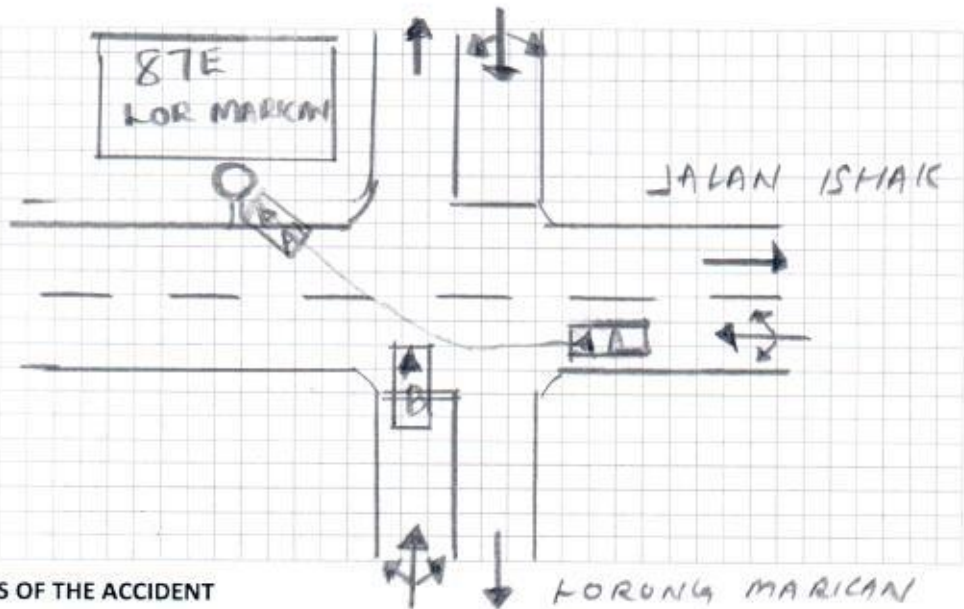
 18/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - GBE5531B

B - SLK927B

C - PROPERTY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180517/2125

DECLARATION

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

AFGHANISTAN FAMILY RESTAURANT

BLK 201E #01-56, TAMPINES ST 23

SINGAPORE 327201

DATE: 18/05/2018

FAX: 6747 2082

GST/BUSINESS REG NO.: 52828362J

GLAIRC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 18/5

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 18/05/18



SINGAPORE POLICE FORCE



T/20180517/2125

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

1 of 3

Report No. T/20180517/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 18:15		Vide Report No.: G/20180517/0089		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: MUHAMMAD BIN HASSAN			Address: APT BLK 874A TAMPINES STREET 84 #04-135 SINGAPORE 521874		
ID Type / ID No.: NRIC NO / S7519830B			Contact No.: Home/Office: Mobile: 98297540		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 06/07/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2018 11:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JALAN ISHAK LORONG MARICAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

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

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180517/2125

2 of 3

Report No. T/20180517/2125

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD BIN HASSAN	ID No.	S7519830B
Related Vehicle	GBE5531B (Van)	Contact No.	98297540
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/05/2018	Date Discharge	17/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	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.



**SINGAPORE
POLICE FORCE**



T/20180517/2125

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Report No. T/20180517/2125

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

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD HAFIZ BIN ABDUL RAZAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 18:15
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	 SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7519830B



Name: **MUHAMMAD BIN HASSAN**



Race: **INDIAN**
 Date of Birth: **06-07-1975** Sex: **M**
 Country of Birth: **SINGAPORE**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7519830B**
 Name: **MUHAMMAD BIN HASSAN**



Birth Date: **06 Jul 1975**
 Issue Date: **15 Oct 2011**



002008802F

2665388



NRIC No: **S7519830B**



Blood Group: **O+** Date of Issue: **19-07-1995**


APT BLK 874A TAMPINES STREET 84 #04-135
 SINGAPORE 521874
 NRIC No: **S7519830B** Date: **08/12/2011** No: **6958820**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	13 Dec 2008
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	15 Oct 2011

NP 428A



Licence No: **S7519830B**

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076519095-02	AFGHANISTAN FAMILY RESTAURANT	52828362J	GCV	Comprehensive	GBE5531B	GBE5531B	31/12/2017	30/12/2018

Claim Handling

Accident MT/0994947

Policy No.	5076519095-02	Vehicle No.	GBE5531B	GST Registration No.	52828362J
Policyholder Name	AFGHANISTAN FAMILY RESTAURANT			Policyholder NRIC	52828362J
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98297540	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD 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
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF JALAN ISHAK & LOR MARICAN				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2003		
GST Registration No.	52828362J	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		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	Driver DOB	06/07/1975
Unnamed driver Name	MUHAMMAD BIN HASSAN	Driver NRIC	S7519830B	Driving Experience	6
Register Date of Driver License	15/10/2011	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	98297540	Contact No.(Office)	0	Address 3	TAMPINES VISTA
Address 1	BLK 874A	Address 2	TAMPINES STREET 84	Post Code	521874
Address 4	SINGAPORE 521874	Address Type	Singapore address		
Unit No.	#04-135	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	AFGHANISTAN FAMILY RESTAURANT	Insured NRIC	52828362J
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67837746
Email Address		OI Vehicle Number	GBE5531B	TP Vehicle Number	SLK927B
Claim Description	GBE5531B / SLK927B ON 17 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	18/05/2018 00:00
Date Registered	18/05/2018 17:38	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer		OD Excess Collected by Workshop	

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0994947	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:37	SAS	Normal	SAS 2018-5-18
	NAC_PAYA_UBI_800601(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 17:37	Photos	Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(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 17:37	Photos	Normal	Photos 2018-5-18
	NAC_PAYA_UBI_800601(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
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2018 17:36	Photos	Normal	Photos 2018-5-18
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	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

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

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

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

Veh No: GBE 5531 B Yr Regn: 31 Dec 2015

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

Make & Model: Nissan NV200 1.6AT c.c. 1597

Colour: Grey Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 28614

C/No: VM 20083463

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

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 165 / 80 R14

R: _____

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

TOYO YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

Rear

R/Bal. 5 mm

L/Bal. 5 mm

Parallel Import: Yes No

Towed-In: Yes / No

Repair Type: LS I.B.I

Towing Required: Yes / No

No of Repair Days: 8

Vehicle in Idac: Yes / No

D.O.I. 21/5/2018

Time: 12.10 pm

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:

1) CSO

2) ASS

3) Entire Operation Completed Time:

Claim Handling

Task Transfer Exit

Accident MT/0994947

LOS SAL SUB

Policy No.	5076519095-02	Vehicle No.	GBE5531B	GST Registration No.	52828362J
Policyholder Name	AFGHANISTAN FAMILY RESTAURANT			Policyholder NRIC	52828362J
Product Code	COMMERCIAL VEHICLE INSURANCE	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

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
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	Yes	ICM No.	3489226
Accident Location	JUNC OF JALAN ISHAK & LOR MARICAN				

Benefits

Excess

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

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2003
GST Registration No.	52828362J	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 201E #01-56	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE S27201
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
Register Date of Driver License	15/10/2011	Driver Age	42	Driving Experience	6
Contact No.(Mobile)	98297540	Contact No.(Office)	0	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				
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	21/05/2018 11:40 s990621 Modify Orange Force(N-->Y) 21/05/2018 11:40 s990621 Modify ICM No(-->3489226)		

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	AFGHANISTAN FAMILY RESTAURANT	Insured NRIC	52828362J
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67837746
Email Address		OI Vehicle Number	GBE5531B	TP Vehicle Number	SLK927B
Claim Description	GBE5531B / SLK927B ON 17 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	18/05/2018 17:36	Claim Close Date		Date Received	18/05/2018 00:00
Report Taken By	ROSINDA	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

Activity Handling

Attachment

Vehicle Info

5/21/2018

Claim Handling (damage assessment Claim Task MT/0994947 / Claim 001 OD-MD)

Vehicle Make	NISSAN	Vehicle Model	NV200	Engine Capacity	0.7
Date of Registration	31/12/2015	Class No.	VM20083463		
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 *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAYS:8 DAYS.1X AIRCON LIQUID PIPE - UNCONFIRM.1X AIR DUCT - REPLACE.1X AIR CLEANER - UNCONFIRM.1X ENGINE TOP COVER - UNCONFIRM.

Remark

▼ Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
	7	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
	9	27100101	GRILLE (FRONT)	1	Replace	X
	10	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
	11	27700101	HEAD LAMP (LEFT)	1	Replace	X
	12	27700102	HEAD LAMP (RIGHT)	1	Replace	X
	13	454009	WIPER PANEL GARNISH	1	Replace	X
	14	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
	15	149001	BONNET	1	Replace	X
	16	14903401	BONNET LOCK (LOWER)	1	Replace	X
	17	14902201	BONNET HINGE (LEFT)	1	Replace	X
	18	14902202	BONNET HINGE (RIGHT)	1	Replace	X
	19	149043	BONNET RUBBER (LONG)	1	Replace	X
	20	112023	AIR CON CONDENSER	1	Replace	X
	21	344001	RADIATOR	1	Replace	X
	22	344005	RADIATOR COWLING	1	Replace	X
	23	344008	RADIATOR FAN	1	Replace	X
	24	34402802	RADIATOR HOSE (TOP)	1	Replace	X
	25	344007	RADIATOR EXPANSION TANK	1	Replace	X
	26	323001	OIL COOLER	1	Unconfirm	X
	27	141001	BATTERY	1	Unconfirm	X
	28	243014	ENGINE LOWER COVER	1	Replace	X
	29	24301903	ENGINE MOUNTING (FRONT)	1	Unconfirm	X
	30	24301906	ENGINE MOUNTING (RIGHT)	1	Unconfirm	X
	31	24301905	ENGINE MOUNTING (REAR)	1	Unconfirm	X
	32	19600501	CHASSIS MEMBER (FRONT LEFT)	1	Repair	X
	33	19600502	CHASSIS MEMBER (FRONT RIGHT)	1	Repair	X
	34	401001	STEERING AIR BAG	1	Replace	X
	35	401005	STEERING AIR BAG SENSOR	1	Replace	X
	36	106007	AIR BAG CONTROL UNIT	1	Unconfirm	X
	37	25400102	FENDER (FRONT LEFT)	1	Repair	X
	38	25400103	FENDER (FRONT RIGHT)	1	Replace	X
	39	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
	40	124001	ALTERNATOR	1	Unconfirm	X
	41	268006	GEAR BOX MOUNTING	1	Unconfirm	X
	42	30500102	LOWER ARM (FRONT RIGHT)	1	Unconfirm	X
	43	30500101	LOWER ARM (FRONT LEFT)	1	Unconfirm	X
	44	401021	STEERING CROSS MEMBER	1	Unconfirm	X
	45	243005	ENGINE BLOCK GASKET	1	Unconfirm	X
	46	243030	ENGINE OIL SUMP	1	Unconfirm	X

Save Submit



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 Check-In

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

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: modern auto

Collection Date: 23/5/18 Time: 1435 with Keys: Yes / No

Tow Truck No: YM7654C Tow Man: Michael Ong NRIC: S7727585A

Signature: [Signature]

97544909

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: _____

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
T +65 6430 7890
www.income.com.sg



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