

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

MAA418127651

Date In: 02/10/2018 12:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/801802/4	E-mail (within 8hrs, AIG 2hrs):		
Veh No: SLH 8895 Y	i-Motor Claim Form	MT/1013999-00	02/10/2018
D.O.A: 01/10/2018 01:30	i-Motor W/O (Within: OI 2hrs, TP 4hrs)		15:31
☒ TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: OPTIMA WAREZ PIRE LTD	Tel: 64721313	Fax:
TP Particulars:	Veh No: —	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

MAA41806241 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Ref 1: Ref 2/3:	Invoice Preparation Checklist 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) RT: 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:- OI* • 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 date: / / Fee Charged:	Am't (\$) 1st Bill Am't (\$) Add Bill
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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	02/10/2018 12:34
Date Of Accident	01/10/2018 01:30
Exact Location Of Accident	ORCHARD TOWER CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8895Y
Insured/Policyholder	
Name Of Registered Owner	LEE KIM YIN JAMES
NRIC No	S1811035J
Email Address	JAMES.LEE@ECS.COM.SG
Mobile Phone No	(LOCAL) +65-98150529
Alternative Phone No	OTHERS-98150529

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5086082103-01
Cover Note Number	

Driver

Name of Driver	LEE KIM YIN JAMES
NRIC No	S1811035J
Date Of Birth	05/09/1967
Occupation	INDOOR
Date Of Driving Pass	08/03/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98150529
Fax Number	
Contact Number	OTHERS-98150529
EMail Address	JAMES.LEE@ECS.COM.SG

Address	32 TOH TUCK CLOSE
Postcode	596992
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

2/10/18
1150 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/10/18
1150 am

Reporting Centre Personnel's Signature

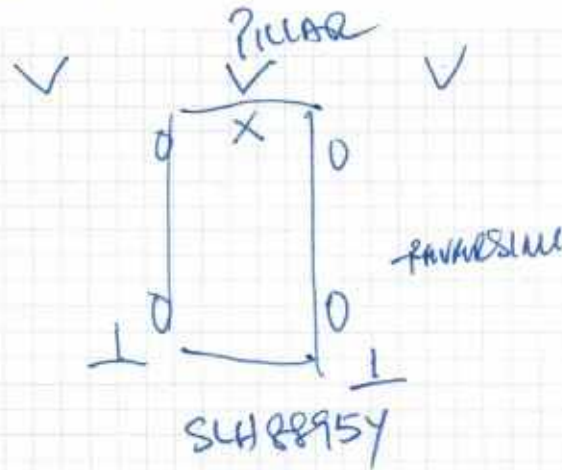
Name:

NRIC/FIN No.:

02/10/2018
Keshi Wathan

SKETCH PLAN

ORCHARD TOWER CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILST PARKING (REVERSING), ACCIDENTALLY
KNOCKED AGAINST A PROTRUDING PILLAR.

THIS CAUSED THE DAMAGE.

DECLARATION

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

Policyholder's Signature

Date & Time:

2/10/18
1150am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/10/18
1150am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/10/2018
Rafiqi Uthman

Claim Handling

Accident HT/1013999

Policy No.	5086082103-01	Vehicle No.	SLH8895Y	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KIM YIN JAMES			Policyholder NRIC	S18110352
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	94366671	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	02/10/2018 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	01/10/2018	Time of Accident hh:mm	01:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHARD TOWER CARPARK				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
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	32 TOH TUCK CLOSE	Address 2	SINGAPORE 596992	Address 3	
Address 4		Address Type	Singapore address	Post Code	596992
Unit No.		Related Policy Number	5086082103-01		

OT Driver Info

Driver Name	LEE KIM YIN JAMES	Driver Type	Main Driver	Driver DOB	05/09/1967
Unnamed Driver Name		Driver NRIC	S18110352	Driving Experience	2
Register Date of Driver License	06/03/2016	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	94366671	Contact No.(Office)		Contact No.(Home)	
Address 1	32 TOH TUCK CLOSE	Address 2	SINGAPORE 596992	Address 3	
Address 4		Address Type	Singapore address	Post Code	596992
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLH8895Y	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification history

Claim 001 **New**

Claim Type *	OD-MD *	Insured Name	LEE KIM YIN JAMES	Insured NRIC	S18110352
Contact No.(Mobile)	94366671	Contact No.(Home)	84567239	Contact No.(Office)	825996
Email Address	jamesky1@singnet.com.sg	TP		Vehicle Number	
Claim Description	SLH8895Y / - ON 1 Oct 2018				
Preferred Workshop		Insured Liability	Fully at Fault *	GIA report	Pending *
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below) *	Claim Close Date	02/10/2018 15:28
Date Registered				Date Received	02/10/2018
Report Taken By					
Print AK letter					CO Excess Collected by Workshop
Save Submit					

Attachment

Accident No.	HT/1013999	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	02/10/2018 15:31		
Path *					
Choose File	No file chosen	Clear	Please Select *		
Choose File	No file chosen	Clear	Please Select *		
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Choose File	No file chosen	Clear	Please Select *		
Choose File	No file chosen	Clear	Please Select *		
Choose File	No file chosen	Clear	Please Select *		
Message Read		Clear	Please Select *		
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	File
NAC_BUKIT_MERAH_9006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 15:31		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 02 Oct 2018 15:31

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Photos

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Photos 2018-10-2

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)

By CSO - Nature of Accident

- 1) Vehicle hit Vehicle:
 - a) Motorcycle ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ?
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govt. Property ()
(Eg: signboard, banner, tree etc)
 - 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 ()

Remarks for internal information

OPZIMA PROTECTANT WARRANTY WORKSHOP

Remarks to appear in Works Order & Assessment report

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

By Assessor - 1) Vehicle Information

Vehicle: SLH 888 Y Regn: Nov 2016
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime-Mover / Truck / Trailer or
 Make & Model: Toyota Harrier 2004 1986
 Colour: BLACK Transmission Type: Auto / Manual
 EngNo: 32R3912998 Sp. Reading: 70866
 C/Nr: 25460092289
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/65 R17
 R: 225/65 R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MID / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front: 3 mm R/Bal. 3 mm
 L/Bal. 3 mm L/Bal. 3 mm

Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: 7 Vehicle in Idac: Yes / No
 D.O.I. 02/10/2018 Time: 1200

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:

1)Ident 2)Deleted 3)Minor 4)Accident 5)Car 6)Insurance
 7)Defective 8)Damaged 9)Battered 10)Broken 11)Scratches
 12)Missing 13)Torn 14)Confirmed 15)Not Working

MOTORCAR (Rear)

1)Ident 2)Deleted 3)Minor 4)Accident 5)Car 6)Insurance
 7)Defective 8)Damaged 9)Battered 10)Broken 11)Scratches
 12)Missing 13)Torn 14)Confirmed 15)Not Working

Vehicle No:

SLH 88951

Rear Portion

NAC	INC	Item	CON	AC	QTY
1137	993626	Rear Number Plate	79		
1138	993627	Rear Number Plate Base			
1139	993630	Rear Number Plate Garnish	82		
1140	993632	Rear Number Plate Lamp			
1141	992958	Rear Bumper	151		
1142	993085	Rear Bumper Upper			
1143	993017	Rear Bumper Lower			
1144	993054	Rear Bumper Side			
1145	993103	Rear Bumper Tow Cover			
1146	992341	Rear Bumper Clips	442		
1147	992976	Rear Bumper Bracket			
1148	993008	Rear Bumper Side Retainer	442		
1149	993045	Rear Bumper Reinforcement	151		
1150	992970	Rear Bumper Beam			
1151	993077	Rear Bumper Sponge			
1152	992999	Rear Bumper Damper			
1153	993040	Rear Bumper Protector			
1154	993036	Rear Bumper Pad			
1155	993026	Rear Bumper Moulding			
1156	993044	Rear Bumper Reflector			
1157	993023	Rear Bumper Lower Spoiler			
1158	994023	Reverse Sensor			
1159	993327	Rear End Panel	151		
1160	993339	Rear End Panel Top Garnish			
1161	993333	Rear End Panel Inner Trim			
1162	990333	Boot Compartment Inner Trim			
1163	993851	Rear LH Taillamp			
1164	993853	Rear LH Taillamp Garnish			
1165	993859	Rear LH Taillamp Panel			
1166	995116	Rear RH Taillamp			
1167	993853	Rear RH Taillamp Garnish			
1168	993859	Rear RH Taillamp Panel			
1169	993554	Rear Apron Panel			
1170	992895	Bootlid			
1171	991328	Bootlid Emblem			
1172	990356	Bootlid Handle			
1173	995250	Bootlid Moulding			
1174	990376	Bootlid Reflector			
1175	995222	Bootlid Lamp LH			
1176	992899	Bootlid Lamp RH			
1177	995243	Bootlid Lock			
1178	990377	Bootlid Rubber			
1179	990382	Bootlid Hinge			
1180	993877	Bootlid Spoiler			
1181	994543	Tailgate	442		
1182	991328	Tailgate Emblem			
1183	994643	Tailgate Outer Handle			
1184	994640	Tailgate Moulding			
1185	994545	Tailgate Garnish			
1186	994648	Tailgate Reflector			
1187	994549	Tailgate Lamp			
1188	994646	Tailgate Protector			
1189	994676	Tailgate Wiper Arm			
1190	994677	Tailgate Wiper Blade			
1191	994679	Tailgate Wiper Nozzle			
1192	994555	Tailgate Wiper Motor			
1193	994602	Tailgate Glass			
1194	994606	Tailgate Glass Rubber			
1195	994604	Tailgate Glass Moulding			
1196	994607	Tailgate Glass Sealant			
1197	994629	Tailgate Lock			
1198	994651	Tailgate Rubber			
1199	994611	Tailgate Hinge			
1200	994594	Tailgate Damper			
1201	994613	Tailgate Inner Board			

NAC	INC	Item	CON	AC	QTY
1202	993784	Spare Tyre Board			
1203	994328	Spare Tyre Panel			
1204	995065	Spare Tyre			
1205	994326	Spare Tyre Lock Screw			
1206	993787	Spare Tyre Cover			
1207	995323	Triangle Breakdown Sign			
1208	990507	CD Changer Assy			
1209	990164	Antenna			
1210	990534	Centre Exhaust Pipe Assy			
1211	990532	Centre Exhaust Mounting			
1212	993364	Rear Exhaust Pipe			
1213	993357	Rear Exhaust Chrome Pipe			
1214	993361	Rear Exhaust Mounting			
1215	993358	Rear Exhaust Heat Shield			
1216	995223	Rear LH Chassis Member			
1217	993165	Rear RH Chassis Member			
1218	993436	Rear LH Fender			
1219	993449	Rear LH Fender Protector			
1220	993420	Rear LH Fender Inner Panel			
1221	993431	Rear LH Fender Inner Trim			
1222	993415	Rear LH Fender Inner Shield			
1223	993425	Rear LH Fender Inner Shield			
1224	993621	Rear LH Mudflap			
1225	993933	Rear LH Wheel Rim			
1226	994025	Rear LH Rim Cover			
1227	995065	Rear LH Tyre			
1228	993456	Rear RH Fender			
1229	993450	Rear RH Fender Protector			
1230	993420	Rear RH Fender Inner Panel			
1231	993431	Rear RH Fender Inner Trim			
1232	993415	Rear RH Fender Inner Garnish			
1233	993425	Rear RH Fender Inner Shield			
1234	993622	Rear RH Mudflap			
1235	993934	Rear RH Wheel Rim			
1236	994025	Rear RH Rim Cover			
1237	995065	Rear RH Tyre			
1238	995162	Rear Fender Extension Panel LH			
1239	993401	Rear Fender Extension Panel RH			
1240	993430	Rear Fender Inner Top Garnish			
1241	993673	Rear Fender 1/4 Glass			
1242	993452	Rear Fender 1/4 Glass Rubber			
1243	993453	Rear Fender 1/4 Glass Sealant			
1244	993949	Rear Windscreen Glass			
1245	993976	Rear Windscreen Rubber			
1246	993961	Rear Windscreen Moulding			
1247	993955	Rear Windscreen Sealant			
1248	994729	Third Brake Light			
1249	993385	Rear Fender Air Grille			
1250	992167	Fuel Lid			
1251	992168	Fuel Neck			
1252	992179	Fuel Tank			
1253	992184	Fuel Tank Bracket			
1254	992191	Fuel Tank Float			
1136	990247	Sticker			

No of Items: Assessor:

Claim Handling

Task Transfer Exit

Accident MT/1013999

LOS SAL SUB

Policy No.	5086082103-01	Vehicle No.	SLH8895Y	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KIM YIN JAMES			Policyholder NRIC	S18110351
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94366671	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	02/10/2018 15:22	Accident Report Within 24 Hrs.	Yes	Accident Type	Collided into Property
Date of Accident	01/10/2018	Time of Accident hh:mm	01:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	JCM No.	
Accident Location	ORCHARD TOWER CARPARK				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	32 TOH TUCK CLOSE	Address 2	SINGAPORE 596992	Address 3	
Address 4		Address Type	Singapore address	Post Code	596992
Unit No.		Related Policy Number	5086082103-01		

OI Driver Info

Driver Name	LEE KIM YIN JAMES	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S18110351	Driver DOB	05/09/1967
Register Date of Driver License	08/03/2016	Driver Age	51	Driving Experience	2
Contact No.(Mobile)	94366671	Contact No.(Office)		Contact No.(Home)	
Address 1	32 TOH TUCK CLOSE	Address 2	SINGAPORE 596992	Address 3	
Address 4		Address Type	Singapore address	Post Code	596992
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLH8895Y	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 SAL SUB

Claim Type	OD-MD	Insured Name	LEE KIM YIN JAMES	Insured NRIC	S18110351
Contact No.(Mobile)	98150529	Contact No. (Home)	64687239	Contact No. (Office)	62999433
Email Address	jamesky1@smgnet.com.sg	OI Vehicle Number	SLH8895Y	TP Vehicle Number	-
Claim Description	SLH8895Y / - On 1 Oct 2018			Name of Preferred Workshop	OPTIMA WERKZ WARRANTY WD
Preferred Workshop					
Preferred Repair Option					
Preferred Workshop (refer below)					
Insured Liability report					
Fully at Faulting					
Date Registered	02/10/2018 15:33	Claim Close Date		Date Received	02/10/2018 00:00
Report Taken By		Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment

Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	HARRIER	Engine Capacity	
Date of Registration	22/11/2018	Class No.	ZSU60-0092289		
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(\$)	Scrap Value(\$)	Economical Repair Value(\$)	
1)REAR END PANEL-1 REPLACE ,2)REAR END PANEL TOP GARNISH-1 UNCONFIRM,3)TAILGATE LAMP -2 UNCONFIRM			
Remark			

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	32200102	NUMBER PLATE (REAR)	1	Replace	X
ABS	2	32200502	NUMBER PLATE GARNISH (REAR)	1	Replace	X
ABSORBER	3	16000102	BUMPER (REAR)	1	Replace	X
ACCELERATOR	4	16000302	BUMPER (LOWER) (REAR)	1	Replace	X
ACTUATOR	3	16002402	BUMPER CLIPS (REAR)	1	Replace	X
ADVERTISEMENT STICKER	6	16001303	BUMPER BRACKET (REAR LEFT)	1	Unconfirm	X
AIR BAG	7	16001304	BUMPER BRACKET (REAR RIGHT)	1	Unconfirm	X
AIR BLOWER	8	160053	BUMPER REVERSE SENSOR	1	Unconfirm	X
AIR BOX	9	16005002	BUMPER REINFORCEMENT (REAR)	1	Replace	X
AIR CHAMBER BOX	10	16005103	BUMPER RETAINER (REAR LEFT)	1	Replace	X
AIR CLEANER	11	16005104	BUMPER RETAINER (REAR RIGHT)	1	Replace	X
AIR COMPRESSOR	12	16005902	BUMPER SPONGE (REAR)	1	Replace	X
AIR CON	13	16004903	BUMPER REFLECTOR (REAR LEFT)	1	Unconfirm	X
AIR CON (VAN)	14	16004904	BUMPER REFLECTOR (REAR RIGHT)	1	Unconfirm	X
AIR COOLER	15	42000101	TAIL LAMP (LEFT)	1	Unconfirm	X
AIR DISTRIBUTOR	16	42000102	TAIL LAMP (RIGHT)	1	Unconfirm	X
AIR FILTER	17	419001	TAIL GATE	1	Replace	X
AIR FLOW	18	41900501	TAIL GATE EMBLEM (RIGHT)	1	Replace	X
AIR GRILLE	19	419039	TAIL GATE WIPER ARM	1	Unconfirm	X
AIR HORN	20	419040	TAIL GATE WIPER BLADE	1	Unconfirm	X
AIR INTAKE	21	419011	TAIL GATE GLASS	1	Unconfirm	X
AIR RESONATOR BOX	22	419014	TAIL GATE GLASS RUBBER	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	23	419015	TAIL GATE GLASS SEALANT	1	Unconfirm	X
ALARM	24	419013	TAIL GATE GLASS MOULDING	1	Unconfirm	X
ALTERNATOR	25	419023	TAIL GATE LOCK	1	Replace	X
ALUMINIUM PANEL - SIDE						
AMPLIFIER						
ANTENNA						
ANTI ROLL						
APRON						
ARCH						
ARM REST						
ASH TRAY						

Save Submit

ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 10 / 2018 (DD/MM/YYYY), TIME: 01 : 20 (HH:MM)

LOCATION: ORCHARD TOWARD CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 8895Y
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5086092103-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA / HILUX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
 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: DAMAR LEE KIM YIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1811035J CONTACT: 981050529
 c) ADDRESS: 32 TAN TUCK LANE 3
S (596992)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

OPTIMA PREFERRED WORKSHOP

EMAIL = James.lee@ecs.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1811035J



Name

LEE KIM YIN JAMES

李 錦 榮

Race

CHINESE

Date of birth

05-09-1967

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1811035J



LEE KIM YIN JAMES

Birth Date: 05 Sep 1967

Issue Date: 08 Mar 2016



5372187



NRIC No. S1811035J



Date of issue

20-10-2014

Address

32 TOH TUCK CLOSE
SINGAPORE 596992

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 08 Mar 2016

NP 428A



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Policy Query

Policy No.		Date of Accident	01/10/2018 12:33
Vehicle No.(For Motor)	SLH8895Y	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5086082103-01		LEE KIM YIN JAMES	S18110351	GPC	drive CLASSIC	SLH8895Y	SLH8895Y	22/11/2017	21/11/2018