NATIONAL Assessment Centre Services

Date In: 19/06/2018 16:51	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1801907/K4	SAS e-filing		
Veh No: SKP 8817J	E-mail (within 8hrs AIC 2hrs)		
DOA: 19/06/2018 15:40	i-Motor Claim Form	MT/C998805 / 19/6/18	15:55
OD: TP: Reporting Only 21/06/2018	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: SLN9717R 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

NA1803908 NA1803732

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Tel: 1

Tel: 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (w.e.f 16 Jan 2009)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OR*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TF (N11) : TF (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	14/06/2018 16:51
Date Of Accident	14/06/2018 15:40
Exact Location Of Accident	BEACH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP881J
Insured/Policyholder	
Name Of Registered Owner	KHOO KIAN HENG
NRIC No	S7047535I
Email Address	DESMOND081170@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93979979
Alternative Phone No	OTHERS-93979979
Vehicle Particulars	
Manufacturer	TOYOTA
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093259552
Cover Note Number	
Driver	
Name of Driver	KHOO KIAN HENG
NRIC No	S7047535I
Date Of Birth	08/11/1970
Occupation	INDOOR
Date Of Driving Pass	09/11/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93979979
Fax Number	
Contact Number	OTHERS-93979979
EMail Address	DESMOND081170@GMAIL.COM

Address	BLK 161 TOA PAYOH LORONG 1 #10-1606
Postcode	310161
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

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	SLN9717R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98983060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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

SKETCH PLAN

A - SKP881J
B - SLN9717R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A ~~was~~ driving along Beach Road. While Driving Vehicle B suddenly brake and Vehicle A would not stop in time and just ~~knock~~ kiss on the Vehicle B rear portion.

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.:
		14/6/2018

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418077329 Vehicle Registration No: SKP 8811J

Name(as shown in NRIC) : KHOO KIAN HEALG NRIC/FIN/Passport No : S7047535I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 93979979

Email Address :

Date of Accident : 14/06/2018 Time of Accident : 15:40

Place of Accident : ALONG BEACH ROAD

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To withdraw from reporting to own damage claims.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 20/06/2018

By Client - Nature of Accident:

1) Vehicle hit Vehicle:
a) Motorcar ( )
b) Motorcycle ( )
c) Bicycle ( )

2) Vehicle hit ??
a) Pedestrian ( )
b) Animal ( )

3) Vehicle hit Road Side Objects:
a) Govm.Property ( )
(Eg. signboard, barrier, 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: SKP 8815 Yr Regn: Aug 2007

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Trailer / Truck / Trailer or STATION WAGON

Make & Model: TOYOTA WISH 1.8XA cc 1794

Colour: BLACK Transmission Type: Auto / Manual

Eng/No: 1ZZ2932988 Sp.Reading: 304413

C/No: ZNK10037004

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

Steering: Inorder / Jammed / Leaked / Burnt or ____

Brake: Inorder / Jammed / Leaked / Burnt or ____

Mod: Nil / S/Rim / STD A/Rim or ____

Tyre Size: F: ____

R: ____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

Parallel Import: Yes / (No)

Repair Type: LS / I.B.I

No of Repair Days: 7

D.O.I. 21/06/2008

Towed-In: Yes / (No)

Towing Required: Yes / (No)

Vehicle in Idac: Yes / (No)

Time: 10AM

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 ( )

Remarks for Internal Information

Remarks to appear in Works Order & Assessment report

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

	Time Started	Time completed
1) OSD		
2) ADS		
3) Entire Operation Completed Time:		

Condition (CON)
(01)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Deformed
(08)Rolled (09)Rubbed (10)Broken (11)Necessary (12)Missing (13)Torn
(14)Unsatisfied (15)Not Working

MOTOR CAR (Frt)

ACTION (ACT)
(1)Replace (✓) (2)Repair (X) (3)Check (?)
(4)Not Consistent (NC)

Aug 2014

Vehicle No: SKP 88KJ

Front Portion

NAC	INC	Item	CON	ACT	Qty
1001	991886	Frt Number Plate	MS	✓	
1002	991887	Frt Number Plate Base	DIS	✓	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR	✓	
1005	992341	Frt Bumper Clips	MIS	✓	
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	RTL	✓	
1008	991433	Frt Bumper Reinforcement	BR	✓	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge	CRA	✓	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper ~~Bot~~ HOOK LOWER	CH	✓	
1013	991363	Frt Bumper Grille	BR	✓	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp		?	
1020	995080	Frt RH Bumper Fog Lamp		?	
1021	991793	Frt Grille	BIC	✓	
1022	991328	Frt Grille Emblem	BR	✓	
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	?	
1026	992025	Frt Support Panel Top Garnish Cover		?	
1027	992416	Horn			
1028	991277	Frt Brace Panel	BT	✓	
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			
1033	990248	Bonnet	BT	✓	
1034	991328	Bonnet Emblem	CH	✓	
1035	990287	Bonnet Lock	BT	?	
1036	990285	Bonnet Insulator		?	
1037	990273	Bonnet Hinge	BT	✓	
1038	990261	Bonnet ~~Damper~~ MOULDING	BT	?	
1039	990305	Bonnet Rubber		?	
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	DD	✓	
1043	990122	Air Con Fan Assy		?	
1044	990134	Air Con Suction Pipe (Low Pressure)		?	
1045	990118	Air Con Suction Hose		?	
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt		?	
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

NAC	INC	Item	CON	ACT	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991563	Frt Lower Cross Member			
1096	995070	Frt LH Fender	BT	R	
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender	BT	R	
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH ~~Moulding~~ DOOR	SCR	R	
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			

No of Items: _____ Assessor: _____

original copy

Claim Handling

Accident MT/0998805

Policy No.	5093259552	Vehicle No.	SKP8811	GST Registration No.	
Policyholder Name	KHOO KIAN HENG			Policyholder NRIC	S7047535I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93979979	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	16/06/2018 15:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/06/2018	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BEACH ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 161 #10-1606	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH GREEN
Address 4	SINGAPORE 310161	Address Type	Singapore address	Post Code	310161
Unit No.		Related Policy Number	5093259552		

OI Driver Info

Driver Name	KHOO KIAN HENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7047535I	Driver DOB	08/11/1970
Register Date of Driver License	09/11/2015	Driver Age	47	Driving Experience	2
Contact No.(Mobile)	93979979	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 161	Address 2	LORONG 1 TOA PAYOH	Address 3	
Address 4		Address Type	Singapore address	Post Code	310161
Unit No.	#10-1606				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	KHOO KIAN HENG	Insured NRIC	S7047535I
Contact No.(Mobile)	93979979	Contact No.(Home)	64693592	Contact No.(Office)	
Email Address	NILBVERIFIED.CC	OI Vehicle Number	SKP8811	TP Vehicle Number	SLN9717R
Claim Description	SKP8811 / SLN9717R ON 14 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/06/2018 15:58	Claim Close Date		Date Received	21/06/2018 10:23
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History: 21/06/2018 10:23 s069588 Modify Claim Type(OD-MX-->OD-MD)

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment | Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	WISH	Engine Capcity	
Date of Registration	15/08/2007	Classis No.	ZNE100372004		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Parallel Import *	Yes No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour		Total Loss *	Yes No		

Cost

Market Value($) | Scrape Value($) | Economical Repair Value($)

Remark

Damage Listing

Find a Part

AIR RESONATOR BOX
AIR THROTTLE BODY AND SENSOR
ALARM
ALTERNATOR
ALUMINIUM PANEL - SIDE
AMPLIFIER
ANTENNA

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
3	16000101	BUMPER (FRONT)	1	Replace	X
4	16002401	BUMPER CLIPS (FRONT)	1	Replace	X
5	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
6	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
7	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
8	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
9	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
10	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
11	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
12	4330	TOW HOOK COVER	1	Replace	X
13	27100101	GRILLE (FRONT)	1	Replace	X
14	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
15	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
16	41300201	SUPPORT PANEL GARNISH (FRONT)	1	Unconfirm	X
17	15600101	BRACE PANEL (FRONT)	1	Replace	X
18	27700101	HEAD LAMP (LEFT)	1	Replace	X
19	27700102	HEAD LAMP (RIGHT)	1	Replace	X
20	25400102	FENDER (FRONT LEFT)	1	Repair	X
21	25400103	FENDER (FRONT RIGHT)	1	Repair	X
22	23300202	DOOR (FRONT RIGHT)	1	Repair	X
23	149001	BONNET	1	Replace	X
24	14902201	BONNET HINGE (LEFT)	1	Replace	X
25	14902202	BONNET HINGE (RIGHT)	1	Replace	X
26	149029	BONNET INSULATOR	1	Unconfirm	X
27	14903401	BONNET LOCK (LOWER)	1	Unconfirm	X
28	14903402	BONNET LOCK (UPPER)	1	Replace	X
29	149016	BONNET EMBLEM	1	Replace	X
30	149039	BONNET MOULDING	1	Replace	X
31	149042	BONNET RUBBER (INNER)	1	Unconfirm	X
32	112023	AIR CON CONDENSER	1	Replace	X
33	112026	AIR CON CONDENSER FAN	1	Unconfirm	X
34	112022	AIR CON COMPRESSOR SUCTION HOSE	1	Unconfirm	X
35	112020	AIR CON COMPRESSOR PIPE - INLET	1	Unconfirm	X
36	304001	RADIATOR	1	Unconfirm	X

Save Submit

rsbm

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 22 June, 2018 11:20 AM
To: Yew Tee Automobile; 'YT(KB)'
Cc: NAC-Bukit Merah
Subject: SKP881J. OD claim no : MT/0998805

Importance: High

Dear Yew Tee,

Veh is still with owner, pls assist to liaise with Mr Khoo at tel : 93979979 on the necessary arrangement.

OD excess of $600/- is applicable.

No survey required only for this repair works.

Shaun - as spoken. Pls take note that owner claimed that veh's headlights can be adjusted inside to up n down.

Regards.

Tan Siew Choo
Senior Claims Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg

Our Ref: MT/CA/OD/051/0998805-001/TSC
22 Jun 2018
YEW TEE AUTOMOBILE TECH PTE LTD
399F WOODLANDS ROAD
SINGAPORE 678006
YEW TEE IND EST
Dear Sir
CLAIM NUMBER: MT/0998805-001
REPAIR OF VEHICLE NUMBER: SKP881J
We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 22 Jun 2018
Make: TOYOTA
Model: WISH
Estimated Repair Days: 5
Location: NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)
Address: BLK 1007 #01-11 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE INDUSTRIAL ESTATE SINGAPORE 159721
Benefits Applicable: N/A

Excess Applicable: 600.00
Please note that supplementary items will not be allowed.
If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.
Yours sincerely
Low Choo Mee
Senior Manager
Motor Insurance
