

NATIONAL Assessment Centre Services

(Ref: 2012)

NA/1806074

Date In: 24/09/2018 12:42	Job description	Date & Time Completed	Done by
Ref No: NA/1806074	SAS e-filing		
Veh No: SR 975	E-mail (within 3hrs, Aft 2hrs)		
D.O.A: 22/09/2018 10:35	i-Motor Claim Form	NR/10/2756-001	24/09/2018 16:25
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		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: PT 8527T

INC () / Non-INC ()

Tel:

Owner / Driver: (

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/1806074

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100);	INC (\$10)	
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: Idno DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N'n INC) against INC	\$20	
9) N12: Idno Mobile	\$0	
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	24/09/2018 12:42
Date Of Accident	22/09/2018 10:35
Exact Location Of Accident	TPE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR97J
Insured/Policyholder	
Name Of Registered Owner	CHIA SHU YEE
NRIC No	S7039193G
Email Address	JESMOND7@HOPTMAIL.COM
Mobile Phone No	(LOCAL) +65-96775565
Alternative Phone No	OTHERS-96775565

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I45
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	5086221888-01
Cover Note Number	

Driver

Name of Driver	CHIA SHU YEE
NRIC No	S7039193G
Date Of Birth	07/11/1970
Occupation	INDOOR
Date Of Driving Pass	20/06/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96775565
Fax Number	
Contact Number	OTHERS-96775565
Email Address	JESMOND7@HOPTMAIL.COM

Address	143 PASIR RIS GROVE #08-59
Postcode	518136
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180922/2098

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	FT8527T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMED KHAIRUDIN BIN SALEH
NRIC/Passport Number	S8436322G
Contact Number	91872743
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**.
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:

24/9/2018
11.20am.

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

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

24/09/2018
Rashid Hassan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/9/2018, 10.35AM. I was travelling at TPE towards panggol. There was a chain collision in front of me involving 5 cars. I applied E brake and turn to the left to avoid the collision. However, I was hit by a oncoming motorcyclist. His motorcycle only have minor damage (pic attached). My car left front door was all dented and left signal light fly off. No one was injured during the collision.

DECLARATION

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

Policyholder's Signature

Date & Time:

24/9/2018

11.40 AM.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/09/2018
Rashid Wani



SINGAPORE POLICE FORCE



T/20180922/2098

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180922/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 15:01		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: CHIA SHU YEE		Address: 143 PASIR RIS GROVE #08-59 SINGAPORE 518136		
ID Type / ID No.: NRIC NO / S7039193G		Contact No.: Home/Office: Mobile: 96775565		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 07/11/1970	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/09/2018 10:35	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE towards Punggol				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT8527T	Motorcycle					0
SLR97J	Car	HYUNDAI	I45 2.0 AT ABS D/AB SR	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR97J	NTUC Income Insurance Co-Operative Limited	5086221888-01	13/01/2018	12/01/2019



**SINGAPORE
POLICE FORCE**



T/20180922/2098

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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180922/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD KHAIRUDIN BIN SALEH	ID No.	S8436322G
Related Vehicle	FT8527T (Motorcycle)	Contact No.	91872743
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIA SHU YEE	ID No.	S7039193G
Related Vehicle	SLR97J (Car)	Contact No.	96775565
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 22/09/2018 at about 1035hrs, I was travelling in my vehicle bearing the plate number SLR97J on TPE towards Punggol on the first lane. There was a chain collision in front of me and I turn to the left to lane 2 to avoid the collision and was hit onto a oncoming motorcyclist bearing the plate number FT8527T. My vehicle left side mirror came off and there is a dent on my left passenger door. The motorcycle suffered minor damage, only the right side signal light came off. No one was injured during the collision. No traffic police or ambulance at scene. I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20180922/2098

3 of 3

Report No. T/20180922/2098

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:

G /

Sgt 2 MUHAMMAD SYAZWAN BIN SHAIBANI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/09/2018 15:01

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE



FT8527T
Mohamad Khairudin Bin Saleh

[Signature] 24/09/2018

Accident NT/1012756

Modification History

Claim	DOI	How
1	10/10/2017	10/10/2017
2	10/10/2017	10/10/2017
3	10/10/2017	10/10/2017
4	10/10/2017	10/10/2017
5	10/10/2017	10/10/2017
6	10/10/2017	10/10/2017
7	10/10/2017	10/10/2017
8	10/10/2017	10/10/2017
9	10/10/2017	10/10/2017
10	10/10/2017	10/10/2017
11	10/10/2017	10/10/2017
12	10/10/2017	10/10/2017
13	10/10/2017	10/10/2017
14	10/10/2017	10/10/2017
15	10/10/2017	10/10/2017
16	10/10/2017	10/10/2017
17	10/10/2017	10/10/2017
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82	10/10/2017	10/10/2017
83	10/10/2017	10/10/2017
84	10/10/2017	10/10/2017
85	10/10/2017	10/10/2017
86	10/10/2017	10/10/2017
87	10/10/	

Claim Type *	DD-MD		Insured Name	CHIA SHU YEE	Insured NRIC	S7028
Contact No. (Mobile)	86775568		Contact No. (Home)	85835789	Contact No. (Office)	83682
Email Address	yesmond7@hotmail.com		Ol	SLR971	TP	PT852
Claim Description	SLR971 / PT852TT ON 22 Sept 2018		Vehicle Number		Vehicle Number	
Preferred Workshop			Insured Liability	Polly at Fault	Name of Preferred Workshop	
Excess No. Finalisation	Yes	Insured Repair Option	Income to assign workshop	GIA report	Received	
Date Registered	24/09/2018 16:24		Claim Close Date		Date Received	24/09/2018
Report Taken By	ROSLI WANAS					

Print AK letter

DD Excess Collected by Workshop

Attachment

[illegible]

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAPI_0006760 NATIONAL ASSESSMENT CENTRE SERVICE	9/BUKIT MERAPI/10.24 Rev 2018.14.25	Photos	Normal	Photos 2018-4-24

[illegible]

▼ Video List

Uploaded By/Date	Folder Data	File Name	Source
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☐ Display in New Window

Scan and indexing

ASSIGNMENT (100-100-01)

By Assessor- 1) Vehicle Information

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ? ☐
- a) Motorcycle ☐ b) Pedestrian ☐
- c) Bicycle ☐ d) Animal ☐
- 3) Vehicle hit Road Side Objects:
- a) Govt. Property ☐ b) Road Work Object ☐
- (Ex: signposts, barriers, 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 ☐

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

Vehicle: SLR 977 No. Reg: 129070

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

Make & Model: Hyundai 145 2.0 cc

Colour: Black Transmission Type: Auto / Manual

Eng. No.: G4NADA235315 Sp. Reading: 578

C/Nr: KMHCUY1AMKA578231

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

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40 2R18

R: 225/40 2R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: 6 mm Rear: 6 mm

R/Bal. 6 mm L/Bal. 6 mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I. Towing Required: Yes / No

No of Repair Days: 5 Vehicle in Idac: Yes / No

D.O.I. 24/09/2018 Time: 1300

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

1) CSO

2) ABS

3) Entire Operation Completed Time:

Vehicle No:

SLR 975

NAC	INC	Item	CON	AC	Qty
1350	993201	Rear RH Door			
1351	993284	Rear RH Door Protector			
1352	995307	Rear RH Door Hinge			
1353	993228	Rear RH Door Garnish			
1354	993278	Rear RH Door Glass Outer Moulding			
1355	993231	Rear RH Door Glass Inner Moulding			
1356	993229	Rear RH Door Glass			
1357	993289	Rear RH Door Glass Regulator			
1358	993240	Rear RH Door Glass Regulator Motor			
1359	993294	Rear RH Door Rubber			
1360	993276	Rear RH Door Outer Handle			
1361	993251	Rear RH Door Inner Handle			
1362	993261	Rear RH Door Lock			
1363	993256	Rear RH Door Inner Trim Board			
1364	993218	Rear RH Door Checker			
1365	993230	Rear RH Door Glass Channel			
1366	993242	Rear RH Door Glass Triangle Garnish			
1367	993285	Rear RH Door 1/4 Glass			
1368	993288	Rear RH Door 1/4 Glass Rubber			
1369	993287	Rear RH Door 1/4 Glass Pillar			
1370	993306	Rear RH Door Step Garnish			
1371	993309	Rear RH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1141	992958	Rear Bumper			
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer			
1149	993045	Rear Bumper Reinforcement			
1151	993077	Rear Bumper Sponge			
1153	993040	Rear Bumper Protector			
1155	993026	Rear Bumper Moulding			
1157	993023	Rear Bumper Lower Spoiler			
1166	995116	Rear RH Taillamp			
1228	993456	Rear RH Fender			
1229	993450	Rear RH Fender Protector			
1136	990247	Sticker			
		POWELL FRT RH RM			see p. 4

ASSESSOR: _____

Claim Handling

Task Transfer Exit

Accident MT/1012756

LOS MAL SUB

Policy No.	5086221888-01	Vehicle No.	SLR977	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA SHU YEE			Policyholder NRIC	57039193G
Product Code	PRIVATE CAR (INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96775565	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes No Yes	TCA	Yes No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	24/09/2018 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/09/2018	Time of Accident hh:mm	10:35	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	THE TOWARDS PUNGGOL				

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 Data	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	143 PASIR RIS GROVE	Address 2	#06-59 D'NEST	Address 3	SINGAPORE 518136
Address 4		Address Type	Singapore address	Post Code	518136
Unit No.		Related Policy Number	5086221888-01		

OI Driver Info

Driver Name	CHIA SHU YEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7039193G	Driver DOB	07/11/1970
Register Date of Driver License	20/06/1991	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	96775565	Contact No.(Office)		Contact No.(Home)	
Address 1	143 PASIR RIS GROVE	Address 2	#06-59 D'NEST	Address 3	SINGAPORE 518136
Address 4		Address Type	Singapore address	Post Code	518136
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLR977	Driver Insurer Company	NTUC

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

LOS MAL SUB

Claim Type	OD-MD	Insured Name	CHIA SHU YEE	Insured NRIC	57039193G
Contact No.(Mobile)	96775565	Contact No. (Home)	65835789	Contact No. (Office)	63682945
Email Address	jesmond7@hotmail.com	OI Vehicle Number	SLR977	TP Vehicle Number	FT8527T
Claim Description	SLR977 / FT8527T ON 22 Sept 2018			Name of Preferred Workshop	
Preferred Workshop	Preferred Repair Option	Income to assign workshop	Insured at report	Fully at Repair	
Date Registered	24/09/2018 16:26	Claim Close Date		Date Received	24/09/2018 00:00
Report Taken By	RDSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	HYUNDAI	Vehicle Model	i45	Engine Capacity	
Date of Registration	13/02/2013	Class No.	KMHED41AMEA378231		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Foreign Import *	Yes No
Type of Tender	Own Damage	Assessor Name *	RDSLI WAHAB	Survey Current Status	

9/24/2018

Claim Handling (damage assessment Claim Task MT/1012756 / Claim 001 OD-MD)

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR

IDAC/Workshop Location

SI UBI AVENUE 1 #01-25 PAYA

Windscreen
Parts & Labour
Cost
Market
Value(\$)

Total Loss *

☐ Yes * ☐ No

Scrap Value(\$)

Economical Repair Value(\$)

Remark

Remark for
Supplementary

▼ Damage Listing

	No.	Part No.	Description	Qty *	Repair Code *	
TYRE	1	23300202	DOOR (FRONT RIGHT)	1	Replace	X
TYRE JACK	3	23303002	DOOR HINGE (BOTTOM) (FRONT RIGHT)	1	Unconfirm	X
TYRE JACK HOLDER	5	23306702	DOOR VIEW MIRROR (FRONT RIGHT)	1	Replace	X
TYRE (MIC)	6	23302002	DOOR GLASS (FRONT RIGHT)	1	Unconfirm	X
UNDER BRACKET (MIC)	7	23302402	DOOR GLASS REGULATOR (FRONT RIGHT)	1	Unconfirm	X
UPPER ARM	8	23302502	DOOR GLASS REGULATOR MOTOR (FRONT RIGHT)	1	Unconfirm	X
UTILITY TRAY	9	23306102	DOOR RUBBER (FRONT RIGHT)	1	Replace	X
VALVE	10	23301202	DOOR INNER LOCK (FRONT RIGHT)	1	Unconfirm	X
VENTILATOR	11	23302302	DOOR GLASS PILLAR (FRONT RIGHT)	1	Replace	X
WASHER TANK	12	25400103	FENDER (FRONT RIGHT)	1	Replace	X
WATER JACKET	13	149001	BONNET	1	Repair	X
WATER PLUG	14	448014	WHEEL RIM	1	Unconfirm	X
WATER PUMP						
WEEKEND PLATE SEAL						
WHEEL						
WHEEL ARCH						
WHEEL ARCH MOULDING						
WHEEL ARCH PANEL						
WHEEL ARCH PROTECTOR						
WHEEL BEARING						
WHEEL CYLINDER						
WHEEL DISC BACKPLATE						
WHEEL HOUSE PANEL						
WHEEL HUB						
WHEEL HUB BEARING						
WHEEL HUB CAP						
WHEEL HUB OIL SEAL						
WHEEL NUT						
WHEEL RIM						
WHEEL STUD						
WHEEL AXLE (MIC)						
WINDOW						
WINDSCREEN						
WINDSCREEN SHIELD (MIC)						
WING MIRROR						
WIPER						

Save Submit

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Tuesday, 25 September, 2018 2:16 PM
To: AMKAUTOPOINT
Cc: rsbm; LKK Paya Ubi
Subject: MT/1012756-001, VEHICLE NUMBER: SLR97J

Dear Autopoint

Please liaise with owner Mr Chia Shu Yee at 96775565 by today as the vehicle is with him, excess \$642.

Our Ref: MT/CA/OD/051/1012756-001/NHJ

25 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/1012756-001

REPAIR OF VEHICLE NUMBER: SLR97J

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

Award Date: 25 Sep 2018

Make: HYUNDAI

Model: i 45

Estimated Repair Days: 4

Location: NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)

Address: BLK 1007 #1 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE INDUSTRIAL ESTATE SINGAPORE 159721

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, Iata-Uftaa-Itc

Executive

Motor Insurance

T+65 64307890

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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 22/09/2008 (DD/MM/YYYY), TIME: 10:35 (HH:MM)

LOCATION: TPE Tawarwa pua ppa1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8CR97J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 508622/888-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI / i45
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Normal Travelling
 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: Chia Shu Yee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7039193/G CONTACT: 96775565
 c) ADDRESS: 143 Pasir Ris Road
#08-59 #518136

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chia Shu Yee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7039193/G CONTACT: 96775565
 c) ADDRESS: 143 Pasir Ris Road
#08-59 #518136

* d) DATE OF BIRTH: 07/11/1970 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 26/5/2004

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)

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: Pasir Ris NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FT 8527T MODEL: _____
 b) DRIVER'S NAME: Mohamad Khairudin bin Saleh
 c) NRIC/FIN/PASSPORT: 98426322G CONTACT: 91872743

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = jedmond7@hotmail.com

VIDEO =



CHIA SHU YEE

谢祖煜

Race

CHINESE

Date of Birth

07-11-1970

Sex

M

Country of Birth

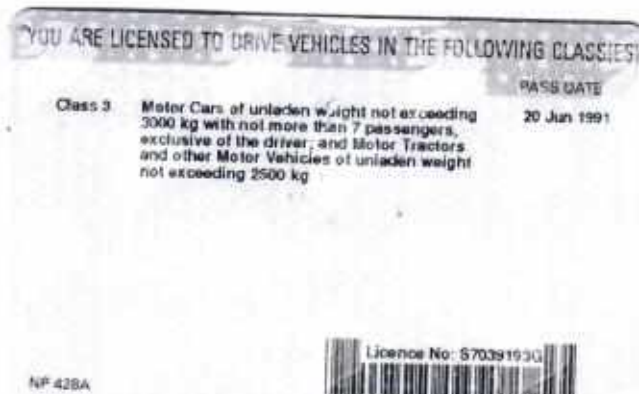
SINGAPORE



143 PASIR RIS GROVE #08-59
SINGAPORE 518136

NRIC No: S7039193G

Date: 03/01/2019



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5086221888-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLR97J**
Chassis Number : KMHEC41AMEA578231
2. Name of Policyholder : CHIA SHU YEE
3. Effective Date of Insurance : 13 Jan 2018
4. Expiry Date of Insurance : 12 Jan 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIA SHU YEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : YONG LEE SENG MOTOR PTE LTD (00000613109)
Date of Issue : 05 Jan 2018 16:50 hrs
Reprint : 05 Jan 2018 16:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive