

NATIONAL Assessment Centre Services

[wel 1 Jan'05] MNA18090333

Date In: 1/8/18-11:08	Job description	Date & Time Completed	Done by
Ref No: NA/MC807953/24	SAS e-filing		
Veh No: 5CB39457	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/7/18-13:00	i-Motor Claim Form	M/1003501-201	1/8/18 11:43
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: SKU2677T	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% P: 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

NA1804876	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wel 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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	

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	01/08/2018 11:08
Date Of Accident	29/07/2018 13:00
Exact Location Of Accident	CTE (CITY) AFTER AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB5943T
Insured/Policyholder	
Name Of Registered Owner	SAMSUNG-KOH BROTHERS JOINT VENTURE
Co Reg No	53321974D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62140029
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086742677-01
Cover Note Number	
Driver	
Name of Driver	AHMAD BIN KAMIS
NRIC No	S1715561Z
Date Of Birth	11/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82836322
Fax Number	
Contact Number	OFFICE-82836322
Email Address	NOEMAIL

Address	BLK 129B CANBERRA STREET #02-594
Postcode	752129
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 CTE (CITY) AFTER AMK AVE 5 EXIT. SUDDENLY VEHICLE C BRAKE HIS VEHICLE. VEHICLE B BRAKE HIS VEHICLE ACCORDINGLY. I BRAKE MY VEHICLE, HOWEVER MY VEHICLE COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION. AFTER AN IMPACT, VEHICLE B MOVED FORWARD AND HIT ONTO VEHICLE C 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	SKU2677T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC7798A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

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.



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

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

SKETCH PLAN

CTE (city)

A: SLB5943T
B: SKV2677T
C: SHC7798A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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



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. **S1715561Z**



Name
AHMAD BIN KAMIS

Place
MALAY

Date of birth
11-09-1965

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1715561Z**

Name
AHMAD BIN KAMIS

Birth Date **11 Sep 1965**

Issue Date **01 Jul 2004**




001250051J

3872675




NRIC No. **S1715561Z**

Date of issue
18-01-2005

• 129B CANBERRA STREET #02-594
SINGAPORE 752129

S1715561Z Date: **11/01/2018**

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	21 Jun 2004

NP 428A

Licence No: **S1715561Z**



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

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5086742677-01		SAMSUNG - KOH BROTHERS JOINT VENTURE	53321974D	GFT	drivo CLASSIC	SLB5943T	SLB5943T	16/12/2017	

 Policy Information

Policy No.	5086742677-01	Policyholder Name	SAMSUNG - KOH BROTHERS JO	Policyholder NRIC	53321974D
Certificate No.					
Address	P O BOX 0637 ROBINSON ROAD POST OFFICE SINGAPORE 901237				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/11/2017	Effective Date	16/12/2017 00:00	Expiry Date	15/12/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	0.00	Young/Inexperience Driver Excess	
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	P O BOX 0637	Address 2	ROBINSON ROAD POST OFFICE	Address 3	SINGAPORE 901237
Address 4		Address Type	Singapore address	Post Code	901237
Unit No.	21-01	Related Policy Number	5086743003-01		

 Insured Object: SLB5943T

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/12/2017 00:00	Basic Information Endorsement	000001286702314	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 16 Dec 2017 to 15 Dec 2018 this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. SKZ4934L 2. SKZ4796T 3. SKZ6411R 4. SKZ6532A 5. SKZ6413K 6. SKZ6484E 7. SKZ6467E 8. SKZ6406G 9. SKZ6431H 10. SLA5785M 11. SLB5943T
2	01/03/2018 00:00	Basic Information Endorsement	000001286765118	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKZ7925T 05-02-2018 \$1,077.35 2. SLB4554P 05-02-2018 \$1,077.35 In view of this amendment, a refund of \$2,154.70 (inclusive of GST) will be adjusted against the outstanding premium.
		Basic Information		Endorsement Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND

Claim Handling

Exit

Accident MT/1005501

Policy No.	S086742677-01	Vehicle No.	SLB5943T	GST Registration No.	53321974D
Certificate No.					
Policyholder Name	SAMSUNG - KOH BROTHERS JOINT VENTURE	Policyholder NRIC		53321974D	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62140029	Contact No.(Home)	0
Email Address		Special Remark		eCode	7
KPK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	01/08/2018 11:39	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/07/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (CITY) AFTER AMK AVE S EXIT				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	Yes	GST Registration Date	22/11/2015		
GST Registration No.	53321974D	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	P O BOX 0637	Address 2	ROBINSON ROAD POST OFFICE	Address 3	SINGAPORE 901237
Address 4		Address Type	Singapore address	Post Code	901237
Unit No.	21-01	Related Policy Number	S086743003-01		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/09/1965
Unnamed driver Name	AHMAD BIN KAMIS	Driver NRIC	S1715561Z	Driving Experience	14
Register Date of Driver License	21/06/2004	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	82838322	Contact No.(Office)	0	Address 3	EASTCROWN @ CANBERRA
Address 1	BLK 129B	Address 2	CANBERRA STREET	Post Code	752129
Address 4	SINGAPORE 752129	Address Type	Singapore address		
Unit No.	02-594				
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 *	OD-ND	Insured Name	SAMSUNG - KOH BROTHERS JO	Insured NRIC	53321974D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NC
Email Address		DI Vehicle Number	SLB5943T	TP Vehicle Number	SKU2677T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SLB5943T / SKU2677T ON 29 Jul 2018			Name of Preferred Workshop	HOCK WAH MOTOR WORKSHOP
Preferred Workshop Contact No.	64415655	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	01/08/2018 00:00
Date Registered	01/08/2018 11:43	Claim Close Date		OD Excess Collected by Workshop	
Report Taken By	Jackson				
☒ Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1005501	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	01/08/2018 11:45		
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...

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 SERV) on 01 Aug 2018 11:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	SAS	Normal	SAS 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:44	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:43	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:43	Photos	Normal	Photos 2018-8-1		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:43	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:43	Photos	Normal	Photos 2018-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Aug 2018 11:43	Photos	Normal	Photos 2018-8-1		Edit

Video List

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

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) Govn. Property ()
(Eg. signboard, banner, 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: SLB 59437 Yr Regn: 14 Apr 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / ~~Motor~~ / Truck / Trailer or
 Make & Model: Nissan Qashqai 1.2 C.C. 1197
 Colour: White Transmission Type: Auto / Manual
 Eng/No: _____ Sp. Reading: 135077
 C/No: SJNFEATJ11H1591816
 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: 215 / 60 R17 - BS
 R: _____ - Falken
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or As above
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 6 mm
 L/Bal. 5 mm L/Bal. 6 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. 1/8/2018 Time: 3.10 pm

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. Govrn 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:

Claim Handling

Task Transfer Exit

Accident MT/1005501

LOS SAI SLB

Policy No.	5060742677-01	Vehicle No.	SLB5943T	GST Registration No.	53321974D
Certificate No.					
Policyholder Name	SAMSUNG - KOH BROTHERS JOINT VENTURE			Policyholder NRIC	53321974D
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	62140029	Contact No. (Home)	0
Email Address		Special Remark		eCode	1
KPI	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	0	Private Hire	No
Accident Details					
Report Date	01/08/2018 11:39	Accident Report Within 24 Hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/07/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	CTE (CITY) AFTER AMK AVE S EXIT				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	Yes	GST Registration Date	22/11/2015		
GST Registration No.	53321974D	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	P O BOX 0637	Address 2	ROBINSON ROAD POST OFFICE	Address 3	SINGAPORE 901237
Address 4		Address Type	Singapore address	Post Code	901237
Unit No.	21-01	Related Policy Number	5086743003-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/09/1965
Unnamed driver Name	AHMAD BIN KAMIS	Driver NRIC	S17155612	Driving Experience	14
Register Date of Driver License	21/05/2004	Driver Age	\$2	Contact No. (Home)	0
Contact No. (Mobile)	82836322	Contact No. (Office)	0	Address 3	EASTCROWN @ CANBERRA
Address 1	BLK 129B	Address 2	CANBERRA STREET	Post Code	752129
Address 4	SINGAPORE 752129	Address Type	Singapore address		
Unit No.	02-594				
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 Ng Hak Joo

LOS SAI SLB

Claim Type	OD-MD	Insured Name	SAMSUNG - KOH BROTHERS JO	Insured NRIC	53321974D
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SLB5943T	TP Vehicle Number	SKU2677T
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claim Description	SLB5943T / SKU2677T ON 29 Jul 2018.			Name of Preferred Workshop	HOCK WAH MOTOR WORKSHOP
Preferred Workshop Contact No.	64415655	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	01/08/2018 11:47	Claim Close Date		Date Received	02/08/2018 09:39
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☒ Print AX letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	NISSAN	Vehicle Model	QASHQAI	Engine Capacity	1197.00
Date of Registration	14/04/2016	Class No.	SJNFEA011U1591816		
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Parallel Import *	☐ Yes ☒ No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	

IDAC/Workshop Name NATIONAL ASSESSMENT CENTRE IDAC/Workshop Location 51 UBT AVENUE 1 #01-25 PAYA

Windscreen Parts & Labour Cost

Total Loss + ☐ Yes ☒ No

Market Value(\$)

Scrap Value(\$)

Economical Repair Value(\$)

Remark:

REMARK: NO OF REPAIR DAY: 7 DAYS. 1 X PRT GRILLE CHROME Moulding - REPLACE. 1 X PRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - REPLACE. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - REPLACE. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - UNCONFIRM. 1 X ENGINE UNDER COVER - UNCONFIRM. 1 X FRT LH FENDER PROTECTOR - REPLACE. 1 X FRT RH FENDER PROTECTOR - REPLACE. 1 X TURBO AIR COOLER - REPLACE. 2 X AIR CON CONDENSER SIDE GARNISH - REPLACE.

Damage Listing

Find a Part

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BAG	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BLOWER	8	16001001	BUMPER BEAM (FRONT)	1	Replace	X
AIR BOX	9	16008901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	16003201	BUMPER GRILLE (FRONT)	1	Unconfirm	X
AIR CLEANER	11	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR COMPRESSOR	12	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR CON	13	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR CON (VAN)	14	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
AIR COOLER	15	27100101	GRILLE (FRONT)	1	Replace	X
AIR DISTRIBUTOR	16	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR FILTER	17	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR FLOW	18	28500101	HORN (LEFT)	1	Replace	X
AIR GRILLE	19	27700101	HEAD LAMP (LEFT)	1	Replace	X
AIR HORN	20	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR INTAKE	21	149001	BONNET	1	Replace	X
AIR RESONATOR BOX	22	14903401	BONNET LOCK (LOWER)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	149029	BONNET INSULATOR	1	Unconfirm	X
ALARM	24	14902201	BONNET HINGE (LEFT)	1	Replace	X
ALTERNATOR	25	14902202	BONNET HINGE (RIGHT)	1	Replace	X
ALUMINIUM PANEL - SIDE	26	149041	BONNET RUBBER (CENTRE)	1	Unconfirm	X
AMPLIFIER	27	112023	AIR CON CONDENSER	1	Replace	X
ANTENNA	28	344005	RADIATOR COWLING	1	Unconfirm	X
ANTI ROLL	29	344008	RADIATOR FAN	1	Unconfirm	X
APRON	30	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
ARCH	31	34402802	RADIATOR HOSE (TOP)	1	Unconfirm	X
ARM REST	32	110037	AIR CLEANER RESONATOR	1	Unconfirm	X
ASH TRAY	33	25400102	FENDER (FRONT LEFT)	1	Repair	X
AUTO CLUTCH	34	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
AUTO COOLER PIPE	35	25400103	FENDER (FRONT RIGHT)	1	Replace	X
AUTO CRUISE MOTOR	36	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
AUTO TRANSMISSION	37	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
AXLE	38	454009	WIPER PANEL GARNISH	1	Unconfirm	X
BACK REST (MC)	39	23300202	DOOR (FRONT RIGHT)	1	Repair	X
BACK SEAT						
BALANCER						
BATTERY						
BEADING (MC)						
BELT COVER (MC)						
BELT TENSIONER						
BODY						
BODY (MC)						
BOLT CAP (MC)						
BOLT HEAD COVER (MC)						
BONNET						
BOOT						
BOX (MC)						
BOX BRACKET (MC)						
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						
BRACE PANEL						
BRAKE						

Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Friday, 3 August 2018 11:37 AM
To: Hock Wah Motor Pte Ltd
Cc: LKK Paya Ubi
Subject: RE: SLB5943T UNDER OD CLAIM: MT/1005501

Dear Hock Wah

Please tow this vehicle from Idac and revert to your client accordingly as I have try to call at 82836322, but no answers.

Our Ref: MT/CA/OD/051/1005501-001/NHJ

03 Aug 2018

HOCK WAH MOTOR (BEDOK)

BLK 3011 #1

BEDOK INDUSTRIAL PARK E

BEDOK INDUSTRIAL PARK E

SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1005501-001

REPAIR OF VEHICLE NUMBER: SLB5943T

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 Aug 2018

Make: NISSAN

Model: QASHQAI

Estimated Repair Days: 10

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 0.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

Our Ref: MT/CA/OD/051/1005501-001/NHJ

03 Aug 2018

HOCK WAH MOTOR (BEDOK)

BLK 3011 #1

BEDOK INDUSTRIAL PARK E

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Location: NATIONAL ASSESSMENT CENTRE SERVICES

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Benefits Applicable: N/A

Excess Applicable: 0.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

From: Hock Wah Motor Pte Ltd [<mailto:motor@hockwah.com.sg>]

Sent: Friday, 3 August 2018 11:10 AM

To: Ng Hak Joo

Subject: RE: SLB5943T UNDER OD CLAIM: MT/1005501

Dear Hak Joo

We accept the offer \$8000.00 (PBP) as stated.

Thank you.

Best Regards

Mavis Er

Customer Service Executive

Hock Wah Motor Workshop Pte Ltd

Blk 3011 Bedok North Avenue 4 | #01-2008/2010/2012/2014 | Singapore 489977

Tel: 6441 5655 | Fax: 6243 8121 | Website: www.hockwah.com.sg

From: Ng Hak Joo <hakjoo.ng@income.com.sg>

Sent: Friday, 3 August, 2018 10:55 AM

To: Hock Wah Motor Pte Ltd <motor@hockwah.com.sg>

Subject: SLB5943T UNDER OD CLAIM: MT/1005501

Dear Hock Wah

Please revert on the part by part offer of \$8000/-, excess waiver.

Fyi, your workshop has tendered \$8500/-.

Tks

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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: JB5943T Date In: 21/8/18 Time In: 2:30pm with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock Hwa

Collection Date: 3/8/18 Time: 2:30pm with Keys: Yes / No

Tow Truck No: YP6632G Tow Man: Freddy NRIC: S8300048A

Signature: [Signature]

S6604077

For office use

Attended by: _____

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: _____