

NATIONAL Assessment Centre Services

2013/06/09

MA11808F566

Date In	9/7/18 18:06	Job description	Date & Time Completed	Done by
Ref No	MA/INC18012475/64	SAS e-filing		
Veh No	SGT 841PM	E-mail (within 3hrs, AP, 2hrs)		
DUA	61718 16:20	i-Motor Claim Form	17/10 2254-001	10/7/18 12:11
TP Reporting Only		i-Motor W/O (Within 24hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to	Owner/Wksp	

Preferred Wksp / INC Assign Wksp / OW: ( TK Motor Tel: 96273323 Fax: )

TP Particulars: Veh No: X09776E 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	2nd Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: In-DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against IP: \$20		
	9) N12: (Inc Mobile)	10	
	Invoice date	Fee Charged	
	Invoice date	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	09/07/2018 18:06
Date Of Accident	06/07/2018 16:20
Exact Location Of Accident	PUNGGOL RD SLIP RD ENTER INTO TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT8418M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW YEE
NRIC No	S2575615J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96491199
Alternative Phone No	OFFICE-96491199

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	5098356136
Cover Note Number	-

### Driver

Name of Driver	LOW YEE
NRIC No	S2575615J
Date Of Birth	16/11/1958
Occupation	INDOOR
Date Of Driving Pass	20/12/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96491199
Fax Number	
Contact Number	OFFICE-96491199
EEmail Address	NOEMAIL

Address	BLK 671B EDGEFIELD PLAINS #08-527
Postcode	822671
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 - CHANGE/CROSS LANE
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?	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE

#### 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	XD9776E
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAY LIAN SEE

NRIC/Passport Number

S1755427A

Contact Number

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.
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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 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.
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.

*刘杰*

*刘杰*

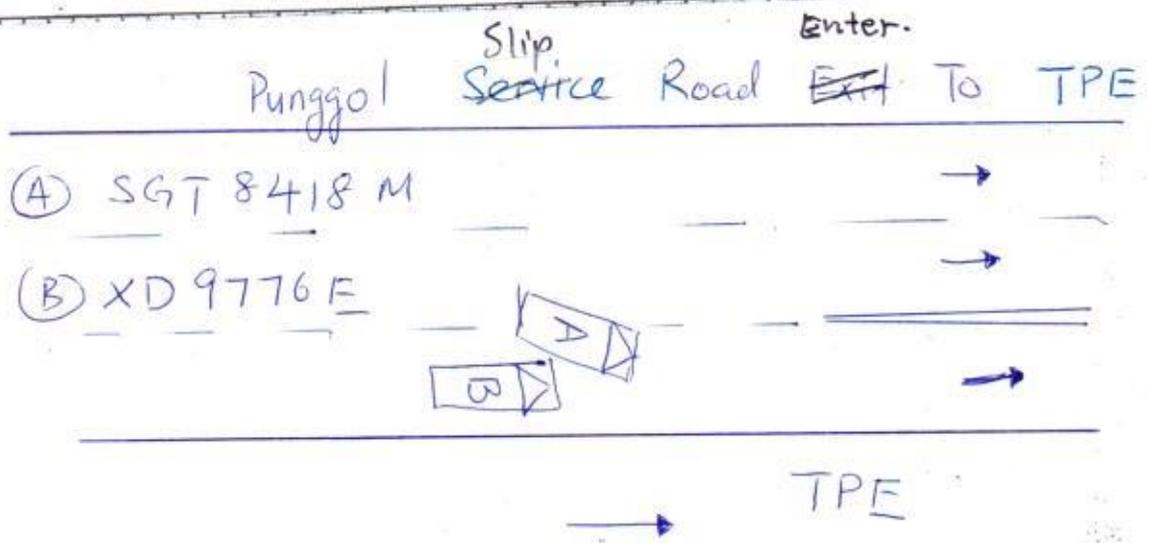
*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

On 6/7/2018 at about 16:20 hrs I was travelling along Punggol Road slip road enter TPE, I was on the centre lane, I signal right to change lane, suddenly vehicle B hit onto my vehicle A right whole side portion.

**Declaration**

We declare the foregoing particulars are true in every respect.

刘杰

刘杰

Handwritten signature of reporting centre personnel.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2575615J**

Name  
**LOW YEE**

Birth Date **16 Nov 1958**

Issue Date **16 Dec 2002**

0000344908

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S2575615J**



Name  
**LOW YEE**

**刘玉**

Race  
**CHINESE**

Date of birth  
**16-11-1958**

Sex  
**M**

Country of birth  
**MALAYSIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles	20 Dec 1990
Class 2A	Motorcycles between 201 cc and 400 cc	20 Dec 1990
Class 2	Motorcycles exceeding 400 cc	20 Dec 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Dec 1990
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Dec 1990

Licence No. **S2575615J**

NP 428A

3710265



NRIC No. **S2575615J**



Date of Issue  
**05-05-2005**

APT BLK 6718 EDGEFIELD PLAINS #08-527  
SINGAPORE 822671

NRIC No: **S2575615J** Date: **25/07/2016**

Owner }  
Driver }

96491199

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098356136	LOW YEE	S2575615J	GPC	drive CLASSIC	SGT8418M	SGT8418M	23/02/2018	24/04/2019

Continue

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 7 / 2018 ) (DD/MM/YYYY), TIME: ( 16 : 20 ) (HH:MM)

LOCATION: Punggol Rd Exit TPE (AT THE Services Road)  
Slip Rd Enter

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 8418 M  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5098356136  
d) POLICY TYPE: ( COMPREHENSIVE ) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Honda Stream  
f) TYPE: ( SALOON / COUPE ( MPV / VAN ) / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE ) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE ( YES / NO )  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Low Yee ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S2575615-J CONTACT: 96491199  
c) ADDRESS: Blk 671-B Edgfield Plains #08-527  
Sipore 822671

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*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: XD 9776E MODEL: ISUZU Lorry  
b) DRIVER'S NAME: Tay Lian See  
c) NRIC/FIN/PASSPORT: S1755427-A CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Passenger

Include

Driver 6

Passenger

Include

Driver 2

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5098356136	LOW YEE	S2575615J	GPC	drivo CLASSIC	SGT8418M	SGT8418M	23/02/2018	24/04/2019

Continue

**Claim Handling**

Accident MT/1002354

Policy No.	5098356136	Vehicle No.	SGT8418M	GST Registration No.	
Policyholder Name	LOW YEE	Cover Type	drive CLASSIC	Policyholder NRIC	S2575615J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96491199	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No ▾
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Private Hire	No		

▼ **Accident Details**

Report Date	10/07/2018 12:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	06/07/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL RD SLIP RD ENTER INTO TPE				

▼ **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 671B #08-527	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Address 4	SINGAPORE 622671	Address Type	Singapore address	Post Code	822671
Unit No.	08-527	Related Policy Number	5098356136		

▼ **O1 Driver Info**

Driver Name	LOW YEE	Driver Type	Main Driver	Driver DOB	16/11/1958
Unnamed driver Name		Driver NRIC	S2575615J	Driving Experience	37
Register Date of Driver License	20/12/1980	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	96491199	Contact No.(Office)		Address 3	WATERWAY BANKS
Address 1	BLK 671B #08-527	Address 2	EDGEFIELD PLAINS	Post Code	822671
Address 4	SINGAPORE 822671	Address Type	Singapore address		
Unit No.	08-527			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

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	LOW YEE	Insured NRIC	S2575615J
Contact No.(Mobile)	96491199	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SGT8418M	TP Vehicle Number	XD9776E
Claim Description	SGT8418M / XD9776E ON 6 Jul 2018			Name of Preferred Workshop	TK MOTOR WORKSHOP
Preferred Workshop Contact No.	96273323	Insured Liability *	Fully at Fault ▾	GIA report	Received
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop (refer below) ▾	Date Received	10/07/2018 00:00
Date Registered	10/07/2018 12:10	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1002354	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/07/2018 12:11

Path \*

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen

Category \*

Confidential

Urgency \*

Descr

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	SAS	Normal	SAS 2018-7-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	Photos	Normal	Photos 2018-7-10
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 12:10	Photos	Normal	Photos 2018-7-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading

ASS. REC. BY:

REF:

Assessor Mobile: YES / NO

ASSIGNMENT (IDAC) COE Expiry Date = 31/3/22

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) Govn 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: SGT 8418 M Yr Regn: 25 Apr / 2007  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / ~~M.P.V~~  
 / Truck / Trailer or  
 Make & Model: Honda Stream 1.8A c.c. 1799  
 Colour: Blue Transmission Type: Auto / Manual  
 Eng/No: \_\_\_\_\_ Sp. Reading: 173010  
 G/No: RN 61 030764  
 Gen. Cond: Good / Fair / Poor / Burnt or  
 Steering: in order / Jammed / Leaked / Burnt or  
 Brake: in order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205 / 65 R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Fallen  

Front		Rear	
R/Bal.	<u>7</u> mm	R/Bal.	<u>7</u> mm
L/Bal.	<u>7</u> mm	L/Bal.	<u>7</u> mm

 Parallel Import: Yes / No Towed-In: Yes / No  
 Repair Type: LS / I.B.I Towing Required: Yes / No  
 No of Repair Days: 7 Vehicle in Idac: Yes / No  
 D.O.I. 10/7/2018 Time: 11.05 am

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. Govn 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: \_\_\_\_\_

Condition (COS):  
 (0) Item (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched  
 (7) Deformed (8) Stuffed (9) Buckled (10) Broken (11) Necessary (12) Missing  
 (13) Torn (14) Unconfirmed (15) Not Working

**MOTOR CAR (RH)**

ACTOR/NLAC:  
 (1) Replace (✓) (2) Repair (X) (3) Check (7)  
 (4) Not Consistent (INC)

Aug 2005

Vehicle No: **SGT 8418 M**

**Right Portion**

NAC	INC	Item	CON	AC	Qty
1316	995327	Frnt RH Door	BUC		
1317	991654	Frnt RH Door Protector			
1318	991601	Frnt RH Door Hinge	BT		2
1319	991685	Frnt RH Door Wing Mirror	BR		
1320	991583	Frnt RH Door Garnish	CUT		
1321	991639	Frnt RH Door Glass Outer Moulding	BT		
1322	991588	Frnt RH Door Glass Inner Moulding			
1323	991584	Frnt RH Door Glass			
1324	991595	Frnt RH Door Glass Regulator	BT		
1325	991596	Frnt RH Door Glass Regulator Motor			
1326	991662	Frnt RH Door Rubber	DD		
1327	991636	Frnt RH Door Outer Handle	CUT		
1328	991607	Frnt RH Door Inner Handle			
1329	991625	Frnt RH Door Lock w/Key			
1330	991624	Frnt RH Door Lock			
1331	991562	Frnt RH Door Central Lock			
1332	991675	Frnt RH Door Switch			
1333	991617	Frnt RH Door Inner Trim Board			
1334	991568	Frnt RH Door Checker	BT		
1335	991575	Frnt RH Door Felt			
1336	991688	Frnt RH Door Wire Harness			
1337	991683	Frnt RH Door Window Glass Pillar			
1338	991640	Frnt RH Door Outer Pillar			
1339	991613	Frnt RH Door Inner Pillar			
1340	991646	Frnt RH Door Pillar Inner Garnish			
1341	990554	Centre Pillar RH	DD	R	
1342	990543	Centre Inner Pillar RH			
1343	990518	Centre Pillar Upper Garnish RH			
1344	990565	Centre Pillar Lower Garnish RH			
1345	991670	Frnt RH Door Step Garnish			
1346	994058	Rocker Panel RH			
1347	994049	Rocker Panel Inner Panel RH			
1348	994047	Rocker Panel Garnish RH			
1349	994055	Rocker Panel Outer Side Skirt RH			
1004	991300	Frnt Bumper			
1006	991325	Frnt Bumper Bracket			
1007	991462	Frnt Bumper Side Retainer			
1008	991433	Frnt Bumper Reinforcement			
1010	991468	Frnt Bumper Sponge			
1011	991427	Frnt Bumper Protector			
1014	991301	Frnt Bumper Moulding			
1015	991407	Frnt Bumper Lower Spoiler			
1030	991821	Frnt RH Headlamp Assy			
1032	995089	Frnt RH Side Lamp			
1105	995071	Frnt RH Fender	BUC		
1107	991744	Frnt RH Fender Lamp	CUT		
1108	991752	Frnt RH Fender Inner shield	DIS		

NAC	INC	Item	CON	AC	Qty
1350	993201	Rear RH Door	BUC		
1351	993284	Rear RH Door Protector			
1352	995307	Rear RH Door Hinge	BT		2
1353	993228	Rear RH Door Garnish			
1354	993278	Rear RH Door Glass Outer Moulding	BT		
1355	993231	Rear RH Door Glass Inner Moulding			
1356	993229	Rear RH Door Glass			
1357	993289	Rear RH Door Glass Regulator	DIS		
1358	993240	Rear RH Door Glass Regulator Motor			
1359	993294	Rear RH Door Rubber	DD		
1360	993276	Rear RH Door Outer Handle	CUT		
1361	993251	Rear RH Door Inner Handle			
1362	993261	Rear RH Door Lock			
1363	993256	Rear RH Door Inner Trim Board			
1364	993218	Rear RH Door Checker	DIS		
1365	993230	Rear RH Door Glass Channel			
1366	993242	Rear RH Door Glass Triangle Garnish			
1367	993285	Rear RH Door 1/4 Glass			
1368	993288	Rear RH Door 1/4 Glass Rubber			
1369	993287	Rear RH Door 1/4 Glass Pillar			
1370	993306	Rear RH Door Step Garnish			
1371	993309	Rear RH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1141	992958	Rear Bumper			
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer			
1149	993045	Rear Bumper Reinforcement			
1151	993077	Rear Bumper Sponge			
1153	993040	Rear Bumper Protector			
1155	993026	Rear Bumper Moulding			
1157	993023	Rear Bumper Lower Spoiler			
1166	995116	Rear RH Taillamp			
1228	993456	Rear RH Fender	BUC		
1229	993450	Rear RH Fender Protector/Inner shield	CUT		
1136	990247	" " " Glass Sealant	NG		

No of Items: \_\_\_\_\_ Assessor: \_\_\_\_\_

## Claim Handling

Task Transfer Exit

## Accident MT/1002354

LOG SAL SUB

Policy No.	5098356136	Vehicle No.	SGT8418M	GST Registration No.	
Policyholder Name	LOW YEE			Policyholder NRIC	S2575615J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96491199	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(%)	50	Private Hire	No

## Accident Details

Report Date	10/07/2018 12:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/07/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PUNGGOL RD SLIP RD ENTER INTO TPE				

## Benefits

## Excess

Own damage Excess	500.00	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 671B #08-527	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Address 4	SINGAPORE 822671	Address Type	Singapore address	Post Code	822671
Unit No.	08-527	Related Policy Number	5098356136		

## OI Driver Info

Driver Name	LOW YEE	Driver Type	Main Driver	Driver DOB	16/11/1958
Unnamed driver Name		Driver NRIC	S2575615J	Driving Experience	37
Register Date of Driver License	20/12/1980	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	96491199	Contact No.(Office)		Address 3	WATERWAY BANKS
Address 1	BLK 671B #08-527	Address 2	EDGEFIELD PLAINS	Post Code	822671
Address 4	SINGAPORE 822671	Address Type	Singapore address		
Unit No.	08-527				
Does he own a Singapore Registered car?	<input 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 Tan Siew Choo

LOG SAL SUB

Claim Type	OD-MD	Insured Name	LOW YEE	Insured NRIC	S2575615J
Contact No.(Mobile)	96491199	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGT8418M	TP Vehicle Number	XD9776E
Claim Description	SGT8418M / XD9776E ON 6 Jul 2018			Name of Preferred Workshop	TK MOTOR WORKSHOP
Preferred Workshop Contact No.	96273323	Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	10/07/2018 16:34
Date Registered	10/07/2018 12:12	Claim Close Date		Total Loss but Repaired	
Report Taken By	LIEW SHAN HUI	Workshop Repairer		OD Excess Collected by Workshop	

 Print AK letter

Modification History

## Special Claim Creation Approval

Approval		Reason	
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Remarks

## damage assessment Attachment

## Vehicle Info

Vehicle Make	HONDA	Vehicle Model	STREAM	Engine Capacity	
Date of Registration	25/04/2007	Classis No.	RN61030764		
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parallel Import *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender	Own Damage	Assessor Name *	SIMON	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:7 DAYS.1X FRT RH DOOR GARNISH - REPLACE.1X REAR RH DOOR GLASS INNER MOULDING - UNCONFIRM.1X FRT RH DOOR LOCK W/KEY - UNCONFIRM.1X FRT RH DOOR LOCK - UNCONFIRM.1X REAR RH DOOR LOCK - UNCONFIRM.1X FRT RH DOOR INNER TRIM BOARD - UNCONFIRM.1X REAR RH DOOR INNER TROM BOARD - UNCONFIRM.1X CENTRE PILLAR RH - REPAIR.1X REAR RH FENDER GLASS SEALANT - REPLACE.

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	23300202	DOOR (FRONT RIGHT)	1	Replace	X
ABS	2	23300204	DOOR (REAR RIGHT)	1	Replace	X
ABSORBER	3	23303002	DOOR HINGE (BOTTOM) (FRONT RIGHT)	1	Replace	X
ACCELERATOR	4	23303004	DOOR HINGE (BOTTOM) (REAR RIGHT)	1	Replace	X
ACTUATOR	5	23303102	DOOR HINGE (UPPER) (FRONT RIGHT)	1	Replace	X
ADVERTISEMENT STICKER	6	23303104	DOOR HINGE (UPPER) (REAR RIGHT)	1	Replace	X
	7	23306702	DOOR VIEW MIRROR (FRONT RIGHT)	1	Replace	X
	8	23302202	DOOR GLASS OUTER MOULDING (FRONT RIGHT)	1	Replace	X
	9	23302204	DOOR GLASS OUTER MOULDING (REAR RIGHT)	1	Replace	X
	10	23302402	DOOR GLASS REGULATOR (FRONT RIGHT)	1	Replace	X
	11	23302404	DOOR GLASS REGULATOR (REAR RIGHT)	1	Replace	X
	12	23302502	DOOR GLASS REGULATOR MOTOR (FRONT RIGHT)	1	Unconfirm	X
	13	23302504	DOOR GLASS REGULATOR MOTOR (REAR RIGHT)	1	Unconfirm	X
	14	23306102	DOOR RUBBER (FRONT RIGHT)	1	Replace	X
	15	23306104	DOOR RUBBER (REAR RIGHT)	1	Replace	X
	16	23302802	DOOR HANDLE (OUTER) (FRONT RIGHT)	1	Replace	X
	17	23302804	DOOR HANDLE (OUTER) (REAR RIGHT)	1	Replace	X
	18	23302702	DOOR HANDLE (INNER) (FRONT RIGHT)	1	Unconfirm	X
	19	23302704	DOOR HANDLE (INNER) (REAR RIGHT)	1	Unconfirm	X
	20	23301602	DOOR CHECKER (FRONT RIGHT)	1	Replace	X
	21	23301604	DOOR CHECKER (REAR RIGHT)	1	Replace	X
	22	25400106	FENDER (REAR RIGHT)	1	Replace	X
	23	25400904	FENDER INNER SHIELD (REAR RIGHT)	1	Replace	X
	24	25400103	FENDER (FRONT RIGHT)	1	Replace	X
	25	25401202	FENDER LAMP (FRONT RIGHT)	1	Replace	X
	26	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X

Save Submit

## LKK Paya Ubi

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**From:** Tan Siew Choo <siewchoo.tan@income.com.sg>  
**Sent:** Wednesday, 11 July 2018 2:32 PM  
**To:** NAC ; tkmotorworkshop  
**Subject:** SGT8418M, OD claim no : MT/1002354

**Importance:** High

Dear IDAC,

Veh will be repaired at T K Motor Workshop (Ah Keong, tel : 96273323).

Regards.

**Tan Siew Choo**  
Senior Claims Executive  
Motor Insurance  
T +65 6430 7882  
[www.income.com.sg](http://www.income.com.sg)



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