NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1180839?4

Date In: 29/6/18 - 14:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801189?/C?4	SAS e-filing		
Veh No: SKJ7670L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 29/6/18 - 06:30	i-Motor Claim Form	MT/1000901 - 001	29/6/18 14:56
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: 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

NA1804207

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 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 (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : 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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA118083974 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 29/06/2018 14:25
SUBMITTED BY: Jackson Ho Zhao Tian

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 witholding 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	29/06/2018 14:25
Date Of Accident	29/06/2018 06:30
Exact Location Of Accident	LOYANG CLOSE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ7670L
Insured/Policyholder	
Name Of Registered Owner	GLANCE AUTO PTE LTD
Co Reg No	201227960H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84444744
Alternative Phone No	OFFICE-84444744
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 200CGI
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094550094
Cover Note Number	
Driver	
Name of Driver	SHEIKH NAJEE BIN SHIEKH MOHAMMAD BAGHARIB
NRIC No	S1784532B
Date Of Birth	06/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/09/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92958645
Fax Number	
Contact Number	OFFICE-92958645
EMail Address	NOEMAIL

Address	BLK 180 PASIR RIS STREET 11 #09-14
Postcode	510180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LOYANG CLOSE. AS THE PUPPY SUDDENLY DASH OUT FROM BEHIND OF THE BARRIERS TO THE ROAD, I SWERVE MY VEHICLE TO THE LEFT IN ORDER TO AVOID IMPACT ONTO PUPPY. IN A RESULT, MY VEHICLE HIT ONTO THE BARRIERS.

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:

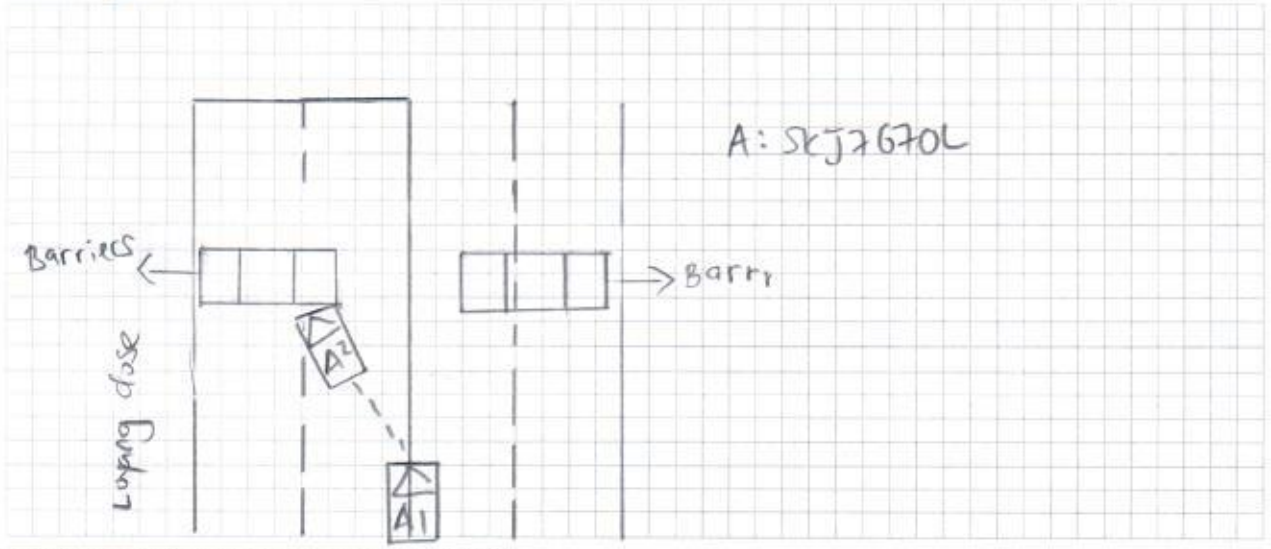
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

GLANCE AUTO PTE LIMITED RC No. 201227960H

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



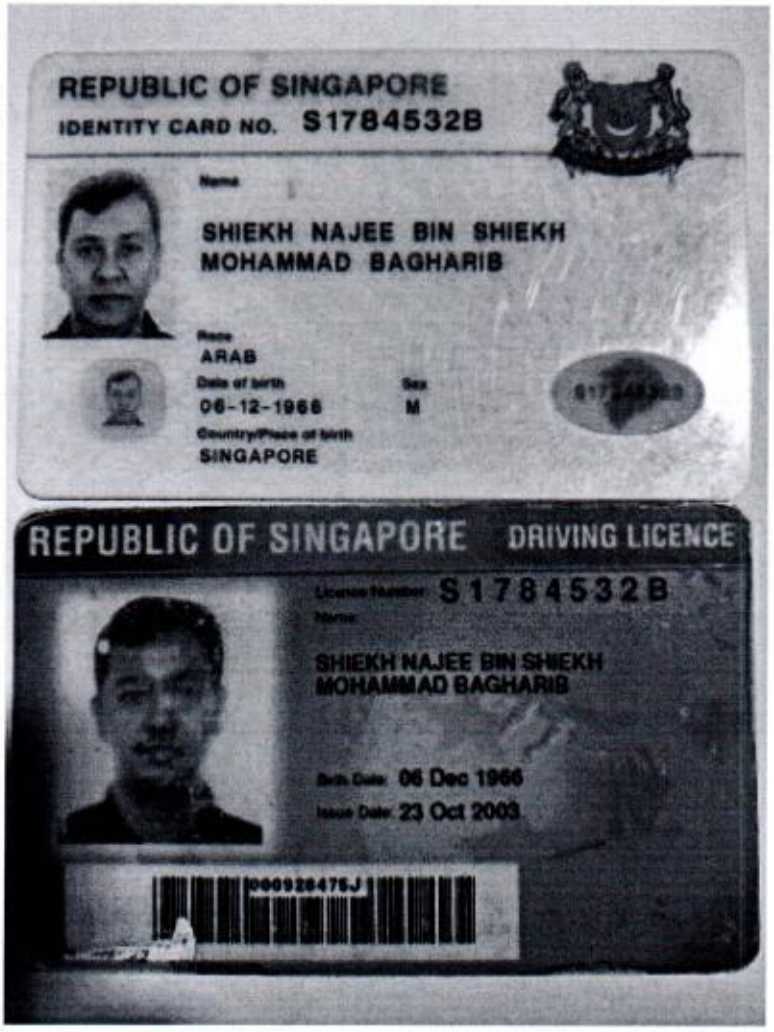
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

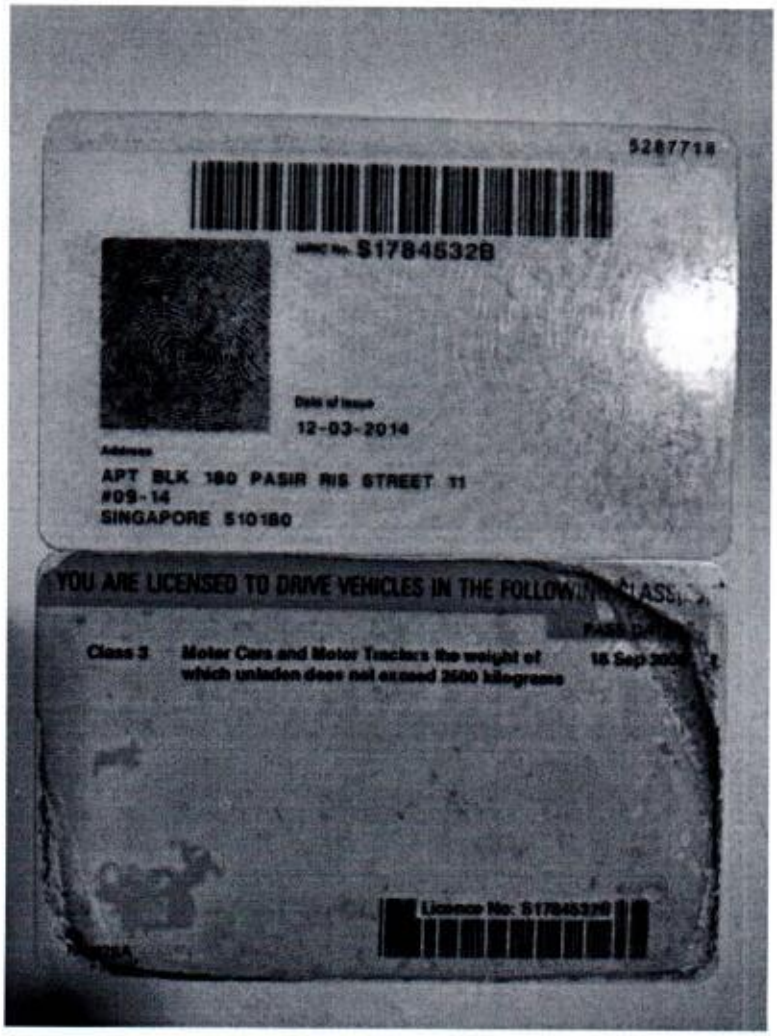
Refer to statement.

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.:


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1784532B
Name
SHIEKH NAJEE BIN SHIEKH
MOHAMMAD BAGHARIB
Race
ARAB
Date of birth
06-12-1966
Sex
M
Country/Place of birth
SINGAPORE
REPUBLIC OF SINGAPORE DRIVING LICENCE
S1784532B
SHIEKH NAJEE BIN SHIEKH
MOHAMMAD BAGHARIB
06 Dec 1966
23 Oct 2003


5287718
S1784532B
Date of issue
12-03-2014
Address
APT BLK 180 PASIR RIS STREET 11
#09-14
SINGAPORE 510180
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms
Licence No: S1784532B

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 29/06/2018 06:30

Vehicle No.(For Motor) SKJ7670L

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5094550094	GLANCE AUTO PTE LTD	201227960H	GPC	drivo CLASSIC	SKJ7670L	SKJ7670L	01/10/2017	30/09/2018

Continue

Policy Information

Policy No.	5094550094	Policyholder Name	GLANCE AUTO PTE LTD	Policyholder NRIC	201227960H
Address	BLK 450A #14-329 SENGKANG WEST WAY FERNVALE CREST SINGAPORE 791450				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/09/2017	Effective Date	01/10/2017 00:00	Expiry Date	30/09/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 450A #14-329	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE CREST
Address 4	SINGAPORE 791450	Address Type	Singapore address	Post Code	791450
Unit No.		Related Policy Number	5098491783		

Insured Object: SKJ7670L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1000901

Policy No.	5094550094	Vehicle No.	SKJ7670L	GST Registration No.	
Policyholder Name	GLANCE AUTO PTE LTD			Policyholder NRIC	201227960H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	84444744	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	29/06/2018 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	29/06/2018	Time of Accident hh:mm	06:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG CLOSE				

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	BLK 450A #14-329	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE CREST
Address 4	SINGAPORE 791450	Address Type	Singapore address	Post Code	791450
Unit No.		Related Policy Number	5098491783		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHEIKH NAJEE BIN SHIEKH MOI	Driver NRIC	S1784532B	Driver DOB	06/12/1966
Register Date of Driver License	18/09/2000	Driver Age	51	Driving Experience	17
Contact No.(Mobile)	92958645	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 180	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510180
Address 4		Address Type	Singapore address	Post Code	510180
Unit No.	09-14				
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

Claim 001 New

Claim Type *	DO-MD	Insured Name	GLANCE AUTO PTE LTD	Insured NRIC	201227960H
Contact No.(Mobile)	84444744	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKJ7670L	TP Vehicle Number	
Claim Description	SKJ7670L ON 29 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Income to assign workshop	GIA report	Received
Date Registered	29/06/2018 14:56	Claim Close Date		Date Received	29/06/2018 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1000901	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	29/06/2018 15:01

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

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 15:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 15:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-29		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:57	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:57	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:57	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:56	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:56	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:56	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:56	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:56	Photos	Normal	Photos 2018-6-29	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 14:56	Photos	Normal	Photos 2018-6-29	Edit

▽ Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ASS. REF: B1 | REF: | Assessor Mobile: YES / NO

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 information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

Veh No: SKJ 7670L Yr Regn: 10 Oct 2010

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

Make & Model: Mercedes E200 c.c 1796 ~~2000~~

Colour Black Transmission Type: Auto / Manual

Eng/No: Sp.Reading: 37206

C/No: WDD2120482A242397

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/50/17
R: 255/50/17

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

Parallel Import: Yes / (No)
Repair Type: (LS) / I.B.I
No of Repair Days: 7
D.O.I. 2/7/18

Towed-In: Yes / No
Towing Required: (Yes) / No
Vehicle in Idac: (Yes) / No
Time: 0905

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
e.Animal ( ) f.Govm Object ( ) g.Road Work Object ( )
h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:

a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

	Time Started:	Time completed:
1) CSO		
2) ASS		
3) Entire Operation Completed Time		

MOTOR CAR (Frt)

Vehicle No: SKJ 7670 L

NAC	INC	Item	CON	AC	Qty
1001	991586	Frt Number Plate	CUT	✓	
1002	991587	Frt Number Plate Base			
1003	991589	Frt Number Plate Garnish	BR	✓	
1004	991300	Frt Bumper	DD	✓	
1005	990341	Frt Bumper Clips	NEC	✓	
1006	991325	Frt Bumper Bracket	BR	✓	
1007	99 992	Frt Bumper Side Retainer	NEC	✓	
1008	991433	Frt Bumper Reinforcement	BT	✓	
1009	991318	Frt Bumper Beam	?		
1010	991468	Frt Bumper Sponge	BR	✓	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CUT	?	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor	DM	✓	
1017	995100	Frt LH Bumper Fog Lamp Cover	BR	✓	
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp	DM	✓	
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	BR	✓	
1022	991328	Frt [illegible] Emblem	NEC	✓	
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel		?	
1026	992025	Frt Support Panel Top Garnish Cover	BR	✓	
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	BR	✓	
1030	991821	Frt RH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	DD	✓	
1034	991328	Bonnet Emblem	NEC	✓	
1035	990287	Bonnet Lock	DM	✓	
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge	DAM	✓	2
1038	990261	Bonnet Damper	JAM	✓	2
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable	JAM	✓	
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser		?	
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	990140	Air Con Liquid Pipe			
1049	995060	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995054	Air Con Belt			
1052	995074	Radiator		?	
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992738	Radiator Hose Top			
1057	992737	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990131	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990066	Air Cleaner Hose			
1062	990059	Air Cleaner Resonator			
1063	991733	Frt Exhaust Manifold			
1064	991734	Frt Exhaust Manifold Cover			
1065	991754	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991735	Front Exhaust Pipe			
1067	991736	Silencer			
1068	991737	Exhaust Clamp			
1069	991738	Exhaust Bracket			
1070	991739	Exhaust Tail Pipe			

NAC	INC	Item	CON	AC	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	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	DT	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	DIS	✓	
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			
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 Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass	BR	✓	
1115	992117	Frt Windscreen Rubber	NEC		
1116	992108	Frt Windscreen Moulding	NEC	✓	
1117	992098	Frt Windscreen Sealant	NEC	✓	
1118	991019	ERP Bracket	NEC	✓	
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	BR	✓	
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag	BUS	✓	
1128	994485	Steering Wheel Airbag Sensor	NEC	✓	
1129	990749	Dashboard Airbag	BUS	✓	
1130	990750	Dashboard Airbag Sensor	NEC	✓	
1131	990029	Airbag Control Unit	?		
1132	990864	Frt Driver Seat			
1133	991932	Frt RH Seat Belt Assy	?		
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy	?		
1136	990247	Bracket			
		Bonnet Sen Frr	BUS	✓	2

No of Items: _____ Assessor: _____

Claim Handling

Task Transfer · Exit

Accident MT/1000901

LOS SAL SUB

Policy No.	5094550094	Vehicle No.	SKJ7670L	GST Registration No.	
Policyholder Name	GLANCE AUTO PTE LTD			Policyholder NRIC	201227960H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	84444744	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	29/06/2018 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	29/06/2018	Time of Accident hh:mm	06:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	LOYANG CLOSE				

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	BLK 450A #14-329	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE CREST
Address 4	SINGAPORE 791450	Address Type	Singapore address	Post Code	791450
Unit No.		Related Policy Number	5098491783		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHEIKH NAJEE BIN SHIEKH MOH	Driver NRIC	S1784532B	Driver DOB	06/12/1966
Register Date of Driver License	18/09/2000	Driver Age	51	Driving Experience	17
Contact No.(Mobile)	92958645	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 180	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510180
Address 4		Address Type	Singapore address	Post Code	510180
Unit No.	09-14				
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 Yap Chee Ling

LOS SAL SUB

Claim Type	OD-MD	Insured Name	GLANCE AUTO PTE LTD	Insured NRIC	201227960H
Contact No.(Mobile)	84444744	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKJ7670L	TP Vehicle Number	
Claim Description	SKJ7670L ON 29 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	GIA report	Received
Date Registered	29/06/2018 15:03	Claim Close Date		Date Received	03/07/2018 10:16
Report Taken By	Jackson	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	MERCEDES BENZ	Vehicle Model	E200 KOMPRESSOR	Engine Capcity	
Date of Registration	01/10/2010	Classis No.	WDD2120482A242997		
Towing Required *	(•) Yes ( ) No	Vehicle in IDAC *	(•) Yes ( ) No	Parallel Import *	( ) Yes (•) No
Type of Tender *	Own Damage	Assessor Name *	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 *	( ) Yes (•) No		
Market Value($)		Scrape Value($)		Economical Repair Value($)	

Remark

REMARK:NO OF REPAIR DAY:7 DAYS. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X FRT WINDSCREEN MOULDING. 1 X STEERING WHEEL AIRBAG - REPLACE. 1 X STEERING WHEEL AIRBAG SENSOR - REPLACE. 2 X BONNET SENSOR - REPLACE.

Damage Listing

Find a Part

- root
  - Not Applicable
  - ABS
  - ABSORBER
  - ACCELERATOR
  - ACTUATOR
  - ADVERTISEMENT STICKER
  - AIR BAG
  - AIR BLOWER
  - AIR BOX
  - AIR CHAMBER BOX
  - AIR CLEANER
  - AIR COMPRESSOR
  - AIR CON
  - AIR CON (VAN)
  - AIR COOLER
  - AIR DISTRIBUTOR
  - AIR FILTER
  - AIR FLOW
  - AIR GRILLE
  - AIR HORN
  - AIR INTAKE
  - AIR RESONATOR BOX
  - AIR THROTTLE BODY AND SENSOR
  - ALARM
  - ALTERNATOR
  - ALUMINIUM PANEL - SIDE
  - AMPLIFIER
  - ANTENNA
  - ANTI ROLL
  - APRON
  - ARCH
  - ARM REST
  - ASH TRAY
  - AUTO CLUTCH
  - AUTO COOLER PIPE
  - AUTO CRUISE MOTOR
  - AUTO TRANSMISSION
  - AXLE
  - BACK REST (M/C)
  - BACK SEAT
  - BALANCER
  - BATTERY
  - BEADING (M/C)
  - BELT COVER (M/C)
  - BELT TENSIONER
  - BODY
  - BODY (M/C)
  - BOLT CAP (M/C)
  - BOLT HEAD COVER (M/C)
  - BONNET
  - BOOT
  - BOX (M/C)
  - BOX BRACKET (M/C)
  - BOX CARRIER (M/C)
  - BOX DOOR
  - BOX STICKER (M/C)

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	x
2	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	x
3	16000101	BUMPER (FRONT)	1	Replace	x
4	16002401	BUMPER CLIPS (FRONT)	1	Replace	x
5	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	x
6	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	x
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	x
8	16001001	BUMPER BEAM (FRONT)	1	Unconfirm	x
9	16005901	BUMPER SPONGE (FRONT)	1	Replace	x
10	16003201	BUMPER GRILLE (FRONT)	1	Replace	x
11	16005501	BUMPER SENSOR (FRONT)	1	Replace	x
12	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	x
13	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace	x
14	27100101	GRILLE (FRONT)	1	Replace	x
15	24200101	EMBLEM (FRONT)	1	Replace	x
16	41300101	SUPPORT PANEL (FRONT)	1	Unconfirm	x
17	27700101	HEAD LAMP (LEFT)	1	Replace	x
18	149001	BONNET	1	Replace	x
19	149016	BONNET EMBLEM	1	Replace	x
20	14903401	BONNET LOCK (LOWER)	1	Replace	x
21	14902201	BONNET HINGE (LEFT)	1	Replace	x
22	14902202	BONNET HINGE (RIGHT)	1	Replace	x
23	14901301	BONNET DAMPER (LEFT)	1	Replace	x
24	14901302	BONNET DAMPER (RIGHT)	1	Replace	x
25	149007	BONNET CABLE	1	Replace	x
26	112023	AIR CON CONDENSER	1	Unconfirm	x
27	344001	RADIATOR	1	Unconfirm	x
28	25400102	FENDER (FRONT LEFT)	1	Repair	x
29	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	x
30	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	x
31	451020	WINDSCREEN SEALANT	1	Replace	x
32	245001	ERP BRACKET	1	Replace	x
33	22600101	DASHBOARD (BOTTOM)	1	Replace	x
34	226002	DASHBOARD AIR BAG	1	Replace	x
35	226003	DASHBOARD AIR BAG SENSOR	1	Replace	x
36	106007	AIR BAG CONTROL UNIT	1	Unconfirm	x
37	36300102	SEAT BELT (FRONT RIGHT)	1	Unconfirm	x
38	36300101	SEAT BELT (FRONT LEFT)	1	Unconfirm	x

Save Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Tuesday, 3 July 2018 4:02 PM
To: Chew Goon Motor - Mrs Chew; ad3@chewgoonmotor.com.sg; ad5 @chewgoonmotor.com.sg; 'LKK Paya Ubi'
Subject: SKJ7670L | MT/1000901 (Awarding Letter to Chew Goon)

Importance: High

Hi IDAC and Chew Goon,

Vehicle is currently in IDAC.

Excess of $2,000 is applicable.

Please liaise with the person-in-charge - Mr Yusof at tel: 8444 4744 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Claims Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg

Our Ref: MT/CA/OD/051/1000901-001/YCL

03 Jul 2018

CHEW GOON MOTOR
BLK 10 AMK IND PARK 2A AVE 5
#01-15, 16 & 17 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1000901-001
REPAIR OF VEHICLE NUMBER: SKJ7670L

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 03 Jul 2018

Make: MERCEDES BENZ
Model: E200 KOMPRESSOR
Estimated Repair Days: 9
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits: Not applicable
Excess Applicable: 2,000
Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee
Senior Manager
Motor Insurance

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: SKJ7670L Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: chew goon

Collection Date: 4/7 Time: 0920 with Keys: (Yes) / No

Tow Truck No: YN4668C Tow Man: Brandon NRIC: S9240895G

93254336

Signature: _____

For office use

Attended by: Jackson ***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:*** _____