

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA 1180695 11

Date In: 28/1/18-17:03	Job description	Date & Time Completed	Done by
Ref No: NA INC 18009676 824	SAS e-filing		
Veh No: 61369239J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 26/1/18-16:30	i-Motor Claim Form	M7/0996287-001	28/5/18 18:02
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: SKQ 2004G 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

NA 1803436	Invoice Preparation Checklist		Amt (\$) Est 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			
Contact No:	4) FT: Follow-Through Survey \$120			
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Auditors' Comments :-	8) NTUC Additional Services -			
	OD*			
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat. 2 / 3:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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	28/05/2018 17:03
Date Of Accident	26/05/2018 16:30
Exact Location Of Accident	ALONG UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9239J
Insured/Policyholder	
Name Of Registered Owner	CHULOP!
Co Reg No	53289147C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84982486
Alternative Phone No	OFFICE-84982486
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 VANETTE 1.6 AUTO
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	5096201825
Cover Note Number	
Driver	
Name of Driver	AHMAD KHALIS BIN AHMAD SORIBAH
NRIC No	S9335112F
Date Of Birth	27/09/1993
Occupation	INDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96195912
Fax Number	
Contact Number	OFFICE-96195912
EMail Address	NOEMAIL

Address	BLK 897C WOODLANDS DRIVE 50 #02-206
Postcode	732897
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	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)	2
Passenger 1	NAME: : SITI ZAINAB BINTE SUKIMAN GENDER: : FEMALE

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

REFER TO STATEMENT.

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 Witness 1

Name	SHAH RAFIQ
Phone Number	81576473
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ2004G
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	SITI ZAINAB BINTE SUKIMAN
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	GBG9239J
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.
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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.

CHULOPI

Imad Jais

Policyholder's Signature

Date & Time:

EST 2005

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 UPP CHANGI RD EAST. SUDDENLY VEHICLE B ON LANE 3 CUTTING ACROSS TO MY LANE. AFTER CUTTING ONTO MY LANE, VEHICLE B BRAKE IN FRONT OF MY VEHICLE AS THE TRAFFIC LIGHT CHANGED TO AMBER. I BRAKE MY VEHICLE HOWEVER DUE TO ROAD SURFACE WAS WET AND MY VEHICLE SKIDDED. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 26/5/18 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: Along Upp Changi rd East.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G369239J 21/11
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5096201825
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chulop! (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53289147C CONTACT: 84982486
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ahmad Ichalis Bin Ahmad Sobri sobri (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5933512F CONTACT: 96195912
c) ADDRESS: Blk 897C Woodlands Drive To A 02206 (732892)

*d) DATE OF BIRTH: 22/9/199 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 15/9/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) siti - zaitunab Site Sulciman (back)

7. a) REPORTED TO POLICE (YES / NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S1CA 200 4G MODEL: _____ *No of pass
b) DRIVER'S NAME: _____ (including dr
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (-)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of pass
e) DRIVER'S NAME: _____ (including dr
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (-)

Witness: Shah Rafiq
81576473

email = info@chulop.com

fax = _____

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9335112F




Name
**AHMAD KHALIS BIN AHMAD
 SORIBAH**

Race
JAVANESE

Date of birth
27-09-1993

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S9335112F

Name
**AHMAD KHALIS BIN AHMAD
 SORIBAH**

Birth Date: **27 Sep 1993**

Issue Date: **15 Sep 2017**

002724336J



4289977




NRIC No: **S9335112F**

Date of issue
09-10-2008

APT BLK 897C WOODLANDS DRIVE 50 #02-206
 SINGAPORE 732897

NRIC No: **S9335112F** Date: **29/12/2015**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Sep 2017

NP 428A

Licence No: S9335112F



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"/>	5096201825	CHULOP!	S3289147C	GCV	Comprehensive	GBG9239J	GBG9239J	29/11/2017	28/11/2018

Policy Information

Policy No.	5096201825	Policyholder Name	CHULOPI	Policyholder NRIC	53289147C
Address	430 UPPER CHANGI ROAD #01-94 EAST VILLAGE SINGAPORE 487048				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	28/11/2017	Effective Date	29/11/2017 00:00	Expiry Date	28/11/2018 23:59
Excess Type	All Claim Excess	Windscreen Excess	100		
Third Party Excess	0	Own damage Excess	600		
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	Young/Inexperience Driver Excess			
Agent	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	430 UPPER CHANGI ROAD	Address 2	#01-59 EAST VILLAGE	Address 3	SINGAPORE 487048
Address 4		Address Type	Singapore address	Post Code	487048
Unit No.	01-59	Related Policy Number	5096201825		

Insured Object: GBG9239J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/11/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 29 Nov 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: GBG9239J

Continue Cancel

Claim Handling

Exit

Accident MT/0996287

Policy No.	3096201825	Vehicle No.	GBG9239J	GST Registration No.	53289147C	
Policyholder Name	CHULOP	Cover Type	Comprehensive	Policyholder NRIC	53289147C	
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)	0	Loading	0	
Contact No. (Mobile)	84982485	Special Remark		Contact No. (Home)	0	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode		
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason		
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No	
Accident Details			Time of Accident h:mm	16:30	Accident Type	Collision - Head to Rear
Report Date	26/05/2018 17:58	Country of Accident	Singapore			
Date of Accident	26/05/2018	Orange Force				
Reporting Centre		ICM No.				
Accident Location	ALONG UPP CHANGI RD EAST					
Benefits			Additional Excess		Windscreen Excess	100.00
Excess			Outside Singapore OD Excess		Outside Singapore TP Excess	
Own damage Excess	600.00					
Uninsured Driver Excess						
Third Party Excess	0.00					
GST Registered Information			GST Registered	Yes	GST Registration Date	27/01/2015
GST Registration No.	53289147C	GST Status Verified	No			
Modification History						

Policyholder Mailing Address

Address 1	430 UPPER CHANGI ROAD	Address 2	#01-59 EAST VILLAGE	Address 3	SINGAPORE 487048
Address 4		Address Type	Singapore address	Post Code	487048
Unit No.	01-59	Related Policy Number	5096201825		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/09/1993
Unnamed driver Name	AHMAD KHALIS BIN AHMAD SO	Driver NRIC	S9335112F	Driving Experience	0
Register Date of Driver License	15/09/2017	Driver Age	24	Contact No. (Home)	0
Contact No. (Mobile)	96195912	Contact No. (Office)	0	Address 1	SINGAPORE 732897
Address 1	BLK 897C	Address 2	WOODLANDS DRIVE 50	Address 3	
Address 4		Address Type	Singapore address	Post Code	732897
Unit No.	02-306	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	CHULOP	Insured NRIC	53289147C
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	GBG9239J	TP Vehicle Number	SKQ2004G
Claim Description	GBG9239J / SKQ2004G ON 26 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	28/05/2018 18:02	Claim Close Date		Date Received	28/05/2018 00:00
Report Taken By	Jackson				

Save Submit

Attachment

Accident No.	MT/0996287	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2018 18:04

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

Send Message **Upload**

Attachment List

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

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

By Assessor- 1) Vehicle Information

Veh No: GBG 9239J Yr Regn: 29 NOV 2017
 Type: M, Car / M. Cycle / Bus (Van) / Lorry / Taxi / Prime Mover / H/PV / Truck / Trailer or _____
 Make & Model: NISSAN VANETTE ^{NV 200} C.O. 1597cc
 Colour SILVER Transmission Type: Auto Manual
 Eng/No: VM20118126 Sp. Reading: 19579
 C/No: ~~XXXXXXXXXX~~
 Gen. Cond: Good / Fair / Poor / Burnt or _____
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 165/80/14
 R: 165/80/14
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>7</u> mm		R/Bal. <u>7</u> mm	
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm	

 Parallel Import: Yes No Towed-In: Yes / No
 Repair Type: S I.B.I Towing Required: Yes / No
 No of Repair Days: 7 Vehicle in Idac: Yes / No
 D.O.I. 30.5.18 Time: 1025 AM

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: _____

- 1) CSO _____
- 2) ASS _____
- 3) Entire Operation Completed Time: _____

VAN / LORRY (Fr)

Vehicle No: **GBG 9239J**

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Fr Number Plate			
1002	991887	Fr Number Plate Base	CRA	✓	
1004	991300	Fr Bumper	CRA	✓	
2001	991477	Fr Bumper Upper	CRA	✓	
2002	991387	Fr Bumper Lower			
2003	991449	Fr Bumper Side Cover			
2004	991443	Fr Bumper Side <i>Retainer</i>	NEC		2
1006	991325	Fr Bumper Bracket	CRA	✓	2
1008	991433	Fr Bumper Reinforcement	BT		
2005	991466	Fr Bumper <i>Signal Lamp</i> <i>Sponge</i>			
1017	995100	Fr LH Bumper Fog Lamp Cover			
1018	991355	Fr RH Bumper Fog Lamp Cover			
1019	995079	Fr LH Bumper Fog Lamp			
1020	995080	Fr RH Bumper Fog Lamp			
1021	991793	Fr Grille			
1022	991328	Fr Grille Emblem	CRA	✓	
2006	990247	Fr Grille Sticker	CRA	✓	
1023	991799	Fr Grille Chrome Moulding			
2007	991891	Fr Panel			
2008	991874	Fr Lower Panel			
2009	991328	Fr Panel Emblem			
2010	990247	Fr Panel Sticker			
2011	991893	Fr Panel Garnish			
1024	991222	Fr Apron Panel	CRA	✓	
2012	991527	Fr Corner Panel			
2013	991532	Fr Corner Panel Signal Lamp			
2014	995245	Fr Signal Lamp LH			
2015	995246	Fr Signal Lamp RH			
1029	995153	Fr LH Headlamp Assy			
1030	991821	Fr RH Headlamp Assy	CRA	✓	
1031	995088	Fr LH Side Lamp	CRA	✓	
1032	995089	Fr RH Side Lamp			
2016	992149	Fr Wiper Panel			
2017	995043	Fr Wiper Nozzle			
1120	992140	Fr Wiper Arm			
1121	992142	Fr Wiper Blade			
2018	992145	Fr Wiper Link			
2019	992148	Fr Wiper Motor			
1122	995045	Wiper Panel Garnish			
1114	992093	Fr Windscreen			
1115	992097	Fr Windscreen Rubber			
1117	992098	Fr Windscreen Sealant			
2020	992114	Fr Windscreen Outer Pillar			
2021	992113	Fr Windscreen Inner Pillar			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
2022	991958	Fr Side Mirror (Bsg)			
2023	991959	Fr Side Mirror (Small)			
2024	991962	Fr Side Mirror (Round)			
2025	995015	Fr Wing Mirror Stay			
1023	992013	Fr Support Panel	BT	✓	
1033	990248	Bonnet			
1035	990287	Bonnet Lock	CRA	✓	
1037	990273	Bonnet Hinge	BT	✓	
1039	990305	Bonnet Rubber	PA	?	2
1042	990119	Air Con Condenser	CRA	✓	
1043	990122	Air Con Fan Assy	BT	✓	
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier	BT	✓	
1052	995074	Radiator			
1053	992738	Radiator Cowling	CRA	✓	
1054	992742	Radiator Fan Assy			
1056	992758	Radiator Hose Top			
1058	992741	Radiator Expansion Tank			
2026	992596	Oil Cooler	BT	✓	
1029	994431	Power Steering Cooler Pipe			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy	CRA	✓	
1067	990219	Battery			
1068	990223	Battery Bra-let	BT	✓	

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
2027	991500	Fr Cabin Assy			
2028	991501	Fr Cabin Mounting			
2029	991502	Fr Cabin Rear Panel			
1092	991520	Fr LH Chassis Member			
1093	991520	Fr RH Chassis Member			
1094	990728	Fr Vertical Cross Member			
1095	991863	Fr Lower Cross Member			
2030	990143	Air Con Evaporator Assy			
2031	990106	Air Con Blower			
1082	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			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			
1133	991922	Fr RH Seat Belt Assy			
1135	995182	Fr LH Seat Belt Assy			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096	995070	Fr LH Fender			
1097	995072	Fr LH Fender Inner Panel			
1100	991740	Fr LH Fender Inner Shield			
1101	995179	Fr LH Mudflap			
2035	994966	Fr LH Wheel Guard			
1102	995170	Fr LH Wheel Rim			
1104	995065	Fr LH Tyre			
1105	995071	Fr RH Fender			
1106	991739	Fr RH Fender Inner Panel			
1109	991740	Fr RH Fender Inner Shield			
1110	991884	Fr RH Mudflap			
2036	994966	Fr RH Wheel Guard			
1111	992087	Fr RH Wheel Rim			
1113	995065	Fr RH Tyre			
1255	995326	Fr LH Door			
1256	995140	Fr LH Door Protector			
1257	995104	Fr LH Door Hinge			
1258	995142	Fr LH Door Wing Mirror			
1262	995103	Fr LH Door Glass			
1263	991595	Fr LH Door Glass Regulator			
1264	991596	Fr LH Door Glass Regulator Motor			
1265	991662	Fr LH Door Rubber			
1266	991636	Fr LH Door Outer Handle			
1272	991617	Fr LH Door Inner Trim Board			
1316	995327	Fr RH Door			
1317	991654	Fr RH Door Protector			
1318	991601	Fr RH Door Hinge			
1319	991685	Fr RH Door Wing Mirror			
1323	991384	Fr RH Door Glass			
1324	991595	Fr RH Door Glass Regulator			
1325	991596	Fr RH Door Glass Regulator Motor			
1326	991662	Fr RH Door Rubber			
1327	991636	Fr RH Door Outer Handle			
1333	991617	Fr RH Door Inner Trim Board			
2037	991644	Fr Door Frt Pillar			
2038	991657	Fr Door Rear Pillar			
2039	992072	Fr Wheel Arch Panel			
2040	992069	Fr Wheel Arch Panel Garnish			
2041	991996	Fr Step Panel			
2042	994498	Fr Step Panel Top Garnish			
2043	994495	Fr Step Panel Inner Garnish			
1073	995053	Wiper Washer Tank			
1136	990247	Sticker			
		<i>Alternator Assy</i>			

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/0996287

Policy No.	5096201825	Vehicle No.	GBG9239J	GST Registration No.	
Policyholder Name	CHULOP	Cover Type	Comprehensive	Policyholder NRIC	53289147C
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	84982486	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	28/05/2018 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/05/2018	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ALONG UPPER CHANGI RD EAST				

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	No	GST Registration Data		GST Status Verified	Yes
GST Registration No.		GST Registration Date			
Modification History	30/05/2018 10:21:39 Emily Tan changed GST Registered from Yes to No 30/05/2018 10:21:39 Emily Tan changed GST Registration No. from 53289147C to null 30/05/2018 10:21:39 Emily Tan changed GST Registration Date from 27/01/2015 to null				

Policyholder Mailing Address

Address 1	43D UPPER CHANGI ROAD	Address 2	#01-59 EAST VILLAGE	Address 3	SINGAPORE 487048
Address 4		Address Type	Singapore address	Post Code	487048
Unit No.	01-59	Related Policy Number	5096201825		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/09/1993
Unnamed driver Name	AHMAD KHALIS BIN AHMAD SOI	Driver NRIC	S9335112F	Driving Experience	0
Register Date of Driver License	15/09/2017	Driver Age	24	Contact No. (Home)	0
Contact No. (Mobile)	96195912	Contact No. (Office)	0	Address 1	SINGAPORE 732897
Address 1	BLK B97C	Address 2	WOODLANDS DRIVE 50	Address 3	
Address 4		Address Type	Singapore address	Post Code	732897
Unit No.	02-206	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimee Bin Mantau

LOS SAL SUB

Claim Type	OD-MD	Insured Name	CHULOP	Insured NRIC	53289147C
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OJ Vehicle Number	GBG9239J	TP Vehicle Number	SKQ2004G
Claim Description	GBG9239J / SKQ2004G ON 26 May 2018	Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Income to assign workshop	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	30/05/2018 20:27
Date Registered	28/05/2018 18:05	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval		Reason	
Remarks			

damage assessment Attachment

Vehicle Info

Vehicle Make	NISSAN	Vehicle Model	NV200	Engine Capacity	0.74
Date of Registration	29/11/2017	Class No.	VM20-118126	Parallel Import	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender	Own Damage	Assessor Name	LIM		
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 DAY:7 DAYS. 1 X AIR CON LIQUID PIPE - REPLACE. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM.

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty	Repair Code	
root						
Not Applicable	1	24301902	ENGINE MOUNTING (CENTRE)	1	Unconfirm	X
ABS	2	25400102	FENDER (FRONT LEFT)	1	Repair	X
ABSORBER						
ACCELERATOR	3	124001	ALTERNATOR	1	Unconfirm	X
ACTUATOR	4	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ADVERTISEMENT STICKER						
AIR BAG	5	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
AIR BLOWER	6	16000101	BUMPER (FRONT)	1	Replace	X
AIR BOX						
AIR CHAMBER BOX	7	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR CLEANER	8	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR COMPRESSOR						
AIR CON	9	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	X
AIR CON (VAN)	10	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace	X
AIR COOLER						
AIR DISTRIBUTOR	11	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR FILTER	12	16029901	BUMPER SPONGE (FRONT)	1	Unconfirm	X
AIR FLOW						
AIR GRILLE	13	27100101	GRILLE (FRONT)	1	Replace	X
AIR HORN	14	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR INTAKE						
AIR RESONATOR BOX	15	33000401	PANEL GARNISH (FRONT)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	16	27700101	HEAD LAMP (LEFT)	1	Replace	X
ALARM						
ALTERNATOR	17	27700102	HEAD LAMP (RIGHT)	1	Replace	X
ALUMINIUM PANEL - SIDE						
AMPLIFIER	18	454009	WIPER PANEL GARNISH	1	Unconfirm	X
ANTENNA	19	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
ANTI ROLL	20	149001	BONNET	1	Replace	X
APRON						
ARCH	21	14903402	BONNET LOCK (UPPER)	1	Replace	X
ARM REST	22	14902201	BONNET HINGE (LEFT)	1	Unconfirm	X
ASH TRAY						
AUTO CLUTCH	23	14902202	BONNET HINGE (RIGHT)	1	Unconfirm	X
AUTO COOLER PIPE						
AUTO CRUISE MOTOR	24	149041	BONNET RUBBER (CENTRE)	1	Replace	X
AUTO TRANSMISSION	25	112023	AIR CON CONDENSER	1	Replace	X
AXLE						
BACK REST (MC)	26	312060	AIR CON FAN	1	Unconfirm	X
BACK SEAT						
BALANCER	27	344001	RADIATOR	1	Replace	X
BATTERY	28	344005	RADIATOR COWLING	1	Replace	X
BEADING (MC)	29	344008	RADIATOR FAN	1	Unconfirm	X
BELT COVER (MC)						
BELT TENSIONER	30	34402802	RADIATOR HOSE (TOP)	1	Unconfirm	X
BODY						
BODY (MC)	31	344007	RADIATOR EXPANSION TANK	1	Replace	X
BOLT CAP (MC)	32	323001	OIL COOLER	1	Unconfirm	X
BOLT HEAD COVER (MC)	33	141001	BATTERY	1	Unconfirm	X
BONNET	34	141002	BATTERY BRACKET	1	Replace	X

Save Submit

LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Friday, 1 June 2018 10:42 AM
To: 'Autopoint'
Cc: LKK Paya Ubi; Zuraimee Bin Mantau
Subject: Vehicle GBG9239J, OD Claim No: MT/0996287-001, DOA: 26/05/2018

Dear AMK Autopoint

Total Excess \$1600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to take away the vehicle and help update Mr Khalis at 96195912 once vehicle is in the workshop.

Strictly no further supplementary is allowed. **Survey before repair** is required.

Please forward the invoice and DV within 7 working days to us once repairs has been done and survey conducted. Update the 'Repair Status' when repairs are done.

XX

Our Ref: MT/CA/OD/051/0996287-001/ZBM

01 Jun 2018

AMK AUTOPOINT PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A

#01-22 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/0996287-001

REPAIR OF VEHICLE NUMBER: GBG9239J

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

Award Date: 01 Jun 2018

Make: NISSAN

Model: NV200

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 1600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at motor@income.com.sg.

Thank you

Zuraimee Bin Mantau
Senior Executive, Motor Insurance
T +65 6430 7891
www.income.com.sg



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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: 6HG 9239 J Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Auto pro

Collection Date: 1/6/12 Time: 1.00 with Keys: Yes / No

Tow Truck No: WA66727 Tow Man: _____ NRIC: 5168679413

Signature: [Signature]

For office use

Attended by: _____

Approved by: [Signature]

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: _____

