NATIONAL Assessment Centre	Services por conto	MINH 11811 3365.		
Date In: 1/9/18 10:56	Jeb description	Date & Time Completed	Don	e by
Rel No. MA / INC 180 15965 144.	SAS c-liling			
Veh No. SLY 32 09 M	E-mail (within 5hrs, AIC 2)	urs)		554
DOA 119118 09:40.	i-Motor Claim Form	MT/1009801-00/	3/9/18	12:08.
	i-Motor W/O (Within: 0	AND THE STREET STREET STREET		
OD TP / Peporting Only	i-Photo Uploaded			
	Assessment/Survey Rep	ort		
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (WATER STREET	Tel: F	ax:)
TP Particulars: Veh No: 51	U83135. IN	C()/Non-INC()		
Owner / Driver: (Tcl.)	
Policy No: () Period	1: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N	0-20%; P: 21-79%. F: \$0-1	00%]	
Year of Registration: () Wa	rranty: YES () / NO	()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks:-			22.0	
() Walk-In Customar : Customer's information	ation strictly Confidential	& Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer I	JRGENTLY.	, and the state of		
Drive-In () / Towed-In (); Invoice: Y	ES () / NO (;	; Towing Co. ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/ Cour	rtesy Car ()	· · · · · · · · · · · · · · · · · · ·	(a. 157 a. d. 150 a.	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()			W Constitution
Injury:				
injury:		·		
Date/Fime Actions		Manager and records the service of the service of	\$500 CHEST	-
		•		-
	1			
		2.4	Ant (S)	Amt (1)
MA	180608+	Preparation Checklist	ивш	AddBill
Claimant's Particulars:	5 April 19 A	ident Reporting (\$30); nege Assessment (\$100); INC (\$8	30.00	
Driver/Owner:	3) TF : Tow	ing Fee . \$40	/\$45 \$120	
Contact No:	5) FT : Foll	ow-Through Survey (Resurvey)	\$30	
	Por clain 6) TR : Re-	ing seainst INC Only (wef 10 Jan 2005)	\$75	
Damaged Portion:	7) N1 : Idao	DA + SMRT Survey	\$160	
	S) NTUC A	dditional Services		
QC Checked by (Engr-In-Charge):	*N5: Cor	orlesy Car / Tpt Allowance	510 10.00	
Anditors' Comments:	* N7: Fos	air Co-ordination I Repair Inspection	\$25	
Anditors' Comments:	Which is the second of the sec	/ Collect Excess Coordination : TP (Non INC) against INC	\$20	
Burge Mona	9) N12: Ide	n Mobile	30	PATRICK APPL
2at. 2 / 3;	Invaice data		MARIE GIA	

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.

	ACCIDENT STATEMENT
Date Of Report	01/09/2018 10:56
Date Of Accident	01/09/2018 09:40
Exact Location Of Accident	PIE TWDS CHANGI BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE STATE OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV3209M
Insured/Policyholder	
Name Of Registered Owner	TEO JIA HAO
NRIC No	S9141463E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90103803
Alternative Phone No	OFFICE-90103803
Vehicle Particulars	
	TOVOTA

Manufacturer TOYOTA

Model C-HR HYBRID 1.8G CVT

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 5096890546

Cover Note Number -

Driver

 Name of Driver
 TEO JIA HAO

 NRIC No
 \$9141463E

 Date Of Birth
 06/11/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 22/10/2015

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90103803

Fax Number

Contact Number OFFICE-90103803

EMail Address NOEMAIL

BLK 940 JURONG WEST ST 91 #03-441 Address

Postcode 640940

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

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CHANGI BEFORE EUNOS EXIT, I WAS ON THE FIRST, WHEN THE CAR INFRONT OF ME SUDDENLY BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH COLLIDED ONTO THE VEH REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLU8313S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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 .:

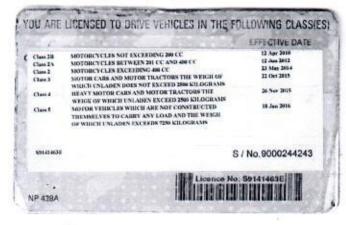
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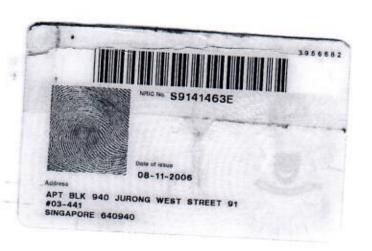
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech				A Part of the Part						Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			No. of Concession, Name of		The second second	• Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	No.				Date	of Accident		01/09/2018	10:55	
	Vehicle	No.(For Motor)	SLV32	09M		Cert	ificate Numbe	er			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	80	5096890546		TEO JIA HAO	S9141463E	GPC	drivo CLASSIC	SLV3209M	SLV3209M	27/12/2017	26/12/2018
					3	Continue	1				

Claim Handling

Accident MT/1009801							
Policy No.	5096890546	Vehicle No.	SLV3209M		GST Regist	ration No.	
Certificate No.							
olicyholder Name	TEO JIA HAO				Policyholde	r NRIC	S9141-
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0
Contact No.(Mobile)	90103803	Contact No.(Office)			Contact No	.(Home)	
Email Address		Special Remark			eCode		No *
KFK	+ No Yes	TCA	No Yes		eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	0		Private Hir	e	No
leport Date	03/09/2018 12:04	Accident Report Within 24 hrs	Yes		Accident T	уре	Collisio
Date of Accident	01/09/2018	Time of Accident hh:mm	09:40		Country of	Accident	Singapi
Reporting Centre		Orange Force			ICM No.		
Accident Location	PIE TWDS CHANGI BEFORE EUNOS EXIT						
♥ Excess							
Own damage Excess	600.00	Additional Excess	0		Windscree	n 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							
	tion						
SST Registered.	No		GST Registr	ration Date			
SST Registration No.			GST Status	Verified		Yes	
fodification History							
Policyholder Mailing Add	The Secretary of the Secretary	2000000		coper			emen.
Address 1	BLK 940 #03-441	Address 2	JURONG WEST STR	EET 91	Address 3		SINGA 64094
Address 4		Address Type	Singapore address		Post Code		040341
Unit No.	03-441	Related Policy Number	5096890546				
OI Driver Info							
Driver Name	TEO JIA HAO (ZHANG JIAHAO)	Driver Type	Main Driver		Driver DO	9	06/11/
Unnamed driver Name		Driver NR3C	59141463E		Driving Ex		2
Register Date of Driver License	22/10/2015	Driver Age	26		Contact N		15
Contact No.(Mobile)	90103803	Contact No.(Office)		atom & a	Address 3		SINGA
Address 1	BLK 940 #03-441	Address 2	JURONG WEST STR	EET 91			
Address 4		Address Type	Singapore address		Post Code		640940
Unit No.	03-441						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Ins	urer Company	
Declaration Breathalyser or Blood Test	25/0.800	2-110222004	Mar In No.				
Reading?	0 mg	Any injury?	Yes No				
Modification History							
Claim 001 New							
A Manager Association				f] Insured	Fra va una	
Claim Type *				OD-MD	Insured Name	TEO JIA HAO	
Contact No.(Mobile)				90103803	Contact No.	NIL	
COMPANY OF A PROPERTY OF A PARTY				01:	(Home) 01		
Email Address				TEOJIAHA091@GMAIL.COM	Vehicle Number	SLV3209M	
Claim Description				SLV3209M / SLU8313S ON 1 S	Sept 2018		
Preferred	The state of the s						
Workshop 0 Bonuer No. Yes	Preference Liability Fully at Fai		ed v	17			
1 management	Repair income to assign work Option	shop report report		03/09/2018 12:06	Claim		
Date Registered				Common and	Date		
Report Taken By				LIEW SHAN HUI			
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Attachment							
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	MTH 000R01	Claim No.		001			
Accident No.	MT/1009801	Country (to)		0.000			

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Display in New Window Scan and uploading

File Name

Photos

Normal

Uploaded By/Date

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Sep 2018 12:07

Folder Date

Photos 2018-9-3

Source

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ASSECTION OF RECEIVED

tty (150). Nature of Accidents				By Assessing DA chiefe Information
ty Vehicle ful Vehicle	2) Vehicle hit 27			VAID SLV 3209 M 1100 27 Dec 2017
and Address of A	of Pedestian	Ü		Lyp (M.Car) M.Cyclo / Bies / Van / Lony / Last/ Prime Moser /
hylMeyele ()	D) Aumal	U		Miles Hale Toyota C-HR Hybrid 1797
a J Dacycles I J				MARCHANT Toyota C-HR Hybrid 1797
3) Vehicle hit Boad Side Objects				Colon White transmission type (Sid) / Manual
at Govern to perty. ()	h) Road What Object	()	EngAlo Sp.Residing (310)
flag addressed banks, necessors	 Private Property 	V)	ZYX 102022866
4) Vehicle drop into drain		Ü)	tion Cond Good / Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering Gorder / Jammed / Leaked / Burnt or
a) Fallett Object (-)	(a) Elocal	(Y	BraLe: Search L. Jammed L'Ecaked / Burnt or
c) Other,				Modi: Nil S/Rim / STD A/Rim or
5) Parked & Found Damaged:				Tym Size F: 225 50 12 18
a) Vandalism ()	b) 14c by Moving Object	(ý	R
7) Theff Case				BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found when recovered	()	TOYO / YOKO or
over.				R/Bal. 7 mm R/Bal mm
8) Fire	C. P. J. V			1001 7 1001 7
a) Whilst driving ()	b) Parked)	L/Bat / mm L/Bat / mm
9) Accident date more than 24hrs		V)	Parallel Import (eg) / No Towed In Yes / No
5) Accident date more than 2-this		3.4.	J	Repair Type: LS / LB.F. Towing Required Ves No.
Remarks for internal information				No of Repair Days: 6 Vehicle in Idac Ces) No
resimilar is meanin manning				1101 3/9/2018 TIME 9,35 GM
				2/1/2010
				By Assessor- 2) Comments
				Damages not due to recent accident
				2) Damages do not seem hit onto:
Remarks to appear in Works Order	& Assessment report			a Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
1) Potential Total Loss ()				e.Animal () LGovm Object () g.Road Work Object ()
2) SRS Light on ()				In Private Property () i Drain () j.Road Keib/Grass, Verge ()
3) ÅBS Light on ()				 Vehicle does not seem damaged as a result of:
				a.Eallen.Object() b.Flood() c.Vandalism() d.Eire()
				e:Moving Object () T.Stolen () g.Stolen & Recovered ()
				Mess Crutial Transcript

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Time completed

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CrEater Cycrania Competed Hay

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1001	991886	Frt Number Plate	MI		400
002	991887	Frt Number Plate Base		-	
1003	991889	Frt Number Plate Gernish	CRA	1.6	
1004	991300	Frt Bumper	CRI		1
1.005	992341	Frt Bumper Clips	CRI		,
1006	991325	Frt Bumper Bracket	ME	4	0
1007	991462	Frt Bumper Side Retainer	187.2		12
1008	991431	Frt Bumper Reinforcement	015	-	12
1009	991318	Frt Bumper Beam	5	-	
1010	991468	Frt Bumper Sponge	DI,	1	
1011	991427	Fit Bumper Protector	CRA	-	
1012	001420	E + D Lotsciol			
1013	001262	Fit Bumper Lange Grille .	CRA	1	
1014	221202	Frt Bumper Grille	(R)	1	1
1015	391301	Prt Bumper Moulding	7-37		
The second second	991407	Fit Bumper Lower Side Garnish		17	
1016	3.5 14 3.00	rit Dumber Sensor		17	
017	995100	Frt LH Bumper Fog Lamp Cover		15	
018	331222	Frt RH Bumper Fog Lamp Cover		17	
1019	222012	FIT LH Bumper Fog Lamp	1	7	
020	995080	Frt RH Bumper For Lamp	1	-	-
021	991793	Frt Grille	4RA	È	
022	991328	Frt Grille Emblem	00	1	
023	991799	Frt Grille Chrome Moulding	- 4		
024	9912221	Frt Apron Panel	-	-	111
025	992013	Frt Support Panel	12-4	-	-
026	992025	Frt Support Panel Ton Garnish Course	DIC		
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028	991277	Frt Brace Panel	pr		
029	995153	rt LH Headlamp Assy	21	5	
030	991821 F	rt RH Headlamp Assy		-	
031	995088	rt LH Side Lamp	-	16	
032	995089 B	rt RH Side Lamp	-		
033	990248 E	Sonnet	-		
034	991328	Bonnet Emblem	1300	-	
035	990287 E	Sonnet Lock	100		
	990285 E	Bonnet Insulator	RI	5	
03.7	990273 E	Bonnet Hinge	Pos	1	_
038	990261 E	Bonnet Damper	15.1	-	1
039	990305 E	Sonnet Rubber	-		-
040 5	990252 E	Bonnet Cable	-		_
041 3	990311 E	Sonnet Stand			
042 0	990119 4	Air Con Condenser	27.00		
043 5	990122 4	ir Con Fan Assy	BI	1	
044 9	90134 4	vir Con Suprior Di			
045 5	19011214	ur Con Suction Pipe (Low Pressure) ur Con Suction Hose		3	
046 5	000133 4	to Con Suction Flose			
047 5	1001141A	ir Con Discharge Pipe (High Pressure)		3	
048 9	00140 4	ir Con Discharge Hose			
049 9	0505.614	ir Con Liquid Pipe	1	1	
	90111 A	ir Con Receiver Drier			
	0520 A	ir Con Compressor Assy ir Con Belt			
52 9	95074 R	it con Bell			
	02720 0	ediator		0	-
	00010 D	adiator Cowling		2	1
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	94/45 R	sdiator Fan Clutch	1	0	
20 9	92758 R	idiator Hose Top		3	-1
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61 99	0056 A	r Cleaner Hose		2	
62 99	10080 L	r Cleaner Resonator			1
63 99	1713 6	Exhaust Manifold			
	1719 12	Canada Manifold			
05 99	17053 6	Exhaust Manifold Cover	M. 107		
	1711	Exhaust Wenifold Sensor (Oxygen)			
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6 99 7 99	0219 Ba	1074 y			
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35 995182 Frt LH Seat Belt Assu	1	
35 995182 Frt LH Seat Belt Assis		
36 990247 Sticker		1
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		1

Policy No.	5096890546	Vehicle No.	SLV3209M		GST Registration 1	No.	
ertificate No.	3030030340	a courte ster	320371		GOT NEGISTRADAY	***	
olicyholder Name	TEO JIA HAO				Policyholder NRIC	5914	1463E
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0	01162
ontact No.(Mobile)	90103803	Contact No.(Office)			Contact No.(Home		
mail Address		Special Remark			eCode	No	•
rk	« No Yes	TCA	* No Yes		eCode Reason	Lincoln	- 1 3
ICD Protection	No	NCD Entitlement(%)	0		Private Hire	No	
Accident Details							
leport Date	03/09/2018 12:04	Accident Report Within 24	Yes		Accident Type	Collis	ion - Head to Rear
Tate of Accident		hrs					
	01/09/2018	Time of Accident hh:mm	09:40		Country of Accide	nt Singa	spore
Leporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No		ICM No.		
Accident Location	PIE TWDS CHANGI BEFORE EUNOS	EXIT					
♥ Excess	1.63039		12			- 7000	
Own damage Excess	600.00	Additional Excess	0		Windscreen Exces	s 100.0	00
Jnnamed Driver Excess	0.00	Outside Singapore OD Excess		600,00			
Third Party Excess	0.00	Outside Singapore TP Excess		0.00			
♥ Benefits		A STATE OF THE PARTY OF THE PAR					
♥ GST Registered Infor	mation						
ST Registered	No		GST Registra	tion Date			
ST Registration No.	COME.		GST Status		Yes		
lodification History							
Policyholder Mailing	Address						
Address 1	BLK 940 #03-441	Address 2	JURONG WEST STR	EET 91	Address 3	SING	SAPORE 640940
Address 4		Address Type	Singapore address		Post Code	6409	40
Unit No.	03-441	Related Policy Number	5096890546				
▽ OI Driver Info							
Oriver Name	TEO JIA HAO (ZHANG JIAHAO)	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S9141463E		Driver DOB	06/1	1/1991
Register Date of Driver	22/10/2015	Driver Age	26		Driving Experience	e 2	
Ucense Contact No.(Mobile)	90103603	Contact No.(Office)			Contact No.(Home	**	
Address 1	BLK 940 #03-441	Address 2	JURONG WEST STR	FET 91	Address 3		APORE 640940
Address 4	1418/117/00/14/170	Address Type	Singapore address		Post Code	6409	
Unit No.	03-441	and the Control of the				A 1.4-0	
Does he own a Singapore		Driver Vehicle No.			Dalam Income Con	2000	
Registered car?	Yes + No	Driver venicle No.			Driver Insurer Cor	mpany	
▽ Declaration							
Breathalyser or Blood Test	0 mg	Anu lature 2	Vor - No				
Reading?	u mg	Any injury?	Ves » No				
fodification History							
✓ Investigation							
Claim 001 OD-MD							
	Tan Siew Choo						LOS SAL
Claim Type	. (OD-MD	Insured Name	TEO JIA HAO	Ins	sured NRIC	S9141463E
Contact No.(Mobile)	39	90103803	Contact No. (Home)	NIL		ntact No. ffice)	
Email Address		TEOJIAHAO91@GMAIL.COM	OI Vehicle Number		(255)	vehicle Number	SIUR313S
Claim Description				2017		me of Preferred	
		SLV3209M / SLU8313S ON 1 Sept 2	6010		Wit	orkshop	
SHAME	red income to Insured Fully at assign report Resolved						
Malisation Option	worksnop	2220022040-42-00-	Claim Class Dat			to Paretural	02/00/2010 00:00
Date Registered		03/09/2018 12:08	Claim Close Date Workshop			te Received tal Loss but	03/09/2018 00:00
Report Taken By	9	JEW SHAN HUE	Repairer		Re	paired	
* Print AK letter					Co	Excess flected by	
Comments (State of Co.					Wo	orkshop	
Rodification History							
odification History							

Remarks

damage assessment Attachment

hicle Make	TOYOTA	Vehicle Model	C-HR	Engine Capcity	
ste of egistration	27/12/2017	Classis No.	ZYX102022866		
wing quired *	* Yes 😑 No	Vehicle in IDAC *	● Yes □ No	Parallel Import *	● Yes ○ No
e of Tender	Own Damage	Assessor Name *	SIMON	Survey Current Status	
AC/Workshop me	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	S1 UBI AVENUE 1 #01-25 PAYA		
ndscreen ts & Labour st		Total Loss •	⊕ Yes ● No		
rket ue(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

Remark for Supplementary

a Part	No.	Part No.	Description	Qty •	Repair Code *	
noof	1	32200101	NUMBER PLATE (FRONT)	1	Replace	
Not Applicable ABS		32200201	NUMBER PLATE BASE (FRONT)		Replace	
ABSORBER	16					
ACCELERATOR	3	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	*
ACTUATOR	4	16000101	BUMPER (FRONT)	1	Replace	•
ADVERTISEMENT STICKER	5	16002401	BUMPER CLIPS (FRONT)	6	Replace	•
AIR BAG	6	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	*
AIR BLOWER AIR BOX	- 2		0	1		
AIR CHAMBER BOX		16001302	BUMPER BRACKET (FRONT RIGHT)		Unconfirm	
AIR CLEANER	8	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	*
AIR COMPRESSOR	9	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	7.
AIR CON	10	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	*
AIR CON (VAN)	11	16001001	BUMPER BEAM (FRONT)		Replace	•
AIR COOLER				A		
AIR DISTRIBUTOR	12	16005901	BUMPER SPONGE (FRONT)	1	Replace	2
AR FLIER AR FLOW	13	16003201	BUMPER GRILLE (FRONT)	1	Replace	7.
AR GRILLE	14	16005501	BUMPER SENSOR (FRONT)	1	Unconfirm	*
AIR HORN	15	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)		Unconfirm	*
AIR INTAKE				t		
AIR RESONATOR BOX	16	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	
AIR THROTTLE BODY AND SENSOR	17	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	*
ALARM	18	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	*
ALTERNATOR ALUMINIUM PANEL - SIDE	19	27100101	GRILLE (FRONT)	1	Replace	*
AMPLIFIER	20	27100801	GRILLE EMBLEM (FRONT)		Replace	*
ANTENNA					Production of the Production o	-
ANTIROLL	21	41300101	SUPPORT PANEL (FRONT)	1	Replace	•
APRON	22	15600101	BRACE PANEL (FRONT)	1	Replace	*
ARCH	23	27700101	HEAD LAMP (LEFT)	1	Unconfirm	*
ARM REST	24	27700102	HEAD LAMP (RIGHT)		Unconfirm	*
ASH TRAY			AND COMPANY OF THE PARTY OF THE		Control of the Contro	
AUTO CLUTCH AUTO COOLER PIPE	25	149001	BONNET	1	Replace	
AUTO CRUISE MOTOR	56	14903401	BONNET LOCK (LOWER)	1	Replace	*
AUTO TRANSMISSION	27	149029	BONNET INSULATOR	1	Unconfirm	*
AXLE	28	14902201	BONNET HINGE (LEFT)	1	Replace	*
BACK REST (M/C)	29	14902202	BONNET HINGE (RIGHT)	1	Replace	*
BACK SEAT				1		*
BALANCER BATTERY	30	112023	AIR CON CONDENSER		Replace	
BEADING (M/C)	31	112044	AIR CON DISCHARGE PIPE	1	Unconfirm	•
BELT COVER (M/C)	32	344001	RADIATOR	1	Unconfirm	*
BELT TENSIONER	33	344005	RADIATOR COWLING	1	Unconfirm	*
BODY	34	344008	RADIATOR FAN		Unconfirm	*
BODY (M/C)						
BOLT CAP (M/C)	35	344011	RADIATOR FAN CLUTCH	1	Unconfirm	*
BOLT HEAD POUED MAY	36	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	*
	37	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	*
	38	454009	WIPER PANEL GARNISH	1	Unconfirm	*



Vehicle Check-In

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 No: SLV 3209 M	Date In:	Time In:	with Keys: Yes / No
		For Office	e use
		Attended b	y:
Workshop Collection of Vehicle			
Workshop: Bodyfix			
Collection Date: 4/9/18 Tow Truck No: YN4668C	Time: _/7/S	with Keys: Yes/N	10
Tow Truck No: YN4668C	_ Tow Man:Ba	andon NR	IC: 592408956
Signature:	9325 4	336	
For office use			
Attended by: POSKINDA		Approved	by:
Workshop Return of Vehicle			
Workshop:			
Returned Date:	Time:	with Key: Yes / N	О
* Tow In / Drive In Tow Man / Workshop Representative:		NRIG	c:
Signature:		For office	use
		Attended b	y:
Owner Collection of Vehicle			
Collection Date:	Time:	with Key: Yes / N	o
Owner:	NRIC	>:	
Signature:			
For office use		70	
Attended by:		Approv	ed by:

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>

Sent: Tuesday, 4 September 2018 11:27 AM

To: NAC ; AutoPoint

Subject: SLV3209M, OD claim no : MT/1009801

Importance: High

Dear IDAC and Autopoint,

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

Dear AutoPoint,

OD excess of \$600/- is applicable, pls assist to liaise with owner Mr Teo at tel: 90103803.

Survey required and you have to arrange personally at mtsurvey@income.com.sg

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

Regards.

Tan Siew Choo

Senior Executive Motor Insurance T+65 6430 7882 www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.





Our Ref: MT/CA/OD/051/1009801-001/TSC

04 Sep 2018

AMK AUTOPOINT PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A

#01-22 AMK AUTOPOINT SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1009801-001

REPAIR OF VEHICLE NUMBER: SLV3209M

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

follows:

Award Date: 04 Sep 2018

Make: TOYOTA

Model: C-HR

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.

Yours sincerely Low Choo Mee Senior Manager Motor Insurance

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