

NATIONAL Assessment Centre Services

[wef 1 Jan 09]

MMA118098354.

Date In: 30/12/18 16:34	Job description	Date & Time Completed	Done by
Ref No: MA11MC18013853/h4	SAS e-filing		
Veh No: SKJ 9730J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/12/18 14:30	i-Motor Claim Form	MT/1005278-001	31/12/18 10:15.
<input checked="" type="radio"/> 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: G25501T	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

MA1805158

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

- 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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

Invoice dated

Invoice dated

Fee Charged

Fee Charged

30.00

80.20

\$40/\$45

\$120

\$30

For claiming against INC Only (wef 10 Jan 2009)

\$75

\$160

Q1:

*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

\$30

10.00

10.00

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	30/07/2018 16:34
Date Of Accident	28/07/2018 14:30
Exact Location Of Accident	PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9730J
Insured/Policyholder	
Name Of Registered Owner	PIXELS CONNECT PTE. LTD.
Co Reg No	201417613D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64400023

Vehicle Particulars

Manufacturer	BMW
Model	X3
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092149502-01
Cover Note Number	-

Driver

Name of Driver	AMIR MD
Passport No/FIN	G7364842X
Date Of Birth	03/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92398725
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1013 GEYLANG EAST AVE 3 #01-172
Postcode	389728
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GM MANAGER
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?	
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

I WAS TRAVELLING ALONG PASIR PANJANG RD WHILE APPROCHING JUNC OF PASIR PANJANG FERRY TERMINAL, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME AND COLLIDED ONTO THE VEH B REAR PORTION.

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	GZ5501T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FRANKIE ONG SOON LEONG
NRIC/Passport Number	S7934665I
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.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Pasir Panjang Ferry terminal

A = SKJ 9730J
B = GZ 5501T

Bus stop

Pasir Panjang Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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 DRIVING LICENCE

AMIR MD

Birth Date: 03 May 1978
Issue Date: 01 Jul 2016
Valid Till 30.06.2021

002584233C

REPUBLIC OF SINGAPORE

FIN: G7364842X

AMIR MD

Date of Birth: 03-05-1978
Nationality: BANGLADESHI

Sex: M

G7364842X

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 01 Jul 2016

Licence No: G7364842X

NP 426A

FA2024586

VISIT PASS

Immigration Regulations

FIN: G7364842X

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 25-10-2017
Date of Expiry: 25-10-2019

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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/07/2018 16:21"/>
Vehicle No.(For Motor)	<input type="text" value="SKJ9730J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092149502-01		PIXELS CONNECT PTE. LTD.	201417613D	GPC	drivo CLASSIC	SKJ9730J	SKJ9730J	02/07/2018	01/07/2019

Claim Handling

The premium on this policy has not been collected.

Accident MT/1005278

Policy No.	5092149502-01	Vehicle No.	SKJ9730J	GST Registration No.	
Certificate No.					
Policyholder Name	PIXELS CONNECT PTE. LTD.			Policyholder NRIC	201411
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	64400023	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	31/07/2018 10:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	28/07/2018	Time of Accident hh:mm	14:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR PANJANG RD				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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		No	
Modification History					
Policyholder Mailing Address					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	10-16	Related Policy Number	5092149502-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AMIR MD	Driver NRIC	G7364842X	Driver DOB	03/05/
Register Date of Driver License	01/07/2016	Driver Age	40	Driving Experience	2
Contact No.(Mobile)	92398725	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1013 #01-172	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG
Address 4	SINGAPORE 389728	Address Type	Singapore address	Post Code	389721
Unit No.	01-172				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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		

Modification History

Claim 001 New

Claim Type *	OD-MD	Insured Name	PIXELS CONNECT PTE. LTD.
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SKJ9730J
Claim Description	SKJ9730J / GZ5501T ON 28 Jul 2018		
Preferred Workshop	<input type="radio"/> Insured Liability	Fully at Fault	
Repair Option	Income to assign workshop	GIA report	Received
Date Registered	31/07/2018 10:14	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

Claim No.

MT/1005278

001

Last Doc. Received

Yes No

Upload Date

31/07/2018 10:15

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen















Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	Confidential NO	Urgency Normal
Clear	Please Select	Confidential NO	Urgency Normal
Clear	Please Select	Confidential NO	Urgency Normal
Clear	Please Select	Confidential NO	Urgency Normal
Clear	Please Select	Confidential NO	Urgency Normal
Clear	Please Select	Confidential NO	Urgency Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:15	SAS	Normal	SAS 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:15	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:15	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:15	Photos	Normal	Photos 2018-7-31
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:14	Photos	Normal	Photos 2018-7-31
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:14	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 10:14	Photos	Normal	Photos 2018-7-31

Video List

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

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: () 2) Vehicle hit ?? ()
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govn. Property () b) Road Work Object ()
- (Eg: signboard, barrier, tree etc) 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 9730 J Yr Regn: 30 May 2013

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

/ Truck / Trailer or

Make & Model: BMW X3 XDRIVE c.o 1997

Colour: White Transmission Type: Auto Manual

Eng/No: _____ Sp.Reading: 84233

C/No: WBAWx320 100 8B27327

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: 255/35 R20

R: 285/30 R20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front		Rear	
R/Bal.	<u>7</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>7</u> mm	L/Bal.	<u>6</u> mm

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / No

No of Repair Days: 6

Vehicle in Idac: Yes / No

D.O.I. 31/7/2018 Time: 3.05pm

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:

MOTOR CAR (Frt)

Front Portion

Vehicle No: **SKJ 9730J**

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	DD	✓	
1002	991887	Frt Number Plate Base	BT	✓	
1003	991889	Frt Number Plate Garnish	DD	✓	
1004	991300	Frt Bumper	DD	✓	
1005	992341	Frt Bumper Clips	NEC	6	
1006	991323	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	DIS	2	
1008	991433	Frt Bumper Reinforcement	DD	✓	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Headlamp Wader Jettamns			
1012	991420	Frt Bumper Headlamp Wader Jettamns			
1013	991363	Frt Bumper Grille	DIS	2	
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	DD	2	
1022	991328	Frt Grille Emblem			
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	R	
1026	992025	Frt Support Panel Top Garnish Cover	CRA	✓	
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy			
1030	991821	Frt RH Headlamp Assy	CRA	✓	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BVC	✓	
1034	991328	Bonnet Emblem	NEC	✓	
1035	990287	Bonnet Lock RH	BT	✓	
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge	BT	2	
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
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	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	CRA	✓	
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	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	SCR	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	SCR	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 Mudflap			
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	990020	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			
		Frt LH Dr Wind Mirror	BR	✓	

No of Items:

Agreement:

Claim Handling

Task Transfer Exit

Accident MT/1005278

LOS SAL SUB

Policy No.	5092149502-01	Vehicle No.	SKJ9730J	GST Registration No.	
Certificate No.					
Policyholder Name	PIXELS CONNECT PTE. LTD.			Policyholder NRIC	201417613D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	64400023	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	31/07/2018 10:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/07/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PASIR PANJANG RD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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	31/07/2018 14:03:57 Nur Shahira Hassan changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	10-16	Related Policy Number	5092149502-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AMIR MD	Driver NRIC	G7364842X	Driver DOB	03/05/1978
Register Date of Driver License	01/07/2016	Driver Age	40	Driving Experience	2
Contact No.(Mobile)	92398725	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1013 #01-172	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG EAST INDUSTRIAL ES
Address 4	SINGAPORE 389728	Address Type	Singapore address	Post Code	389728
Unit No.	01-172				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	PIXELS CONNECT PTE. LTD.	Insured NRIC	201417613D
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKJ9730J	TP Vehicle Number	GZ5501T
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claim Description	SKJ9730J / GZ5501T ON 28 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	31/07/2018 11:38	Claim Close Date		Date Received	31/07/2018 17:12
Report Taken By	LIEW SHAN HUI	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	BMW	Vehicle Model	X3	Engine Capacity	
Date of Registration	30/05/2013	Classis No.	WBAWX320100827327		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	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: 6 DAYS. 1X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1X RH BONNET LOCK - REPLACE. 1X AIRCON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1X AIRDUCT - REPLACE. 1X FRT BUMPER HEADLAMP WASHER JET COVER - REPLACE. 2X FRT BUMPER HEADLAMP WASHER JET - UNCONFIRM.

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
ACCELERATOR	4	16000101	BUMPER (FRONT)	1	Replace	X
ACTUATOR	5	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ADVERTISEMENT STICKER	6	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
	7	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
	9	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm	X
	10	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
	11	16004101	BUMPER LOWER SPOILER (FRONT)	1	Unconfirm	X
	12	16005501	BUMPER SENSOR (FRONT)	1	Unconfirm	X
	13	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
	14	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
	15	27100101	GRILLE (FRONT)	2	Replace	X
	16	41300101	SUPPORT PANEL (FRONT)	1	Repair	X
	17	27700102	HEAD LAMP (RIGHT)	1	Replace	X
	18	27700101	HEAD LAMP (LEFT)	1	Unconfirm	X
	19	149001	BONNET	1	Replace	X
	20	149016	BONNET EMBLEM	1	Replace	X
	21	149029	BONNET INSULATOR	1	Unconfirm	X
	22	14902201	BONNET HINGE (LEFT)	1	Replace	X
	23	14902202	BONNET HINGE (RIGHT)	1	Replace	X
	24	14901301	BONNET DAMPER (LEFT)	1	Unconfirm	X
	25	14901302	BONNET DAMPER (RIGHT)	1	Unconfirm	X
	26	149043	BONNET RUBBER (LONG)	1	Unconfirm	X
	27	149007	BONNET CABLE	1	Unconfirm	X
	28	112023	AIR CON CONDENSER	1	Unconfirm	X
	29	112044	AIR CON DISCHARGE PIPE	1	Unconfirm	X
	30	344001	RADIATOR	1	Unconfirm	X
	31	344005	RADIATOR COWLING	1	Unconfirm	X
	32	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
	33	344008	RADIATOR FAN	1	Unconfirm	X
	34	243014	ENGINE LOWER COVER	1	Unconfirm	X
	35	25400102	FENDER (FRONT LEFT)	1	Repair	X
	36	25400103	FENDER (FRONT RIGHT)	1	Repair	X
	37	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
	38	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	X
	39	45300101	WING MIRROR (LEFT)	1	Replace	X



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: SKJ97305 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: City Auto

Collection Date: 1/8/18 Time: 1600 with Keys: Yes / No

Tow Truck No: YP28175 Tow Man: LOH YING KHAM NRIC: 88918037F

Signature: [Signature]

96662762

For office use

Attended by: Shan Hui

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: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Wednesday, 1 August 2018 2:48 PM
To: NAC ; 'City Auto'
Subject: SKJ9730J, OD claim no : MT/1005278

Importance: High

Dear IDAC and City Auto,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear City Auto,

OD excess of \$600/- is applicable, pls assist to liaise with OID Mr Amir at tel : 92398725.

We are waiving survey for this case only and it should not be taken as a precedence for future cases.

Kindly update owner on the repair status and the nos of repair days required.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher within 14 days after the repair has been done/ finalized with Surveyor to my email, cc a copy to Yap Chee Ling at cheeling.yap@income.com.sg

Regards.

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



Our Ref: MT/CA/OD/051/1005278-001/TSC
01 Aug 2018
CITY AUTO PTE LTD
BLK 8 #01-58TO66
SIN MING INDUSTRIAL EST SECTOR C
SINGAPORE 575643

Dear Sir

CLAIM NUMBER: MT/1005278-001

REPAIR OF VEHICLE NUMBER: SKJ9730J

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

Award Date: 01 Aug 2018

Make: BMW

Model: X3

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

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

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