

NATION 17 Assessment Centre Services

Date In: 05/06/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18010189/13	E-mail (w/ 8hrs, 5:00-2hrs):		
Veh No: FW8008J	i-Motor Claim Form: MT/0997400-001		
DOA: 04/06/18 0915	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: ☒ Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	DEXING	Tel: ()	Fax: ()
TP Particulars:	Veh No: SK10000	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
13/06/18	OPEN FILE FOR OD
14/06/18	1st closed date = 08/06/2018, Reopen by Kim but need to do OD assessment.

NA1803497 / NA1803903		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				1st Bill	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			
QC Checked by (Engr-In-Charge):		5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) NI: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile \$0			
		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	05/06/2018 16:04
Date Of Accident	04/06/2018 09:15
Exact Location Of Accident	TAMPINES AVE 4 TURNING INTO TAMPINES ST 91
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FW8008J
Insured/Policyholder	
Name Of Registered Owner	TAN SHUN TAI
NRIC No	S8925243A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93688522
Alternative Phone No	OTHERS-93688522
Vehicle Particulars	
Manufacturer	SUZUKI
Model	-
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096366947
Cover Note Number	
Driver	
Name of Driver	TAN SHUN TAI
NRIC No	S8925243A
Date Of Birth	02/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93688522
Fax Number	
Contact Number	OTHERS-93688522
Email Address	NOEMAIL

Address	BLK 842D TAMPINES ST 82 #07-54
Postcode	524842
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	SANDY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING FROM TAMPINES AVE 4 TURNING LEFT INTO TAMPINES ST 91 ON THE LEFT LANE OF A2-LANES RD. WHILE MAKING A LEFT TURN, MY MOTORCYCLE SKIDDED DUE TO THE SANDY ROAD SURFACE.

Attachment(s)

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 05/06/18
0915hrs

Driver's Signature

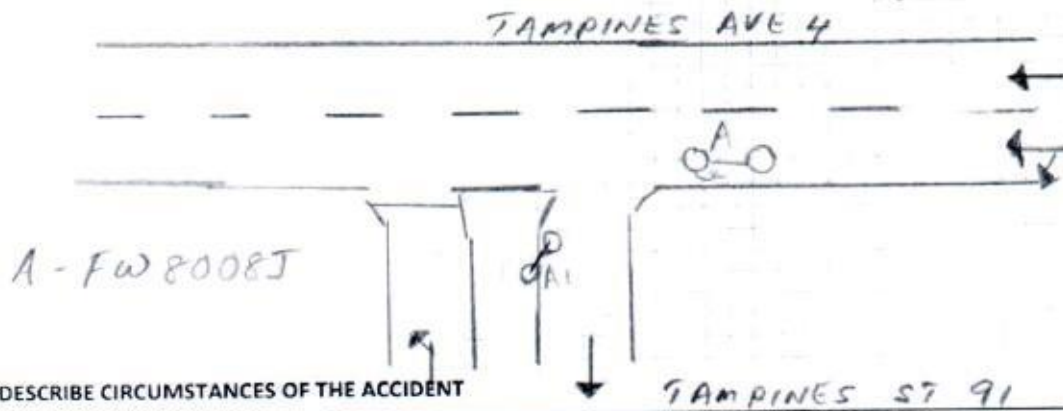
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10/1s refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time: 05/06/18
0915hrs

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

Reporting Centre Personnel's Signature
Name: 05/06/18
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 06 / 1987) (DD/MM/YYYY), TIME: (09 : 15) (HH:MM)

LOCATION: Tampines Ave 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW8008 J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5096366947
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: SUZUKI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TAN SHUN TAI (MALE) FEMALE
b) NRIC/FIN/PASSPORT: S8925243A CONTACT: 98688522
c) ADDRESS: B1K842D Tampines ST82 #07-54 S(524842)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN SHUN TAI (MALE) FEMALE
b) NRIC/FIN/PASSPORT: S8925243A CONTACT:
c) ADDRESS: B1K842D TAMPINES ST82 #07-54 S(524842)

*d) DATE OF BIRTH: (02 / 08 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) SANDY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
(1)

05/06/18

writing for
motorcycle ✓

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8925243A



Name
TAN SHUN TAI
陳順泰
Race
CHINESE
Date of birth
02-08-1989 Sex
M
Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S8925243A



Name
TAN SHUN TAI
Date of birth
02 Aug 1989
Issue Date
27 Dec 2011



002029493F

3597576



NRIC No. S8925243A



Date of issue
06-08-2004

Address
APT BLK 842D TAMPINES STREET 82
#07-54
SINGAPORE 524842

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles < 200 CC	23 Dec 2018
Class 2A	Motorcycles between 201 CC and 400 CC	12 Apr 2012
Class 2	Motorcycles > 400 CC	05 Jul 2012
Class 3	Motor cars < 2000 kg with not more than 7 passengers, exclusive of the driver; and motor tricycles < 2000 kg	12 Jan 2009

S8925243A

S / No. 9000163772

NP 428A

Licence No. S8925243A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

04/06/2018 09:15

Vehicle No.(For Motor)

FW8008J

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5096366947	TAN SHUN TAI	S8925243A	GMC	Comprehensive	FW8008J	FW8008J	30/11/2017	29/11/2018

Claim Handling

[Task Transfer](#) [Call](#)
[LOS](#) [SAL](#) [SUB](#)

Accident MT/0997400

Policy No.	5046166547	Vehicle No.	FW8008	GST Registration No.	
Policyholder Name	TAN SHUN TAI			Policyholder NRIC	S8925243A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	93688522	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	05/06/2018 16:50	Accident Report Within 24 hrs	yes	Accident Type	Others
Date of Accident	04/06/2018	Time of Accident (H:mm)	09:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	TAMPINES AVE 4 TURNING INTO TAMPINES ST 81				

Benefits

Excess

Own Damage Excess	1,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BK 842D #07-54	Address 2	TAMPINES STREET 82	Address 3	SINGAPORE 524842
Address 4		Address Type	Singapore address	Post Code	524842
Unit No.		Related Policy Number	5081195730-02		

OI Driver Info

Driver Name	TAN SHUN TAI	Driver Type	Main Driver	Driver DOB	02/08/1989
Unnamed driver Name		Driver NRIC	S8925243A	Driving Experience	7
Register Date of Driver License	23/12/2010	Driver Age	28	Contact No. (Home)	0
Contact No. (Mobile)	93688522	Contact No. (Office)	0	Address 3	SINGAPORE 524842
Address 1	BK 842D	Address 2	TAMPINES STREET 82	Post Code	524842
Address 4		Address Type	Singapore address		
Unit No.	#07-54				
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Investigation

Claim 001 OD-MD

New

Claim Case Officer Tan Siew Choo

[LOS](#) [SAL](#)

Claim Type	OD-MD	Insured Name	TAN SHUN TAI	Insured NRIC	S8925243A
Contact No. (Mobile)	93688522	Contact No. (Home)		Contact No. (Office)	
Email Address	SHUNTAT892@GMAIL.COM	OI Vehicle Number	FW8008	TP Vehicle Number	
Claim Description	FW8008 ON 4 Jun 2018	Insured Liability	Fully at Fault	Name of Preferred Workshop	DE XING
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	05/06/2018 05:00
Date Registered	05/06/2018 16:54	Workshop Repairer		Total Loss but Repaired	
Report Taken By	RUSLI NDA			OD Excess Collected by Workshop	

[Print AK letter](#)

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/0997400	Claim No.	001
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6/5/2018

Claim Handling (Claim MT/0997400 / Claim 001 OD-MD)

Last Doc. Received

* res No

Upload Date

05/06/2018 00:00

Path *

Category *

Confidential

Urgency *

Description *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M: S: C:
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:53	SAS	Normal	SAS 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:53	Photos	Normal	Photos 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:53	Photos	Normal	Photos 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:53	Photos	Normal	Photos 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:53	Photos	Normal	Photos 2018-6-5	
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	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:52	Photos	Normal	Photos 2018-6-5	
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	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:52	Photos	Normal	Photos 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:52	Photos	Normal	Photos 2018-6-5	
	NAC_PAXA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jun 2018 16:52	Photos	Normal	Photos 2018-6-5	

Video List

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

Scan and uploading



德興摩哆私人有限公司 DE XING MOTOR PTE. LTD.

Blk 3006 Ubi Road 1 #01-356 Singapore 408700
Tel : (65) 67468582 (4 Lines) Fax : (65) 67439525
Email : dxmotor@singnet.com.sg
Website : www.dxmotor.com
Co. Reg. No.: 198303312R



() Third-Party (X) Own Damage () List Price () Cost Price

Bike No : FW8008J

Date of Acc : 04/06/2018

Make/ Model : SUZUKI GSX-R1000R

Chassis No : JS1DM11GZH2100445

Year : 2017

Engine No : N/A

S/ NO	Parts Description	Quantity
1	DAMPER ASSY, FRONT FORK LH	1
2	WHEEL, FRONT (17M/CXMT3.50)	1
3	SPACER, HUB BEARING	1
4	BEARING (25X52X15)	2
5	OIL SEAL	2
6	VALVE ASSY, WHEEL RIM (TR412)	1
7	COVER, INTAKE LH (BLUE)	1
8	BODY, COWLING (BLUE)	1
9	FENDER, FRONT (BLUE)	1
10	CLUTCH LEVER	1
11	EXHAUST PIPE	1
12	GASKET, EXHAUST PIPE	4
13	CONNECTOR	1
14	COOLER ASSY, OIL	1
15	O RING (D:2.4,ID:16)	2
16	GUARD, OIL COOLER	1
17	O RING	2
18	RADIATOR ASSY	1
19	RH/ LH FAN ASSY, RADIATOR	2
20	RH/ LH BRACKET, RADIATOR	2
21	RH/ LOWER BRACKET, RADIATOR	1
22	BRACKET, RADIATOR SUPPORT	1
23	HOSE, RADIATOR OUTLET	1
24	BRACKET, RADIATOR OUTLET	1
25	MIRROR ASSY, REAR VIEW LH	1
26	HANDLEBAR BALANCER	1
27	LH SIDE COWLING (BLUE)	1
28	LH REAR SIDE COWLING (BLUE)	1
29	LH UNDER COWLING (BLACK)	1
30	LH UNDER INNER COWLING	1
31	UNDER CENTRE COWLING	1
32	RH FRONT LED TURN SIGNAL	1
33	TOTAL AIR FREIGHT	
34	LABOUR CHARGE	
35	TOW (2WAY IDAC & DEXING)	

Claim Handling

Task Transfer Exit

Accident MT/0997400

LOS SAL SUB

Policy No.	5096366947	Vehicle No.	FW8008J	GST Registration No.	
Policyholder Name	TAN SHUN TAI			Policyholder NRIC	S8925243A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93688522	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFX	☐ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	05/06/2018 16:50	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/06/2018	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	TAMPINES AVE 4 TURNING INTO TAMPINES ST 91				

Benefits

Excess

Own damage Excess	1,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK #42D #07-54	Address 2	TAMPINES STREET 82	Address 3	SINGAPORE 524842
Address 4		Address Type	Singapore address	Post Code	524842
Unit No.		Related Policy Number	5081195730-02		

OI Driver Info

Driver Name	TAN SHUN TAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8925243A	Driver DOB	02/08/1989
Register Date of Driver License	23/12/2010	Driver Age	28	Driving Experience	7
Contact No.(Mobile)	93688522	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK #42D	Address 2	TAMPINES STREET 82	Address 3	SINGAPORE 524842
Address 4		Address Type	Singapore address	Post Code	524842
Unit No.	#07-54				
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
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	TAN SHUN TAI	Insured NRIC	S8925243A
Contact No.(Mobile)	93688522	Contact No.(Home)		Contact No.(Office)	
Email Address	SHUNTAI89@GMAIL.COM	OI Vehicle Number	FW8008J	TP Vehicle Number	
Claim Description	FW8008J ON 4 Jun 2018			Name of Preferred Workshop	DE XING
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	05/06/2018 16:54	Claim Close Date		Date Received	13/06/2018 14:01
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment

Attachment

Vehicle Info

Vehicle Make

SUZUKI

Date of Registration

30/11/2017

Towing Required *

☐ Yes
☒ No

Type of Tender *

Own Damage

IDAC/Workshop Name

NATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value(\$)

Vehicle Model

GSXR1000

Classis No.

JS1DM11GZHZ100445

Vehicle in IDAC *

☐ Yes
☒ No

Assessor Name *

LIM(DE XING)

IDAC/Workshop Location

51 UBI AVENUE 1 #01-25 PAYA

Total Loss *

☐ Yes
☒ No

Scrape Value(\$)

Engine Capacity

Parallel Import *

☐ Yes
☒ No

Survey Current Status

Economical Repair Value(\$)

Remark

1)DAMPER ASSY,FRONT FORK LH-REPLACE(2)WHEEL FRONT(17M/CXMT3.50)-REPLACE(3)SPACER,HUB BEARING-REPLACE(4)2X BEARING(25X52X15)-REPLACE(5)2X OIL SEAL-REPLACE(6)VALVE ASSY,WHEEL RIM(TR412)-REPLACE(7)COVER,INTAKE LH(BLUE)-REPLACE(8)BODY,COWLING(BLUE)-REPLACE(9)FENDER FRT(BLUE)-REPLACE(10)CLUTCH LEVER-REPLACE(11)4X GASKET,EXHAUST PILE-REPLACE(12)CONNECTOR-REPLACE(13)COOLER ASSY,OIL-REPLACE(14)O RING(D:2.4,ID:16)-REPLACE(15)GUARD,OIL COOLER-REPLACE(16)2X O RING-REPLACE(17)2X RH/LH FAN ASSY,RADIATOR-REPLACE(18)2X RH/LH BRACKET,RADIATOR-REPLACE(19)RH/LOWER BRACKET,RADIATOR-REPLACE(20)BRACKET,RADIATOR SUPPORT-REPLACE(21)HOSE,RADIATOR OUTLET-REPLACE(22)BRACKET,RADIATOR OUTLET-REPLACE(23)MIRROR ASSY,REAR VIEW LH-REPLACE(24)HANDLEBAR BALANCER-REPLACE(25)LH SIDE COWLING(BLUE)-REPLACE(26)LH REAR SIDE COWLING(BLUE)-REPLACE(27)LH UNDER COWLING(BLACK)-REPLACE(28)LH UNDER INNER COWLING-REPLACE(29)UNDER CENTRE COWLING-REPLACE(30)RH FRONT LED TURN SIGNAL-REPLACE

Damage Listing

Find a Part

root

Not Applicable

ABS

ABSORBER

ACCELERATOR

ACTUATOR

ADVERTISEMENT STICKER

No.	Part No.	Description	Qty *	Repair Code *	
1	247017	EXHAUST PIPE	1	Replace	X
2	344001	RADIATOR	1	Replace	X

Save

Submit

<http://gicclaim.income.com.sg/gcs/lcm/eclaim/damageAssessmentSave.do>

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