

Date In: 13/06/2018 14:31	Job description	Date & Time Completed	Done by
Ref No: NAI INC 18010791/K4	SAS e-billing		
Veh No: SCE 2735	E-Book (Vehicle 2nd, AIC 2nd)		
D.O.A: 09/05/2018 17:30	1-Motor Claim Form	MT/0993897-001	14/6/18 9:28
OO: TP / Reporting Only	1-Motor V/O (Vehicle 2nd, V/O 2nd)		
	1-Photo Uploaded		
T2 Insured:	Assessment/Survey Report		
	Assessment Report by Pax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW:1		Tel:	Fax:
TP Particulars:	Yell No: SKS19084 INC () / Non-INC ()		
Owner / Driver: ()		Tel:	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date:	Time:	
Insured/Driver Liability: ()	%(Note: BSL Slant (WO): NI 0.79%; PI 21.79%; PI 90.100%)		
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()		

General Remarks: () Work-In-Progress: Customer's information strictly Confidential & strictly NO release of report.

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

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

Remarks: ()	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: ()

Date/Time	Action
14/6/18 10:50AM	Have Email to Clarence about this cannot do E-Book
22/6/18 12:59PM	Have Email to Clarence (MTUC) and he as reply to Email the Photos of Vehicles and TC & DL. DONE, at 22/6/2018 @ 14:06Hrs.

<p style="font-size: 1.2em; font-weight: bold;">NAI 1804019</p> <p>Vehicle/Owner:</p> <p>Onsite No:</p> <p>Assessed Position:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Additional Comments:</p> <p>LLI</p>	<p>Invoice/Incident/Non-INC/EX/IB:</p> <table style="width: 100%;"> <tr><td>1) AR: Accident Reporting (\$50)</td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100)</td><td>INC (40)</td></tr> <tr><td>3) TP: Towing Fee</td><td>\$125.12</td></tr> <tr><td>4) FT: Follow Through Survey</td><td>\$110</td></tr> <tr><td>5) PT: Follow Through Survey (Recovery)</td><td>\$110</td></tr> <tr><td colspan="2">For claim to be paid INC Only (Per 10 in 100)</td></tr> <tr><td>6) TR: Trail Inspection</td><td>\$110</td></tr> <tr><td>7) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>8) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>9) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>10) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>11) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>12) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>13) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>14) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>15) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>16) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>17) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>18) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>19) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> <tr><td>20) NTUC: Additional Survey (\$100)</td><td>\$110</td></tr> </table> <p>Invoice Total: \$1,000.00</p> <p>Net Charged: \$1,000.00</p> <p>Net Charged: \$1,000.00</p>	1) AR: Accident Reporting (\$50)		2) DA: Damage Assessment (\$100)	INC (40)	3) TP: Towing Fee	\$125.12	4) FT: Follow Through Survey	\$110	5) PT: Follow Through Survey (Recovery)	\$110	For claim to be paid INC Only (Per 10 in 100)		6) TR: Trail Inspection	\$110	7) NTUC: Additional Survey (\$100)	\$110	8) NTUC: Additional Survey (\$100)	\$110	9) NTUC: Additional Survey (\$100)	\$110	10) NTUC: Additional Survey (\$100)	\$110	11) NTUC: Additional Survey (\$100)	\$110	12) NTUC: Additional Survey (\$100)	\$110	13) NTUC: Additional Survey (\$100)	\$110	14) NTUC: Additional Survey (\$100)	\$110	15) NTUC: Additional Survey (\$100)	\$110	16) NTUC: Additional Survey (\$100)	\$110	17) NTUC: Additional Survey (\$100)	\$110	18) NTUC: Additional Survey (\$100)	\$110	19) NTUC: Additional Survey (\$100)	\$110	20) NTUC: Additional Survey (\$100)	\$110
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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	13/06/2018 14:31
Date Of Accident	09/05/2018 17:30
Exact Location Of Accident	SYED ALWI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCE273S
Insured/Policyholder	
Name Of Registered Owner	DE+FINE WORKSHOP
Co Reg No	53063255A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94502230
Alternative Phone No	OFFICE-94502230
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087966395-01
Cover Note Number	
Driver	
Name of Driver	TEH BOON NGEE (ZHENG WENYI)
NRIC No	S7604034F
Date Of Birth	22/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94502230
Fax Number	
Contact Number	OTHERS-94502230
EMail Address	NOEMAIL

Address	BLK 363 WOODLANDS AVENUE 5 #06-438
Postcode	730363
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	SIDE SWIPE
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?	NO
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

PLS REFER TO THE 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	SKS1908U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90485147
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.**
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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.



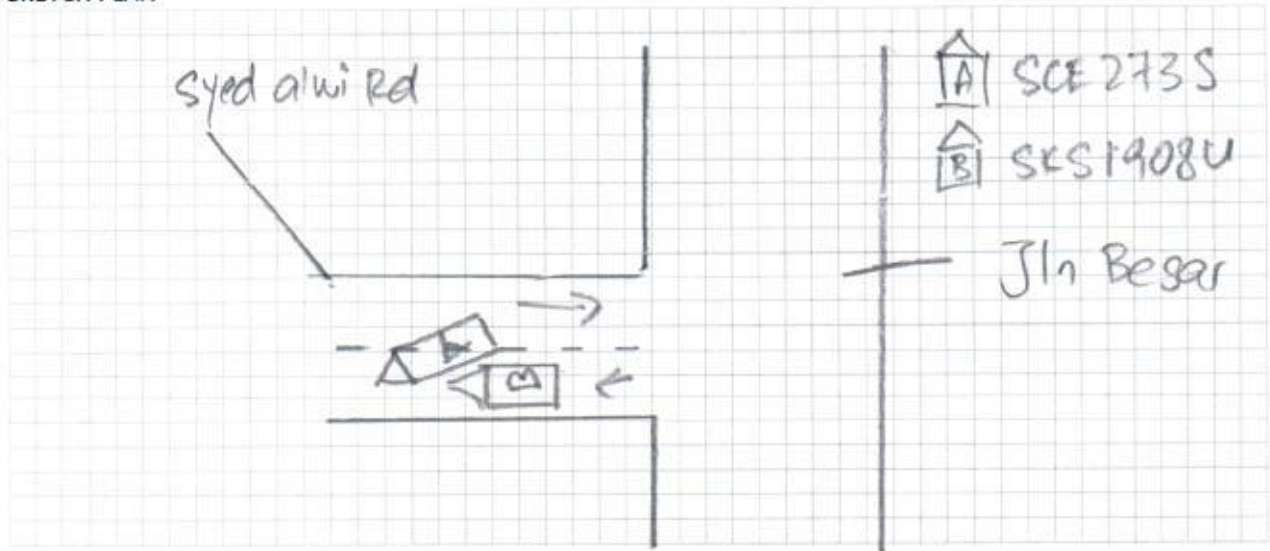
Policyholder's Signature
Date & Time:

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

13/6/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/5/18 @ 1730 hrs, I was driving along Syed Alwi Rd. The traffic was very heavy. However, the vehicle SKS1908U in front of me suddenly stopped. Cars behind me starts honning as the rd is two way. I also honned at the car as I can see the driver was using her handphone in the middle of the road inside the vehicle. Continuous honning of about more than 3 minutes from my self and other vehicles behind me, still did not let the driver move. Out of no choice, I have to overtake her and proceed. While overtaking her, I can see the driver was using her hp talking. When I overtook her and also honned at her again, she suddenly accelerate and hit the side of my vehicle. Nobody injured. My vehicle broke down due to some mechanic fault and was in the workshop for almost a month due to late reporting.

DECLARATION

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

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.:

Our Ref: MT/CA/TP/020/0993897-002/HT/PJT

22 May 2018

**CERTIFICATE OF POSTING
REMINDER**

DE+FINE WORKSHOP
30 MANDAI ESTATE
#04-06
SINGAPORE 729918

Dear Policyholder

CLAIM NUMBER: MT/0993897-002
ACCIDENT INVOLVING SCE2735 / SKS1908U on 9 May 2018

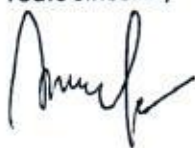
We refer to our letter of 11 May 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Helena Tan at 6430 7920 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7604034F



Name

TEH BOON NGEE
(ZHENG WENYI)

郑文义

Race

CHINESE

Date of birth

22-01-1976

Sex

M

Country of birth

SINGAPORE

4310246



NRIC No. S7604034F



Date of issue

03-11-2008

Address

APT BLK 363 WOODLANDS AVENUE 5
#06-438
SINGAPORE 730363

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7604034F



TEH BOON NGEE
(ZHENG WENYI)

Birth Date: 22 Jan 1976

Issue Date: 15 Mar 2016



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

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	04 Nov 1993
Class 2A	Motorcycles between 201 cc and 400 cc	13 Dec 1994
Class 2	Motorcycles $>$ 400 cc	15 Jan 1996
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	27 Mar 1995

NP 428A



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"/>	5087966395-01	DE+FINE WORKSHOP	53063255A	GPC	drivo CLASSIC	SCE273S	SCE273S	02/01/2018	20/12/2018

Claim Handling

Task Transfer Exit

Accident MT/0993897

LOS SAL SUB

Policy No.	5087966395-01	Vehicle No.	SCE273S	GST Registration No.	
Policyholder Name	DE+FINE WORKSHOP			Policyholder NRIC	53063255A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	11/05/2018 09:49	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collision - Head on collision
Date of Accident	09/05/2018	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre	Michelle Chiam	Orange Force	No	ICM No.	
Accident Location	SYED ALWI RD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	30 MANDAI ESTATE	Address 2	#04-06	Address 3	SINGAPORE 729918
Address 4		Address Type	Singapore address	Post Code	729918
Unit No.		Related Policy Number	5087966395-01		

OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Friday, 22 June 2018 2:06 PM
To: 'clarence.anthony@income.com.sg'
Subject: FW: REGARDING VEHICLE NO: SCE273S / CLAIM NO: MT/0993897-001 / CANNOT DO E-BOO./

Attachments: CIMG7805.JPG; CIMG7806.JPG; CIMG7807.JPG; CIMG7808.JPG; CIMG7809.JPG; CIMG7810.JPG; CIMG7811.JPG; CIMG7812.JPG; CIMG7813.JPG; CIMG7814.JPG; CIMG7815.JPG; CIMG7816.JPG; CIMG7817.JPG; CIMG7818.JPG; CIMG7819.JPG; CIMG7820.JPG; CIMG7821.JPG; CIMG7822.JPG; SCE273S-IC.jpg

Hi

As requested .

Thank you

Krishnasamy (Admin)
Ubi (Idac)

From: Clarence Richard Anthony [mailto:clarence.anthony@income.com.sg]
Sent: Friday, 22 June 2018 1:10 PM
To: LKK Paya Ubi <rspu@lkkauto.com>
Subject: RE: REGARDING VEHICLE NO: SCE273S / CLAIM NO: MT/0993897-001 / CANNOT DO E-BOO./

Hi

Please forward the NRIC and license of the driver and photos of the car.

Please quote the subject reference when billing.

Regards

Clarence Anthony
Manager
Motor Insurance
T +65 6430 7877
www.income.com.sg



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]

Sent: 22 June, 2018 12:59 PM

To: Clarence Richard Anthony <clarence.anthony@income.com.sg>

Subject: REGARDING VEHICLE NO: SCE273S / CLAIM NO: MT/0993897 / CANNOT DO E-BOO./

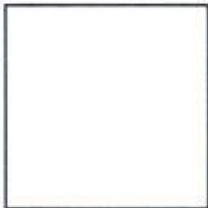
Hi

May I know if you can findout the vehicle no: SCE273S which was do the E -Boo at bukit Merah and have problem completing the E-Boo and I have e-mail from bukit merah on 13/06/2018.
Pls let me know the expected outcome.

Thank You,

Krishnasamy (Admin)

NATIONAL ASSESSMENT CENTRE SERVICES
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933 Tel: 68410055 Fax : 68416315



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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