

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA11818357

Date In: 3/9/18-11:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18016003/1624	SAS e-filing		
Veh No: JK7301A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 21/3/18-19:20	i-Motor Claim Form	MT/1009851-001	3/9/18 14:37
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: JK7301A 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

NA 1805634	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		fit Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	6) TR : Re-inspection \$75			
Dat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
Dat. 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TE (N11) : TP (N: a INC) against INC \$20			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	03/09/2018 11:11
Date Of Accident	31/08/2018 19:00
Exact Location Of Accident	E COAST RD BESIDE BUS STOP: 92149
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6286M
Insured/Policyholder	
Name Of Registered Owner	YEO CHOON SENG GERARD
NRIC No	S1483139H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96388056
Alternative Phone No	OFFICE-96388056

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.4L
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	5090747171-01
Cover Note Number	

Driver

Name of Driver	YEO CHOON SENG GERARD
NRIC No	S1483139H
Date Of Birth	18/04/1961
Occupation	INDOOR
Date Of Driving Pass	08/12/1982
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388056
Fax Number	
Contact Number	OFFICE-96388056
EMail Address	NOEMAIL

Address	BLK 230D TAMPINES STREET 24 #09-55
Postcode	527230
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	WET

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?	
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 E COAST RD. SUDDENLY VEHICLE B JAMMED BRAKE OF HER VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT701A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOW PEH ER
NRIC/Passport Number	S1611701C
Contact Number	93895924
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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 Person's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1483139H**

Name: **YEO CHOON SENG GERARD**

Birth Date: **18 Apr 1961**

Issue Date: **23 Aug 2011**

0019938770



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1483139H**

YEO CHOON SENG GERARD

楊春生

CHINESE

Date of Birth: **18-04-1961**

Gender: **M**

Country of Birth: **SINGAPORE**



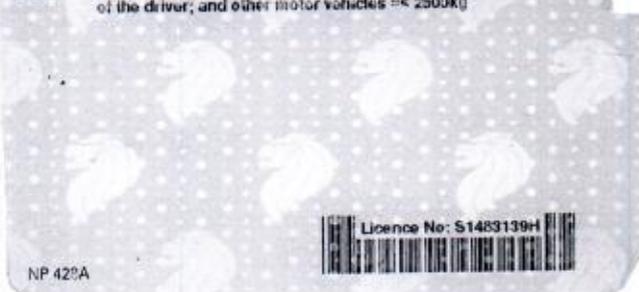
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 08 Dec 1982

NP 420A

Licence No: S1483139H



17004

S1483139H

18-02-1994

B+

Address

APT BLK 230D TAMPINES STREET 24
#09-55
SINGAPORE 1852




Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090747171-D1		YEO CHOON SENG GERARD	S1483139H	GPC	drive CLASSIC	SKP6286M	SKP6286M	12/05/2018	11/05/2019

Continue

Policy Information

Policy No.	5090747171-01	Policyholder Name	YEO CHOON SENG GERARD	Policyholder NRIC	S1483139H
Certificate No.					
Address	BLK 230-D #09-55 TAMPINES STREET 24 SINGAPORE 527230				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/05/2018	Effective Date	12/05/2018 00:00	Expiry Date	11/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 230D #09-55	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 527230
Address 4		Address Type	Singapore address	Post Code	527230
Unit No.	09-55	Related Policy Number	5090747171-01		

Insured Object: SKP6286M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident MT/1009851

Policy No.	5090747171-01	Vehicle No.	SKP6286M	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHOON SENG GERARD	Cover Type	drive CLASSIC	Policyholder NRIC	S1483139H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96388056	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFN	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	03/09/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2018	Time of Accident h:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	E COAST RD BESIDE BUS STOP: 92149				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage		Sum Insured	9999999.99
Excess Waiver			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 230D #09-55	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 527230
Address 4		Address Type	Singapore address	Post Code	527230
Unit No.	09-55	Related Policy Number	5090747171-01		

Q1 Driver Info

Driver Name	YEO CHOON SENG GERARD	Driver Type	Main Driver	Driver DOB	18/04/1961
Unnamed driver Name		Driver NRIC	S1483139H	Driving Experience	35
Register Date of Driver License	08/12/1982	Driver Age	57	Contact No. (Home)	0
Contact No. (Mobile)	96388056	Contact No. (Office)	0	Address 3	SINGAPORE 527230
Address 1	BLK 2300	Address 2	TAMPINES STREET 24	Post Code	527230
Address 4		Address Type	Singapore address		
Unit No.	09-55				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	DD-MD	Insured Name	YEO CHOON SENG GERARD	Insured NRIC	S1483139H	
Contact No. (Mobile)	96388056	Contact No. (Home)	57874989	Contact No. (Office)		
Email Address	gerardyeo@yahoo.com.sg	Ol Vehicle Number	SKP6286M	TP Vehicle Number	SKT701A	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SKP6286M / SKT701A ON 31 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	03/09/2018 00:00	
Date Registered	03/09/2018 14:37	Claim Close Date				
Report Taken By	Jackson			OD Excess Collected by Workshop		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1009851	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/09/2018 14:44

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Uploaded By/Date	Folder Date	File Name	?	Source	Action
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ANNEXURE (B)

COE Expiry Date = 11 May 2023

By CSO: Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Pedestrian ()
 - b) Bicycle ()
 - c) Bicycle ()
- 2) Vehicle hit:
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Object:
 - a) Govt Property ()
 - 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: **SKP 6286 M** Date: **12 May 2018**
 Type: **MC** / MCycle / Bus / Van / Lorry / Taxi / Tractor / Mower / Scooter / Truck / Trailer or
 Make & Model: **Honda Accord 2.4L 2354**
 Colour: **White** Transmission Type: **Auto** / Manual
 Engine: **208249**
 Chassis: **MRHCP26308PO22083**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Good** / Jammed / Leaked / Burnt
 Brake: **Good** / Jammed / Leaked / Burnt
 Mod: **Nil** / R/Rim / STD A/Rim or
 Tyre Size: **F: 225/50 R17**
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Continental**
 Front: **6** mm Rear: **6**
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 Parallel Import: Yes **No** Towed In: Yes / No
 Repair Type: **CS** / I.B.I Towing Required: **Yes** / No
 No. of Repair Days: **6** Vehicle in Use: **Yes** / No
 D.O.I: **3/9/2018** Time: **4.35pm**

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) Govt 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

1950

1955

2) Latent condition to report of time

Claim Handling

Task Transfer Exit

Accident MT/1009851

LOS SAL SUB

Policy No.	5090747171-01	Vehicle No.	SKP6286M	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHOON SENG GERARD	Cover Type	drive CLASSIC	Policyholder NRIC	S1483139H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96388056	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	03/09/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	E COAST RD BESIDE BUS STOP: 92149				

Excess

Own Damage Excess		0.00	Additional Excess		0	Windscreen Excess	100.00
Unnamed Driver Excess		0.00	Outside Singapore OD Excess		0.00		
Third Party Excess		0.00	Outside Singapore TP Excess		0.00		
Excess Type			Windscreen Excess		100.00		
Total Excess Applicable							
All Claims Excess							
YEO All Claim Excess			Driver is Covered?				
Total All Claim Excess Applicable							
OD Standard Excess			TP Standard Excess				
YEO OD Excess			YEO TP Excess			Driver is Covered?	
Additional Excess		0.00	Total TP Excess Applicable				
Total OD Excess Applicable							

Benefits

Coverage	Sum Insured
Excess Waiver	9999999.99

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 230D #09-55	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 527230
Address 4		Address Type	Singapore address	Post Code	527230
Unit No.	09-55	Related Policy Number	5090747171-01		

OI Driver Info

Driver Name	YEO CHOON SENG GERARD	Driver Type	Main Driver	Driver DOB	18/04/1961
Unnamed driver Name		Driver NRIC	S1483139H	Driving Experience	35
Register Date of Driver License	08/12/1982	Driver Age	57	Contact No. (Home)	0
Contact No. (Mobile)	96388056	Contact No. (Office)	0	Address 3	SINGAPORE 527230
Address 1	BLK 230D	Address 2	TAMPINES STREET 24	Post Code	527230
Address 4		Address Type	Singapore address		
Unit No.	09-55	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	YEO CHOON SENG GERARD	Insured NRIC	S1483139H
Contact No. (Mobile)	96388056	Contact No. (Home)	67874969	Contact No. (Office)	
Email Address	gerardyeo@yahoo.com.sg	OI Vehicle Number	SKP6286M	TP Vehicle Number	SKT701A
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SKP6286M / SKT701A ON 31 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	03/09/2018 14:45	Claim Close Date		Date Received	04/09/2018 09:34
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> 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	ACCORD	Engine Capacity	
Date of Registration	12/05/2008	Class No.	MRHCD26308R020083	Parallel Import *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towing Required *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle in IDAC *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	SIMON		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Market Value(\$)		Scrap Value(\$)		Economical Repair Value(\$)	

Remark

REMARK: NO OF REPAIR DAY: 6 DAYS. 1 X FRT GRILLE CHROME MOULDING - UNCONFIRM. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - UNCONFIRM. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - REPLACE.

Remark for Supplementary

Damage Listing

No.	Part No.	Description	Qty *	Repair Code *	
1	16000101	BUMPER (FRONT)	1	Replace	X
2	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
3	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
4	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
5	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
6	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
7	16005501	BUMPER SENSOR (FRONT)	1	Unconfirm	X
8	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
9	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
10	27100101	GRILLE (FRONT)	1	Replace	X
11	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
12	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
13	15600101	BRACE PANEL (FRONT)	1	Replace	X
14	27700101	HEAD LAMP (LEFT)	1	Unconfirm	X
15	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	X
16	149001	BONNET	1	Replace	X
17	14903401	BONNET LOCK (LOWER)	1	Replace	X
18	149029	BONNET INSULATOR	1	Replace	X
19	14902201	BONNET HINGE (LEFT)	1	Replace	X
20	14902202	BONNET HINGE (RIGHT)	1	Replace	X
21	14901301	BONNET DAMPER (LEFT)	1	Unconfirm	X
22	149041	BONNET RUBBER (CENTRE)	1	Replace	X
23	112023	AIR CON CONDENSER	1	Replace	X
24	112050	AIR CON FAN	1	Unconfirm	X
25	344001	RADIATOR	1	Unconfirm	X
26	344005	RADIATOR COWLING	1	Unconfirm	X
27	344008	RADIATOR FAN	1	Unconfirm	X
28	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
29	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
30	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X

Save Submit



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SKP 6286 m Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: CYS

Collection Date: 4-9-18 Time: 1600 with Keys: Yes / No

Tow Truck No: Ym 6079U Tow Man: Edwin NRIC: 56831673/A

Signature: [Signature] 87215822

For office use

Attended by: ROSLINDA

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

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

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

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

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Tuesday, 4 September 2018 2:49 PM
To: NAC ; CYS Automobile Services Pte Ltd; CYS Auto-Wee Sin
Subject: SKP6286M, OD claim no : MT/1009851

Importance: High

Dear IDAC and CYS Automobile,

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

Dear CYS Automobile,

OD excess waiver (Classic Plan with excess waiver only).

No survey required only for this repair works.

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.
Find out more at income.com.sg/careers

In with you

Our Ref: MT/CA/OD/051/1009851-001/TSC
04 Sep 2018
CYS AUTOMOBILE SERVICES PTE LTD
38 WOODLANDS INDUSTRIAL PARK EAST 1 ADMIRALTY IND. PARK
#07-17
SINGAPORE 757700

Dear Sir

CLAIM NUMBER: MT/1009851-001
REPAIR OF VEHICLE NUMBER: SKP6286M

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: HONDA

Model: ACCORD

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Excess Waiver

Excess Applicable: 0.00

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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