

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA/18107577

Date In: 2/8/18-14:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC1805088/C24	SAS e-filing		
Vch No: SKD9142M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/8/18-14:00	i-Motor Claim Form	M7/1007946-001	20/8/18 14:54
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Vch No: SLR15087	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

NA 1805298	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Sat. 1:			
Sat. 2 / 3:			

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	20/08/2018 14:31
Date Of Accident	18/08/2018 14:00
Exact Location Of Accident	SLIP RD PUNGGOL WAY TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9142M
Insured/Policyholder	
Name Of Registered Owner	WOON SI XIANG (WEN SIXIANG)
NRIC No	S8328469B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97406939
Alternative Phone No	OFFICE-97406939

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K23Q5 MX
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	5098482346
Cover Note Number	

Driver

Name of Driver	WOON SI XIANG (WEN SIXIANG)
NRIC No	S8328469B
Date Of Birth	06/09/1983
Occupation	INDOOR
Date Of Driving Pass	27/08/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97406939
Fax Number	
Contact Number	OFFICE-97406939
EMail Address	NOEMAIL

Address	130 PUNGGOL WALK #09-13
Postcode	828776
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180818/2131.

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	SLR1508J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MD YUSOFF BIN HUSSAIN
NRIC/Passport Number	S1505764E
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

SHB4528M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHEW KIAN CHENG

NRIC/Passport Number

S0155192B

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.



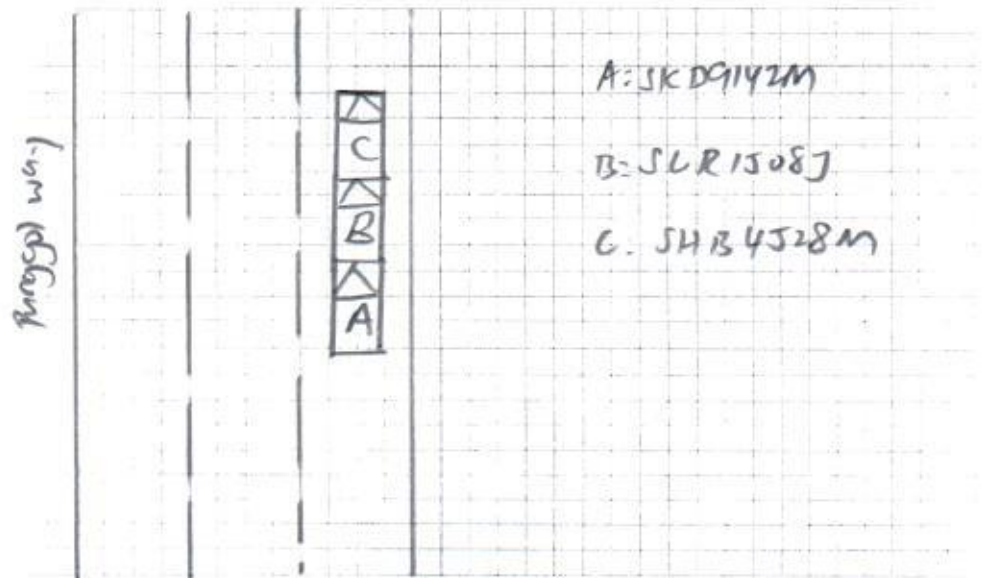
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180818/2131.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 8 / 18) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: Alip Rd Punggol Way, front TPE CPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC D 9142M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5098487346
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private 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: Wong Si Xiang Chen Si Xiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8328409B CONTACT: 92406939
c) ADDRESS: 130 Punggol Way, 13-09-13 (828776)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (6 / 9 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/8/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SLR 15087 MODEL: _____
b) DRIVER'S NAME: Mr Yusoff Bin Hussien
c) NRIC/FIN/PASSPORT: S1505264E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLH 4520M MODEL: _____
e) DRIVER'S NAME: Chew Kian Chang
f) NRIC/FIN/PASSPORT: S0155192B CONTACT: _____

Email = dhgsm@hotmai.com

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20180818/2131

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180818/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2018 18:57	Vide Report No.:	Station Diary No.: 156
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Informant's Particulars

Name of Informant: WOON SI XIANG		Address: 130 PUNGGOL WALK #09-13 SINGAPORE 828776	
ID Type / ID No.: NRIC NO / S8328469B		Contact No.: Home/Office:	Mobile: 97406939
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 06/09/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: IT ENGINEER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/08/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL WAY				
Along Punggol Way slip road into TPE heading towards (PIE)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4528M	Taxi					0
SKD9142M	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1K23Q5 MX	Blue	Slightly Damaged	0
SLR1508J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180818/2131

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180818/2131

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD9142M	NTUC Income Insurance Co-Operative Limited	5098482346	15/03/2018	14/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WOON SI XIANG		ID No. S8328469B
Related Vehicle	SKD9142M (Car)		Contact No. 97406939
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/08/2018 at about 1400hours, I was driving my blue Volkswagen Jetta bearing SKD9142M at along Punggol Way slip road, heading into TPE (PIE), lane 03. I changed to lane 02 and to lane 01 because I wanted to enter TPE. However, after I change to lane 01, I felt impact on the front side of my vehicle. I discovered that I had hit onto one Brown Perodua vehicle bearing SLR1508J which was in front of me and causes the front vehicle to hit onto another Citycab Taxi bearing SHB4528M. One passenger of SLR1508J was injured. Ambulance and police attended to scene. Ambulance conveyed the said passenger to hospital. Police attended to scene with reference to E/20180818/0140.



**SINGAPORE
POLICE FORCE**



T/20180818/2131

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20180818/2131

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 LEE JIN WEI

Signature Of Interpreter:
Not applicable

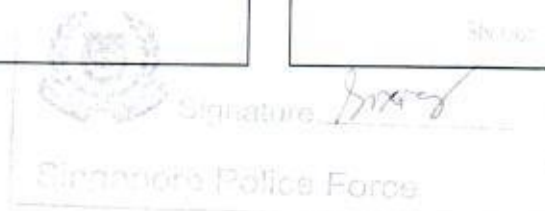
Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/08/2018 18:57

Classification Of Case:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8328469B



WUON SI XIANG
(WEN SIXIANG)

温斯翔

Race:
CHINESE

Date of birth:
06-09-1983

Country/Place of birth:
SINGAPORE

Sex:
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



WUON SI XIANG
(WEN SIXIANG)

Birth Date: 06 Sep 1983

Issue Date: 28 Aug 2003



5283663



NRIC No: S8328469B



Date of issue:
21-03-2014

130 PUNGGOL WALK #09-13
SINGAPORE 828776

NRIC No: S8328469B

Date: 26/11/2016

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

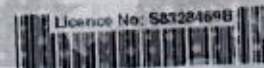
PASS DATE

27 Aug 2003



Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



Licence No: S8328469B

NP 428A

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	18/08/2018 14:00
Vehicle No. (For Motor)	SKD9142M	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5098482346		WOON SI XIANG (WEN SIXIANG)	S8328469B	GPC	drive CLASSIC	SKD9142M	SKD9142M	15/03/2018	14/03/2019

 Policy Information

Policy No.	5098482346	Policyholder Name	WOON SI XIANG (WEN SIXIANG)	Policyholder NRIC	S83284698
Certificate No.					
Address	130 PUNGGOL WALK #09-13 ECOPOLITAN SINGAPORE 828776				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/02/2018	Effective Date	15/03/2018 00:00	Expiry Date	14/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DBS BANK LIMITED	Agent Tel.	67881122	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	130 PUNGGOL WALK	Address 2	#09-13 ECOPOLITAN	Address 3	SINGAPORE 828776
Address 4		Address Type	Singapore address	Post Code	828776
Unit No.		Related Policy Number	5098482346		

 Insured Object: SKD9142M

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

• Exit

Accident MT/1007946

Policy No.	5098482346	Vehicle No.	SKD9142M	GST Registration No.	
Certificate No.					
Policyholder Name	WOON SI XIANG (WEN SIXIANG)	Cover Type	drive CLASSIC	Policyholder NRIC	S83284698
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97406939	Special Remark		Contact No. (Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
eFk	☒ No ☐ Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	20/08/2018 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/08/2018	Time of Accident (h:mm)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PUNGGOL WAY TWOS TRE (PSE)				

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	130 PUNGGOL WALK	Address 2	#09-13 ECOPOLITAN	Address 3	SINGAPORE 828776
Address 4		Address Type	Singapore address	Post Code	828776
Unit No.		Related Policy Number	5098482346		

DI Driver Info

Driver Name	WOON SI XIANG (WEN SIXIANG)	Driver Type	Main Driver	Driver NRIC	S83284698	Driver DOB	06/09/1983
Unnamed driver Name		Driver NRIC	S83284698	Driver Age	34	Driving Experience	14
Register Date of Driver License	27/08/2003	Contact No. (Office)	0	Contact No. (Home)	0		
Contact No. (Mobile)	97406939	Address 1	130 PUNGGOL WALK	Address 2	ECOPOLITAN	Address 3	SINGAPORE 828776
Address 1	130 PUNGGOL WALK	Address 4		Address Type	Singapore address	Post Code	828776
Unit No.	09-13						
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
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Modification History

Claim 001 New

Claim Type *	OD-PO	Insured Name	WOON SI XIANG (WEN SIXIANG)	Insured NRIC	S83284698
Contact No. (Mobile)	97406939	Contact No. (Home)	63865457	Contact No. (Office)	
Email Address	dgama@hotmail.com	DI Vehicle Number	SKD9142M	TP Vehicle Number	SLR1508
Claimant Type Claimant Type *	Please Select	Type of Benefits *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SKD9142M / SLR1508 ON 18 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	20/08/2018 00:00
Date Registered	20/08/2018 14:54	Claim Close Date		OD Excess Collected by Workshop	
Report Taken By	Jackson				
☒ Print AK letter					

Attachment

Accident No. MT/1007946 Claim No. 001

Last Doc Received ☒ Yes ☐ No Upload Date 20/08/2018 14:56

Path *	Category *	Confidential	Urgency *	Description *

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) Govm Property () b) Road Work Object ()
(Eg. signboard, barrier, trees 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 ()

By Assessor- 1) Vehicle Information

Veh No: SKD 9142 M Yr Regn: 15 Sep / 2010

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

Make & Model: VW Jetta 1.4TSI C.C. 1390

Colour: Grey Transmission Type: Auto / Manual

Eng/No: _____ Sp.Reading: 12043

C/No: WVWZZZ1KZAM139295

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: 205 / 55 R16
R: _____

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: 8

D.O.I. 2/8/2018

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 9.20 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. Govm Object () g. Road Work Object ()
- h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
- e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

MOTOR CAR (Frt)

Front Portion

Vehicle No: SKD 9142m

NAC	INC	Item	CON	AC	Qty
1001	991880	Frt Number Plate	MIS	/	
1002	991887	Frt Number Plate Base	CRA	/	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	DD	/	
1005	992341	Frt Bumper Clips	NEC	/	6
1006	991325	Frt Bumper Bracket			2
1007	991462	Frt Bumper Side Retainer	DIS	/	2
1008	991433	Frt Bumper Reinforcement			
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge	CRA	/	
1011	991427	Frt Bumper Protector RH	CUT	/	
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding RH	CRA	/	
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	CRA	/	
1022	991328	Frt Grille Emblem	CRA	/	
1023	991799	Frt Grille Chrome Moulding	CRA	/	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	CRA	/	
1026	992025	Frt Support Panel Top Garnish Cover	CRA	/	
1027	992416	Horn			
1028	991277	Frt Brace Panel	BT	/	
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	BUC	/	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	BT	/	
1036	990285	Bonnet Insulator	BT	/	
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	DD	/	
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator	DD	/	
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			

Claim Handling

Task Transfer Exit

Accident MT/1007946

LOG SAVE SUB

Policy No.	5098462346	Vehicle No.	SKD9142M	GST Registration No.	
Certificate No.					
Policyholder Name	WOON SI XIANG (WEN SIXIANG)			Policyholder NRIC	58328469B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	97406939	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	111
KPK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	20/08/2018 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/08/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	SLIP RD PUNGGOL WAY TWDS TRE (PSE)				
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	130 PUNGGOL WALK	Address 2	#09-13 ECOPOLITAN	Address 3	SINGAPORE 828776
Address 4		Address Type	Singapore address	Post Code	828776
Unit No.		Related Policy Number	5096462346		
OE Driver Info					
Driver Name	WOON SI XIANG (WEN SIXIANG)	Driver Type	Main Driver	Driver DOB	05/09/1983
Unnamed driver Name		Driver NRIC	58328469B	Driving Experience	14
Register Date of Driver License	27/08/2003	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	97406939	Contact No.(Office)	0	Address 3	SINGAPORE 828776
Address 3	130 PUNGGOL WALK	Address 2	ECOPOLITAN	Post Code	828776
Address 4		Address Type	Singapore address		
Unit No.	09-13				
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

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Claim Type	OD-MD	Insured Name	WOON SI XIANG (WEN SIXIANG)	Insured NRIC	58328469B
Contact No.(Mobile)	97406939	Contact No.(Home)	63865457	Contact No.(Office)	
Email Address	digamia@hotmail.com	OT Vehicle Number	SKD9142M	TP Vehicle Number	SLR15083
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claim Description	SKD9142M / SLR15083 ON 18 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	20/08/2018 14:57	Claim Close Date		Date Received	21/08/2018 15:40
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	VOLKSWAGEN	Vehicle Model	JETTA	Engine Capacity	
Date of Registration	15/09/2010	Class No.	WVWZZZ1KZAM130295		
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Parallel Import *	☐ Yes ☒ No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	

WAC/Workshop Name	NATIONAL ASSESSMENT CNTR	IDAC/Workshop Location	51 UBI 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: 8 DAYS. 1 X FRT GRILLE CHROME MOULDING - REPLACE. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1 X AIR CON SUCTION HOSE - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - UNCONFIRM. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM. 1 X FRT WINDSCREEN MOULDING - REPLACE. 1 X TURBOCHARGER AIR HOSE - REPLACE. 1 X FRT RH DOOR OUTER CHROME MOULDING - UNCONFIRM. 2 X AIR CON CONDENSER BOTH SIDES GARNISH - REPLACE.		

☞ **Damage Listing**

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
roof	1	454012	WIPER WASHER TANK	1	Replace	X
Not Applicable	2	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
ABS	3	124001	ALTERNATOR	1	Unconfirm	X
ABSORBER	4	25400103	FENDER (FRONT RIGHT)	1	Replace	X
ACCELERATOR	5	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Replace	X
ACTUATOR	6	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
ADVERTISEMENT STICKER	7	43600102	TYRE (FRONT RIGHT)	1	Unconfirm	X
AIR BAG	8	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	X
AIR BLOWER	9	32200101	NUMBER PLATE (FRONT)	1	Replace	X
AIR BOX	10	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
AIR CHAMBER BOX	11	16000101	BUMPER (FRONT)	1	Replace	X
AIR CLEANER	12	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
AIR COMPRESSOR	13	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	X
AIR CON	14	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Unconfirm	X
AIR CON (VAN)	15	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR COOLER	16	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR DISTRIBUTOR	17	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
AIR FILTER	18	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR FLOW	19	16004602	BUMPER PROTECTOR (FRONT RIGHT)	1	Replace	X
AIR GRILLE	20	16003201	BUMPER GRILLE (FRONT)	1	Unconfirm	X
AIR HORN	21	16004203	BUMPER MOULDING (FRONT RIGHT)	1	Replace	X
AIR INTAKE	22	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR RESONATOR BOX	23	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	24	27100101	GRILLE (FRONT)	1	Replace	X
ALARM	25	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
ALTERNATOR	26	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
ALUMINIUM PANEL - SIDE	27	28500101	HORN (LEFT)	1	Unconfirm	X
AMPLIFIER	28	15600101	BRACE PANEL (FRONT)	1	Replace	X
ANTENNA	29	27700101	HEAD LAMP (LEFT)	1	Unconfirm	X
ANTI ROLL	30	27700102	HEAD LAMP (RIGHT)	1	Replace	X
APRON	31	149001	BONNET	1	Replace	X
ARCH	32	14903401	BONNET LOCK (LOWER)	1	Replace	X
ARM REST	33	149029	BONNET INSULATOR	1	Replace	X
ASH TRAY	34	14902201	BONNET HINGE (LEFT)	1	Replace	X
AUTO CLUTCH	35	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AUTO COOLER PIPE	36	14901301	BONNET DAMPER (LEFT)	1	Unconfirm	X
AUTO CRUISE MOTOR	37	149041	BONNET RUBBER (CENTRE)	1	Unconfirm	X
AUTO TRANSMISSION	38	112023	AIR CON CONDENSER	1	Replace	X
AXLE	39	112060	AIR CON FAN	1	Unconfirm	X
BACK REST (MC)	40	112011	AIR CON COMPRESSOR	1	Unconfirm	X
BACK SEAT	41	344001	RADIATOR	1	Replace	X
BALANCER	42	344005	RADIATOR COWLING	1	Unconfirm	X
BATTERY	43	344008	RADIATOR FAN	1	Unconfirm	X
BEADING (MC)	44	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
BELT COVER (MC)	45	344007	RADIATOR EXPANSION TANK	1	Unconfirm	X
BELT TENSIONER	46	247009	EXHAUST MANIFOLD COVER	1	Unconfirm	X
BODY	47	451020	WINDSCREEN SEALANT	1	Replace	X
BODY (MC)	48	245001	ERP BRACKET	1	Replace	X
BOLT CAP (MC)	49	23300202	DOOR (FRONT RIGHT)	1	Repair	X
BOLT HEAD COVER (MC)						
BONNET						
BOOT						
BOX (MC)						
BOX BRACKET (MC)						
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						
BRACE PANEL						
BRAKE						
BRAKE - ABS						
BRAKE (MC)						
BUMPER						

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 23 August 2018 11:05 AM
To: Chew Goon Motor - Mrs Chew
Cc: LKK Paya Ubi
Subject: MT/1007946-001, VEHICLE NUMBER: SKD9142M

Importance: High

Dear Chew Goon

Please tow this vehicle from Idac and contact owner Mr Woon Si xiang at 97406939 when the vehicle arrived at your workshop to revert on the repair days required, excess \$642.

Our Ref: MT/CA/OD/051/1007946-001/NHJ

23 Aug 2018

CHEW GOON MOTOR

BLK 10 AMK IND PARK 2A AVE 5

#01-15,16&17 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1007946-001

REPAIR OF VEHICLE NUMBER: SKD9142M

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

Award Date: 23 Aug 2018

Make: VOLKSWAGEN

Model: JETTA

Estimated Repair Days: 9

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 Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Low Choo Mee

Senior Manager

Motor Insurance

Thank You

Ng Hak Joo, lata-Uftaa-ltc

Executive

Motor Insurance

T +65 64307890

www.income.com.sg

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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: JKD9142M Date In: 23-08-18 Time In: 16:00 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: CHEW GOON

Collection Date: 23-08-18 Time: 16:00 with Keys: Yes / No

Tow Truck No: YN7337M Tow Man: GOLMUR KEAY NRIC: S18024462

Signature: [Signature] 93847549

For office use

Attended by: Jackson

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____