NATIONAL Assessment Centre Services (Ref: Jan 08) NTUCA418109446

Date In: 23/08/2018 19:35	Job description	Date & Time Completed	Done by
Ref No. NBA/FMC1801553714	SAS e-filing		
Veh No: SKW 9211Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 23/08/2018 10:00	i-Motor Claim Form		
(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: (OPTIMA WERKZ PTE LTD Tel: 64721313 Fax:)

TP Particulars: Veh No: SGH 9945P 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

M0805321

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	23/08/2018 19:35
Date Of Accident	23/08/2018 10:00
Exact Location Of Accident	CHOA CHU KANG AVENUE 2 TOWARDS LOT 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW9211Y
Insured/Policyholder	
Name Of Registered Owner	KOMATHI D/O THANGARAJOO
NRIC No	S1696605C
Email Address	KOMATHIHC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91919044
Alternative Phone No	OFFICE-91919044
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
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	5075766232-02
Cover Note Number	
Driver	
Name of Driver	KOMATHI D/O THANGARAJOO
NRIC No	S1696605C
Date Of Birth	18/07/1965
Occupation	INDOOR
Date Of Driving Pass	08/10/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91919044
Fax Number	
Contact Number	OFFICE-91919044
EMail Address	KOMATHIHC@GMAIL.COM

Address	BLK 319 CHOA CHU KANG AVENUE 3 #18-20
Postcode	689863
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SGH9945P
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR YAO
NRIC/Passport Number	S2572460G
Contact Number	93825166
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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.

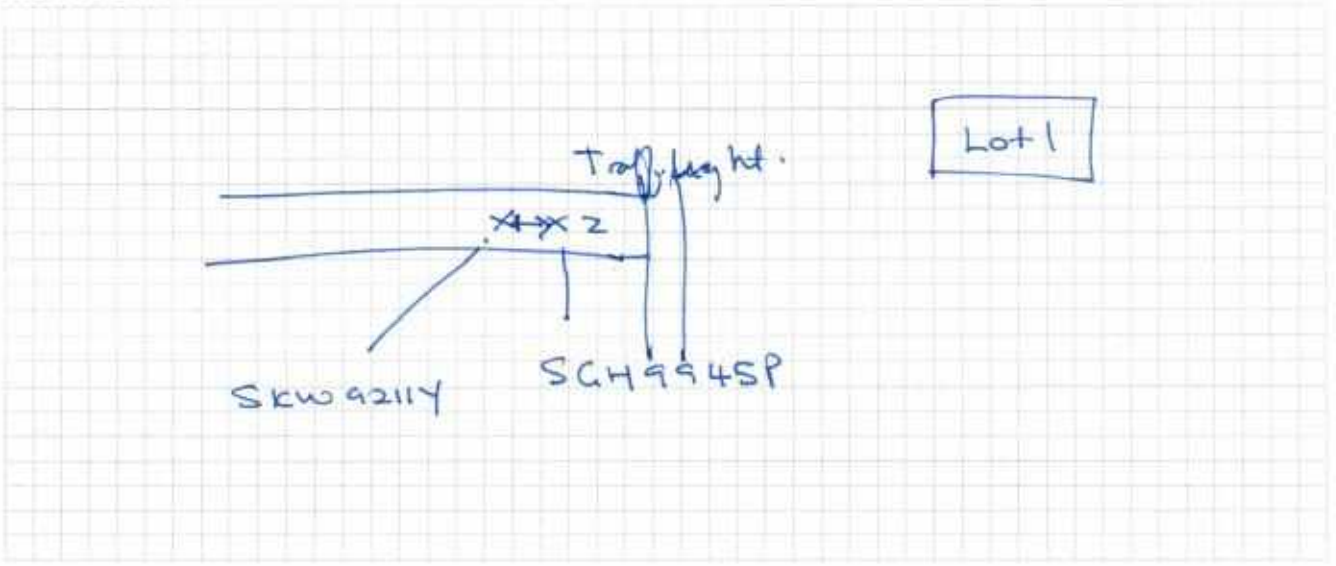
   (e) the information so collected under (d) above may be shared / disclosed:

   (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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 23/8/2018 4.00 pm	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CCK Ave 2 towards Lot 1. I was waiting at ~~the~~ traffic light: When the lights turned green, I moved forward & bumped into the rear of the car SGH 9945P. We inspected the damage and decided to make an insurance report.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 23/8/2018 4-00 pm.	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No:

23/08/2018

Claim Handling

Accident MT/1008588

Policy No.	5075766232-02	Vehicle No.	SKW9211Y	GST Registration No.	
Certificate No.					
Policyholder Name	KOMATHI D/O THANGARAJOO			Policyholder NRIC	S1696605C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91919044	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	x No Yes	TCA	x No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	24/08/2018 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/08/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHOA CHU KANG AVENUE 3 TOWARDS LOT 1				

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		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	319 CHOA CHU KANG AVENUE 3	Address 2	#18-20 MI CASA	Address 3	SINGAPORE 689863
Address 4		Address Type	Singapore address	Post Code	689863
Unit No.		Related Policy Number	5075766232-02		

OI Driver Info

Driver Name	KOMATHI D/O THANGARAJOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1696605C	Driver DOB	18/07/1965
Register Date of Driver License	01/01/2000	Driver Age	53	Driving Experience	18
Contact No.(Mobile)	91919044	Contact No.(Office)		Contact No.(Home)	
Address 1	319 CHOA CHU KANG AVENUE 3	Address 2	#18-20 MI CASA	Address 3	SINGAPORE 689863
Address 4		Address Type	Singapore address	Post Code	689863
Unit No.					
Does he own a Singapore Registered car?	Yes x No	Driver Vehicle No.	SKW9211Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes x No

Modification History

Claim 001 New

Claim Type *	OD-MD	Insured Name	KOMATHI D/O THANGARAJOO	Insured NRIC	S1696
Contact No.(Mobile)	91919044	Contact No. (Home)	67652278	Contact No. (Office)	
Email Address	komathinc@gmail.com	OI Vehicle Number	SKW9211Y	TP Vehicle Number	SGH99
Claim Description	SKW9211Y / SGH9945P ON 23 Aug 2018			Name of Preferred Workshop	Optima
Preferred Workshop	Optima Werkz Pte Ltd is the preferred	Insured Liability	Fully at Fault		
Cancel No Claim Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered			24/08/2018 11:56	Claim Close Date		Date Received	24/08/
Report Taken By			BOSLI WAHAB		
Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1008588	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	24/08/2018 11:58

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	R
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:58	Photos		Normal	Photos 2018-8-24	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:58	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:58	Photos	Normal	Photos 2018-8-24
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:57	Photos	Normal	Photos 2018-8-24
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:56	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:56	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:56	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:56	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 11:56	SAS	Normal	SAS 2018-8-24

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

By Claim Nature of Accident:

1) Vehicle hit Vehicle?

a) Motorcar ( )
b) Motorcycle ( )
c) Bicycle ( )

2) Vehicle hit ??

a) Pedestrian ( )
b) Animal ( )

3) Vehicle hit Road Side Objects:

a) Govn.Property ( ) (Eg. signboard, barrier, traffic cone)
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 ( )

By Assessor- 1) Vehicle Information:

Veh No: SKW9241Y Yr/Regn: X40V. 2015

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

Make & Model: Honda VEZEL 1.5X HYBRID cc: 1496

Colour: MAROON Transmission Type: Auto / Manual

Eng/No: LEB5064446 Sp.Reading: 43102

C/No: RU3111443Y

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

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60 R16
R: 215/60 R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

Parallel Import: Yes / (No)
Repair Type: LS / I.B.I
No of Repair Days:
D.O.I. 23/08/2018

Towed-In: Yes (No)
Towing Required: Yes (No)
Vehicle in Idle: Yes (No)
Time: 1630

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- 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) OSD		
2) ABS		
3) Entire Operation Completed Time:		

Condition (CON):
(0)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Deformed
(08)Rolled (09)Rusted (10)Broken (11)Necessary (12)Missing (13)Torn
(14)Unserviceable (15)Not Working

MOTOR CAR (Frt)

ACTION (AC):
(1)Replace (✓) (2)Repair (R) (3)Check (?)
(4)Not Concerned (NC)

Aug 2004

Vehicle No: SKW 9211 Y

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	SDR	✓	
1002	991887	Frt Number Plate Base	DNS	✓	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	SDR	✓	
1005	992341	Frt Bumper Clips	Rust	✓	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	Rust	✓	2
1008	991433	Frt Bumper Reinforcement		?	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			
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	BR	✓	
1022	991328	Frt Grille Emblem	MRC	✓	
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		?	
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	CRK	✓	
1030	991821	Frt RH Headlamp Assy		?	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
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			
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	Batter/ 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			
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			
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	990029	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			

No of Items: _____ Assessor: _____

original copy

Claim Handling

• Task Transfer • Exit

LOG SAL SUB

Accident MT/1008588

Policy No.	5075766232-02	Vehicle No.	SKW9211Y	GST Registration No.	
Certificate No.					
Policyholder Name	KOMATHI D/O THANGARAJOO			Policyholder NRIC	S1696605C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91919044	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	24/08/2018 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/08/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	CHOA CHU KANG AVENUE 2 TOWARDS LOT 1				

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		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	319 CHOA CHU KANG AVENUE 1	Address 2	#18-20 MI CASA	Address 3	SINGAPORE 689863
Address 4		Address Type	Singapore address	Post Code	689863
Unit No.		Related Policy Number	5075766232-02		

01 Driver Info

Driver Name	KOMATHI D/O THANGARAJOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1696605C	Driver DOB	16/07/1965
Register Date of Driver License	01/01/2000	Driver Age	53	Driving Experience	18
Contact No.(Mobile)	91919044	Contact No.(Office)		Contact No.(Home)	
Address 1	319 CHOA CHU KANG AVENUE 1	Address 2	#18-20 MI CASA	Address 3	SINGAPORE 689863
Address 4		Address Type	Singapore address	Post Code	689863
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKW9211Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Investigation

Claim 001 OD-MD

LOG SAL SUB

Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	KOMATHI D/O THANGARAJOO	Insured NRIC	S1696605C
Contact No.(Mobile)	91919044	Contact No. (Home)	67652278	Contact No. (Office)	
Email Address	komathihc@gmail.com	01 Vehicle Number	SKW9211Y	TP Vehicle Number	SGH9945P
Claim Description	SKW9211Y / SGH9945P ON 23 Aug 2018			Name of Preferred Workshop	Optima Werkz Pte Ltd is the Wai

Preferred Workshop Contact Required	Preferred Workshop	Insured Liability	Fully at Fault
Yes	Repair Option	(refer below)	GIR report	Received
Optima Werkz Pte Ltd				

Date Registered	24/08/2018 12:00	Claim Close Date		Date Received	24/08/2018 11:58
Report Taken By	ROSLI WAHAB	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	HONDA	Vehicle Model	VEZEL	Engine Capcity	
Date of Registration	20/11/2015	Classis No.	RU3111443H		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Parallel Import *	Yes No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	

IDAC/Workshop Name: NATIONAL ASSESSMENT CENTR
IDAC/Workshop Location: 51 UBI AVENUE 1 #01-25 PAYA
Windscreen Parts & Labour Cost:
Total Loss *: Yes / No
Market Value($):
Scrape Value($):
Economical Repair Value($):
Remark:
Remark for Supplementary:

Damage Listing

RA

- PILLION STEP BAR (M/C)
- PISTON
- PITMAN ARM
- PLATE STEP SITTING REAR (M/C)
- PLUG
- POWER STEERING
- POWER TAILGATE
- POWER WINDOW
- PROPELLER
- QUARTER PANEL
- QUARTER WHEELHOUSE
- RADIATOR
  - RADIATOR
  - RADIATOR AIR GRILLE SURROUND
  - RADIATOR BRACKET
  - RADIATOR CAP
  - RADIATOR COWLING
  - RADIATOR CROSS MEMBER
  - RADIATOR EXPANSION TANK
  - RADIATOR FAN
  - RADIATOR FAN BELT
  - RADIATOR FAN BLADE
  - RADIATOR FAN CLUTCH
  - RADIATOR FAN COWLING
  - RADIATOR FAN COWLING - LOWER
  - RADIATOR FAN COWLING - UPPER
  - RADIATOR FAN MOTOR
  - RADIATOR GRILLE
  - RADIATOR GRILLE (INNER)
  - RADIATOR GRILLE (OUTER)
  - RADIATOR GRILLE BRACE PANEL
  - RADIATOR GRILLE EMBLEM
  - RADIATOR GRILLE INNER GARNISH
  - RADIATOR GRILLE OUTER GARNISH
  - RADIATOR GRILLE PANEL
  - RADIATOR GRILLE SIDE RUBBER
  - RADIATOR GRILLE SURROUND
  - RADIATOR GRILLE TOP GARNISH

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
3	16000101	BUMPER (FRONT)	1	Replace	X
4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
8	27100101	GRILLE (FRONT)	1	Replace	X
9	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
10	41300101	SUPPORT PANEL (FRONT)	1	Repair	X
12	41300801	SUPPORT PANEL TOP GARNISH (FRONT)	1	Unconfirm	X
13	27700101	HEAD LAMP (LEFT)	1	Replace	X
14	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	X
15	112023	AIR CON CONDENSER	1	Unconfirm	X
16	344001	RADIATOR	1	Unconfirm	X

Save Submit

ACCIDENT STATEMENT

ACCIDENT DATE: 23/08/2018 (DD/MM/YYYY), TIME: 10:00 (HH:MM) approximate

LOCATION: Choa Chu Kang Ave 2 towards Lot 1

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKW ~~9234Y~~ 9211Y
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 505 507576232-02
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Vezel (Hybrid)
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private
   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: Komathi (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1696607C CONTACT: 91919044
   c) ADDRESS: 319 Choa Chu Kang Ave 3 #18-20 SP 689863
   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER
3. DRIVER (No of passenger (including driver) (1))
   a) NAME: ASABOSKE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (18/1/1965) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR) NIL
   f) DATE OF DRIVING PASS: 17/6/2003 ✓
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear)
   b) ROAD SURFACE: (DRY / WET / OTHERS DRY)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE (No of passenger (including driver) ( ))
   a) VEHICLE NUMBER: SGH9945P MODEL: Mitsubishi Lancer
   b) DRIVER'S NAME: Mr Yap
   c) NRIC/FIN/PASSPORT: S7572460G CONTACT: 93825166.
9. THIRD PARTY VEHICLE (No of passenger (including driver) ( ))
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

OPTIMA WERKZ PTE LTD WARRANTY WORKSHOP
64721313 (CHUA LANG)
Email = komathinc@gmail.com
fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1696605C

Name

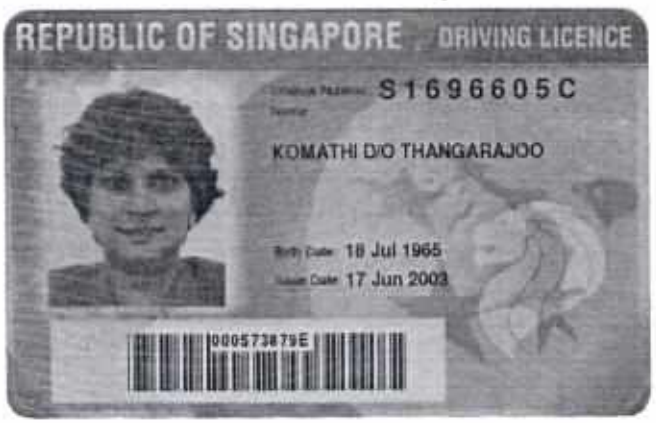
KOMATHI D/O THANGARAJOO

Race
INDIAN

Date of birth
18-07-1965

Sex
F

Country of birth
SINGAPORE



4393287

NRIC No. S1696605C

Date of issue
08-04-2009

APT BLK 319 CHOA CHU KANG AVENUE 3 #18-20
SINGAPORE 689663

NRIC No: S1696605C Date: 21/08/2012 No: 7128000

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Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SKW9211Y
Date of Accident 23/08/2018 10:21
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5075766232-02		KOMATHI D/O THANGARAJOO	S1696605C	GPC	drivo CLASSIC	SKW9211Y	SKW9211Y	20/11/2017	19/11/2018

Continue