

NATIONAL Assessment Centre Services

Part 1 Jan 09

MNA 118075819.

Date In: 11/6/18 17:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 180106171h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBF 2794Z	i-Motor Claim Form	MT/0998230	11/6/18 19:51.
D.O.A: 10/6/18 06:20.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
<input checked="" type="checkbox"/> TP / 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: () Tel: () Fax: ()

TP Particulars: Veh No: Gate. 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

MA1804544		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)		80.00	
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2009)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		9) N12: Idac Mobile \$30			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10		12.00	
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		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	11/06/2018 17:28
Date Of Accident	10/06/2018 06:20
Exact Location Of Accident	G & W PRECAST PTE LTD ENTRANCE (GATE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2794Z
Insured/Policyholder	
Name Of Registered Owner	NOVEEN ENTREPRISE
Co Reg No	53208272M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93805515

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO MT 2WD LGV
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	5080671204-02
Cover Note Number	-

Driver

Name of Driver	GOBALAKRISHNAN BARATHKUMAR
NRIC No	G3137644R
Date Of Birth	05/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93793494
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	8B ADMIRALTY STREET
Postcode	757437
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GATE
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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	GOBALAKRISHNAN BARATHKUMAR
Approximate Age	

Injuries Sustain

LEG

Injured person in which vehicle?

GBF2794Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

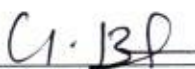
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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



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

Gib W Precast pte Ltd

The diagram shows a cross-section of a precast concrete structure. At the top, there are two rectangular blocks. Below them, a horizontal line is labeled "Gate" with an arrow pointing to it. To the left of the gate, there is a rectangular block with a diagonal line. To the right of the gate, there is another rectangular block with a diagonal line. Below the gate, there is a trapezoidal component labeled "A" with a diagonal line. A dashed line connects this component to a similar component labeled "A" in a separate box at the bottom left.

$A = \text{GBF } 2794 \text{ Z}$

I was driving my company van do delivery to the G & W Precast Pte Ltd. When I reaching the Place. My Van lost control hit onto the G & W Precast company door Gate. No damage to the Gate.

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

Signature _____

G. B.

Paul

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 6 / 18) (DD/MM/YYYY), TIME: (6 : 20) (HH:MM)

LOCATION: G & W Precast Pte Ltd Entrance (Gate)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 27942
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Maveen Enterprise (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9380 5515
c) ADDRESS: _____

murugan.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Gobalakrishnan Parathikumar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: A 88 CONTACT: 9379 3494
c) ADDRESS: 84B Admiralty street # CS 757437

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Gate 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: _____

camera: No.

Email = Murugan Shanmugiah@gmail.com

fax = _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3137644R**

Name: **GOBALAKRISHNAN BARATHKUMAR**

Birth Date: **05 Sep 1992**

Issue Date: **25 Jan 2018**

Valid Till: **24/01/2023**

002767726D

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **VAISHYAS CARTRING**

Sector: **SERVICE**

Name: **GOBALAKRISHNAN BARATHKUMAR**

Occupation: **DRIVER**

S Pass No.: **0 36548413**

Date of Application: **09-12-2017**

Date of Issue: **04-01-2018**

Date of Expiry: **04-01-2020**

036548413

L8556984

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	25 Jan 2018
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	25 Jan 2018

Licence No: G3137644R

NP 428A

VISIT PASS
Immigration Regulations

Name: **GOBALAKRISHNAN BARATHKUMAR**

Date of Birth: **05-09-1992** Sex: **M** Nationality: **INDIAN**

FIN: **G3137644R** Date of Issue: **04-01-2018** Date of Expiry: **04-01-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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"/>	5080671204-02	NOVEEN ENTREPRISE	53208272M	GCV	Comprehensive	GBF2794Z	GBF2794Z	04/06/2018	03/06/2019

Claim Handling

Accident MT/0998230

Policy No.	5080671204-02	Vehicle No.	GBF2794Z	GST Registration No.	
Policyholder Name	NOVEEN ENTREPRISE			Policyholder NRIC	53208272M
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93805515	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	11/06/2018 19:47	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/06/2018	Time of Accident hh:mm	06:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	G & W PRECAST PTE LTD ENTRANCE (GATE)				

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 Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 576 #10-504	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730576
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	10-504	Related Policy Number	5080671204-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/09/1992
Unnamed driver Name	GOBALAKRISHNAN BARATHKUM	Driver NRIC	G3137644R	Driving Experience	0
Register Date of Driver License	25/01/2018	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	93793494	Contact No.(Office)		Address 3	SINGAPORE 757437
Address 1	8A ADMIRALTY STREET	Address 2	# FOOD XCHANGE @ ADMIRALT	Post Code	757437
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	NOVEEN ENTREPRISE	Insured NRIC	53208272M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBF2794Z	TP Vehicle Number	
Claim Description	GBF2794Z ON 10 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	11/06/2018 00:00
Date Registered	11/06/2018 19:50	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0998230	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2018 19:51

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 FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:50	SAS	Normal	SAS 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:50	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:50	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:50	Photos	Normal	Photos 2018-6-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:50	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:50	Photos	Normal	Photos 2018-6-11

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:

- 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 ()

Remarks for internal informationRemarks to appear in Works Order & Assessment report

1) Potential Total Loss ()

2) SRS Light on ()

3) ABS Light on ()

By Assessor- 1) Vehicle InformationVeh No: GBF 2794 Z Yr Regn: 2 Jun 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer orMake & Model: Toyota Hiace 300Y C.O. 2982Colour: Silver Transmission Type: Auto / ManualEng/No: _____ Sp. Reading: 79453C/No: KDH 201 0184835Gen. Cond: Good / Fair / Poor / Burnt orSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 . 15 8PRR: 19 R15 8PRBS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO orFrontR/Bal. 6 mmL/Bal. 6 mmRearR/Bal. 6 mmL/Bal. 6 mm

Parallel Import: Yes / No

Repair Type: S I.B.INo of Repair Days: 8D.O.I. 13/6/18

Towed-In: Yes / No

Towing Required: Yes NoVehicle in Idac: Yes NoTime: 0900By 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 (Frt)

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	BR	✓	
1002	991887	Frt Number Plate Base	BR	✓	
1004	991400	Frt Bumper	CRU	✓	
2001	991477	Frt Bumper L	NEC	✓	6
2002	991487	Frt Bumper R	CRU	✓	
2003	991449	Frt Bumper Side Cover	CRU	✓	
2004	991448	Frt Bumper Side Retainer	DIS	✓	2
1006	991325	Frt Bumper Bracket	BR	✓	
1008	991433	Frt Bumper Reinforcement	BT	✓	2
2005	991406	Frt Bumper Signal Lamp			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991455	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	BR	✓	
1022	991328	Frt Grille Emblem	BR	✓	
2006	990347	Frt Grille Striker	BR	✓	
1023	991799	Frt Grille Chrome Moulding	BR	✓	
2007	991891	Frt Panel	BR	✓	
2008	992874	Frt Lower Panel	BR	✓	
2009	991328	Frt Panel Emblem	BR	✓	
2010	990347	Frt Panel Striker	BR	✓	
2011	991893	Frt Panel Garnish	BR	✓	
1024	991222	Frt Apron Panel	SCR	R	
2012	991527	Frt Corner Panel	SCR	R	
2013	991532	Frt Corner Panel Signal Lamp	SCR	R	
2014	995345	Frt Signal Lamp LH			
2015	995346	Frt Signal Lamp RH			
1029	995153	Frt LH Headlamp Assy	BR	✓	
1030	991821	Frt RH Headlamp Assy	BR	✓	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
2016	992149	Frt Wiper Panel			
2017	995043	Frt Wiper Nozzle			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
2018	992145	Frt Wiper Link			
2019	992148	Frt Wiper Motor			
1122	995045	Wiper Panel Garnish	CUT	✓	
1114	992003	Frt Windscreen	BR	✓	
1115	992007	Frt Windscreen Rubber	BR	✓	
1117	992009	Frt Windscreen Sealant	NEC	✓	
2020	992114	Frt Windscreen Outer Pillar			
2021	992113	Frt Windscreen Inner Pillar			
1118	991019	FRT Bracket	NEC	✓	
1119	991020	FRT Pin			
2022	991938	Frt Side Mirror (Reg)			
2023	991939	Frt Side Mirror (Smooth)			
2024	991940	Frt Side Mirror (Round)			
2025	995045	Frt Wing Mirror (Day)			
1023	992013	Frt Support Panel	BT	✓	
1033	990345	Bumper	CRU	✓	
1035	990346	Bumper Hinge	CRU	✓	
1037	990373	Bumper Hinge	CRU	✓	
1039	990308	Bumper Rubber	CUT	✓	
1040	990310	Air Con Condenser	BT	✓	
1043	990325	Air Con Fan Assy	CRU	✓	
1043	990319	Air Con Liquid Pipe	CRU	✓	
1039	990306	Air Con Receiver Drier	BT	✓	
1052	990304	Radiator	BT	✓	
1053	992735	Radiator Covering	BT	✓	
1054	992742	Radiator Hose A	BT	✓	
1056	992743	Radiator Hose B	BT	✓	
1058	992744	Radiator Hose C	BT	✓	
2026	995506	End Encoder	CRU	✓	
1029	991441	Power Steering Cooler Pipe			
1039	990317	Air Filter			
1040	990318	Air Filter Assy			
1067	990319	Washer			
1068	990320	Washer Assy			

Vehicle No: GBE 2794Z

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover	CRU	✓	
1086	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			
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	CRU	✓	
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990621	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990629	Airbag Control Unit			
1133	991922	Frt RH Seat Belt Assy			
1135	995182	Frt LH Seat Belt Assy			
1124	990753	Dashboard Assy	DL	✓	
1125	992282	Glove Box Cover	DL	✓	
1126	992281	Glove Box Compartment	DL	✓	
1096	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
2035	994966	Frt LH Wheel Guard			
1102	995170	Frt LH Wheel Rim			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
2036	994966	Frt RH Wheel Guard			
1111	992087	Frt RH Wheel Rim			
1113	995065	Frt RH Tyre			
1255	995326	Frt LH Door			
1256	995140	Frt LH Door Protector			
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1272	991617	Frt LH Door Inner Trim Board			
1316	995327	Frt RH Door			
1317	991654	Frt RH Door Protector			
1318	991601	Frt RH Door Hinge			
1319	991635	Frt RH Door Wing Mirror			
1323	991634	Frt RH Door Glass			
1324	991595	Frt RH Door Glass Regulator			
1325	991596	Frt RH Door Glass Regulator Motor			
1326	991662	Frt RH Door Rubber			
1327	991636	Frt RH Door Outer Handle			
1333	991617	Frt RH Door Inner Trim Board			
2037	991644	Frt Door Frit Pillar			
2038	991657	Frt Door Rear Pillar			
2039	992072	Frt Wheel Arch Panel			
2040	992069	Frt Wheel Arch Panel Garnish			
2041	991926	Frt Step Panel			
2042	991498	Frt Step Panel Top Garnish			
2043	991495	Frt Step Panel Inner Garnish			
1073	995033	Wiper Washer Link			
1129	990317	Anchor			
		Borned Emblem	CR	✓	
		Air Cooler	CR	✓	

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/0998230](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5080671204-02	Vehicle No.	GBF2794Z	GST Registration No.	
Policyholder Name	NOVEEN ENTREPRISE			Policyholder NRIC	53206272M
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93805515	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

[Accident Details](#)

Report Date	11/06/2018 19:47	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/06/2018	Time of Accident hh:mm	06:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	G & W PRECAST PTE LTD ENTRANCE (GATE)				

[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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/06/2018 08:40:08 Nur Shahira Hassan changed GST Status Verified from No to Yes		

[Policyholder Mailing Address](#)

Address 1	BLK 576 #10-504	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730576
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	10-504	Related Policy Number	5080671204-02		

[OI Driver Info](#)

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOBALAKRISHNAN BARATHKUM	Driver NRIC	G3137644R	Driver DOB	05/09/1992
Register Date of Driver License	25/01/2018	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	93793494	Contact No.(Office)		Contact No.(Home)	
Address 1	8A ADMIRALTY STREET	Address 2	# FOOD XCHANGE @ ADMIRALT	Address 3	SINGAPORE 757437
Address 4		Address Type	Singapore address	Post Code	757437
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

[Declaration](#)

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

[Investigation](#)
[Claim 001 OD-MD](#)
[Claim Case Officer Ng Hak Joo](#)
[LOS](#)
[SAL](#)
[SUB](#)

Claim Type	OD-MD	Insured Name	NOVEEN ENTREPRISE	Insured NRIC	53206272M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBF2794Z	TP Vehicle Number	
Claim Description	GBF2794Z ON 10 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	11/06/2018 19:51	Claim Close Date		Date Received	13/06/2018 16:28
Report Taken By	LIEW SHAN HUI	Workshop Repairer	ABWIN SERVICE (K/Bkt)	Total Loss but Repaired	No
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

Modification History

12/06/2018 13:46 s001931 Modify Total Loss but Repaired(-->N)

12/06/2018 13:47 s001931 Modify Workshop Repairer(-->ABWIN SERVICE (K/Bkt))

[Special Claim Creation Approval](#)

Approval	Reason
Remarks	

[damage assessment](#)
[Attachment](#)
[Vehicle Info](#)

6/13/2018

Claim Handling (damage assessment Claim Task MT/0998230 / Claim 001 OD-MD)

Vehicle Make	TOYOTA	Vehicle Model	HIACE	Engine Capacity	1.425
Date of Registration	02/06/2016	Classis No.	KDH2010184835		
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 *	MR LIM	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 FRT GRILLE CHROME MOULDING - REPLACE.1X FRT WINDSCREEN - REPLACE.1X AIR CON LIQUID PIPE - REPLACE.					
Remark					

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
Not Applicable	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABS	3	16000101	BUMPER (FRONT)	1	Replace	X
ABSORBER	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACCELERATOR	5	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
ACTUATOR	6	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	7	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
	9	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
	10	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
	11	27100101	GRILLE (FRONT)	1	Replace	X
	12	21300101	CORNER PANEL (FRONT LEFT)	1	Repair	X
	13	27700101	HEAD LAMP (LEFT)	1	Replace	X
	14	27700102	HEAD LAMP (RIGHT)	1	Replace	X
	15	454009	WIPER PANEL GARNISH	1	Replace	X
	16	451020	WINDSCREEN SEALANT	1	Replace	X
	17	245001	ERP BRACKET	1	Replace	X
	18	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
	19	149001	BONNET	1	Replace	X
	20	14903401	BONNET LOCK (LOWER)	1	Replace	X
	21	14902201	BONNET HINGE (LEFT)	1	Unconfirm	X
	22	14902202	BONNET HINGE (RIGHT)	1	Unconfirm	X
	23	149043	BONNET RUBBER (LONG)	1	Replace	X
	24	112023	AIR CON CONDENSER	1	Replace	X
	25	112060	AIR CON FAN	1	Replace	X
	26	112085	AIR CON RECEIVER DRYER	1	Replace	X
	27	344001	RADIATOR	1	Unconfirm	X
	28	344008	RADIATOR FAN	1	Unconfirm	X
	29	34402802	RADIATOR HOSE (TOP)	1	Unconfirm	X
	30	344007	RADIATOR EXPANSION TANK	1	Replace	X
	31	141001	BATTERY	1	Unconfirm	X
	32	243014	ENGINE LOWER COVER	1	Replace	X
	33	112053	AIR CON EVAPORATOR	1	Unconfirm	X
	34	112003	AIR CON BLOWER	1	Replace	X
	35	22600102	DASHBOARD (TOP)	1	Replace	X
	36	270001	GLOVE BOX	1	Replace	X
	37	270003	GLOVE COMPARTMENT	1	Replace	X
	38	149016	BONNET EMBLEM	1	Replace	X
	39	114001	AIR COOLER	1	Replace	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: GBF 2794Z Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Abwin

Collection Date: 16/6/18 Time: 0943hr with Keys: Yes / No

Tow Truck No: YP 7243P Tow Man: Edmund Lee NRIC: F8112664W

Signature: [Signature]

For office use

Attended by: _____

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: _____

* No Key given ?

LKK Paya Ubi

From: Linda Liao <lindaliao@abwin.com.sg>
Sent: Thursday, 14 June 2018 5:15 PM
To: Ng Hak Joo
Cc: Ivan Teo; Clarence Richard Anthony; LKK Paya Ubi
Subject: RE: GBF2794Z UNDER OD CLAIM: MT/0998230

Dear All

We will be arrange tow the van to our workshop for repair.

Thank you
Regards

ABWIN 論
輝

Abwin Service Pte Ltd
No. 8 Kaki Bukit Avenue 4
#07-48 Premier@Kaki Bukit Gate 2
Singapore 415875

Linda Liao

Motor Claim Executive

DID +65 6713 9417 HP:9751 9596

T +65 6713 9400 | F +65 6713 9415

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From: Ng Hak Joo [mailto:hakjoo.ng@income.com.sg]
Sent: Thursday, 14 June, 2018 11:24 AM
To: Linda Liao <lindaliao@abwin.com.sg>
Cc: Ivan Teo <ivanteo@abwin.com.sg>; Clarence Richard Anthony <clarence.anthony@income.com.sg>; LKK Paya Ubi <rspu@lkkauto.com>
Subject: FW: GBF2794Z UNDER OD CLAIM: MT/0998230

Dear Ms Linda

As per your request, we attached the gia report, vehicle is in Idac, Paya Ubi, therefore, you may liase with the owner and revert accordingly.

Tks

Ng Hak Joo
Claims Executive, Motor Insurance
T +65 6430 7890
www.income.com.sg



From: Ng Hak Joo
Sent: Tuesday, June 12, 2018 2:09 PM
To: Ivan Teo <ivanteo@abwin.com.sg>; 'Linda Liao' <lindaliao@abwin.com.sg>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; MTSurvey <MTSurvey@income.com.sg>
Subject: GBF2794Z UNDER OD CLAIM: MT/0998230

Dear Abwin

Please put up estimate and Please contact 64307900 or e-mail mtsurvey@income.com.sg one day in advance before 4 .30pm for survey arrangement.

Please also check with owner as the company stamp on the GIA report is NOT Noveen Enterprise.

Tks

Ng Hak Joo
Claims Executive, Motor Insurance
T +65 6430 7890
www.income.com.sg



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