

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA18135287**

Date In: 24/10/18-15:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC1809353/C24	SAS e-filing		
Veh No: 5T 5548E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/18-15:25	i-Motor Claim Form	24/10/18 16:07	
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:	Veh No: 5LMY060P	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% P: 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

NA1806930	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			

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 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. 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	24/10/2018 15:51
Date Of Accident	24/10/2018 13:25
Exact Location Of Accident	DUNEARN RD AFTER JUNG LINDEN DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5548E
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816096
Alternative Phone No	OFFICE-91816096

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096309102-01
Cover Note Number	

Driver

Name of Driver	WANG WILLIAM
NRIC No	S7738435I
Date Of Birth	30/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86368876
Fax Number	
Contact Number	OFFICE-86368876
Email Address	NOEMAIL

Address	BLK 52 MARINE TERRACE #15-185
Postcode	440052
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	
	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

REFER TO STATEMENT.

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	SLM4060P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG CHEONG ONN
NRIC/Passport Number	S0143809C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passengers (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM7028P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHUN MUN (LUO JUNWEN)
NRIC/Passport Number	S7877058I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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

SKETCH PLAN

Diagram illustrating the sketch plan of the accident scene on a grid background.

Vertical lines represent lanes or boundaries. A vertical line is labeled "Dunoon Rd.".

Three vehicles are marked with triangles and labeled A, B, and C, positioned vertically along the Dunoon Rd. line.

Vehicle positions and details:

- A: SJ7 5548E
- B: JLM 4060P
- C: JLM 728P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

[The remaining lines of the section are crossed out with a diagonal line.]

DECLARATION

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

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.:

[Handwritten signature]

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 DUNEARN RD. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. AFTER AN IMPACT, VEHICLE B HIT ONTO VEHICLE C REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (24/10/18) (DD/MM/YYYY), TIME: (13:25) (HH:MM)

LOCATION: Dunstan Rd after junction Linden Dr

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 575548E
 b) INSURANCE COMPANY: NJC
 c) POLICY NUMBER: 509630910201
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 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: Cartoonist He Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 216036592 CONTACT: 91816096
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong William (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 572384352 CONTACT: 86268876
 c) ADDRESS: 811 Jln Marine Terrace #15-185 (4th floor)

*d) DATE OF BIRTH: (20/9/15) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9/11/1998

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

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: SLM4060P MODEL: _____
 b) DRIVER'S NAME: Wong Cheong Ann
 c) NRIC/FIN/PASSPORT: 50143809C CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLM7028P MODEL: _____
 e) DRIVER'S NAME: Boh Ann Mun (Kuo Junhui)
 f) NRIC/FIN/PASSPORT: S78770582 CONTACT: _____

* No. of passenger
 (Including driver)
 (2)
 1 male

* No. of passenger
 (Including driver)
 (1)

* No. of passenger
 (Including driver)
 (1)

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S77384351**

Name: **WANG WILLIAM**

Birth Date: **30 Sep 1977**

Issue Date: **18 Nov 2003**

001016952H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S77384351**

Name: **WANG WILLIAM**

Race: **CHINESE**

Date of Birth: **30-09-1977**

Sex: **M**

Country of Birth: **SINGAPORE**

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

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 09 Nov 1996

NP 428A

Licence No: S77384351

A0122169

S77384351

11-04-2002

APT BLK 52 MARINE TERRACE #15-185
SINGAPORE 440052

S77384351 29/01/2014 (R)

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.		Date of Accident	24/10/2018 13:25
Vehicle No. (For Motor)	SJT5548E	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5096309102-01		CARZONRENT PTE LTD	201605659R	GPC	drive CLASSIC	SJT5548E	SJT5548E	19/10/2018	18/10/2019

 Policy Information

Policy No.	5096309102-01	Policyholder Name	CARZONRENT PTE LTD	Policyholder NRIC	201605659R
Certificate No.					
Address	61 UBI AVENUE 2 #08-04B AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	17/10/2018	Effective Date	19/10/2018 00:00	Expiry Date	18/10/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1837.26		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-10	Related Policy Number	5096309102-01		

 Insured Object: SJT5548E

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

The premium on this policy has not been collected.

- Exit

Accident MT/1017005

Policy No.	5096309102-01	Vehicle No.	SJT5548E	GST Registration No.	
Certificate No.					
Policyholder Name	CARZONRENT PTE LTD			Policyholder NRIC	201605659R
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91816096	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	24/10/2018 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/10/2018	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNEARN RD AFTER JUNG LINDEN DR				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408698
Address 4		Address Type	Singapore address	Post Code	408698
Unit No.	04-10	Related Policy Number	5096309102-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	WANG WILLIAM	Driver NRIC	S77384351	Driver DOB	30/09/1977
Register Date of Driver License	09/11/1998	Driver Age	41	Driving Experience	19
Contact No.(Mobile)	85368876	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 52	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
Address 4	SINGAPORE 440052	Address Type	Singapore address	Post Code	440052
Unit No.	15-185				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	CD-MD	Insured Name	CARZONRENT PTE LTD	Insured NRIC	201605659R
Contact No.(Mobile)	91557911	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	SJT5548E	TP Vehicle Number	SLM4060P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT5548E / SLM4060P ON 24 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	24/10/2018 16:07	Claim Close Date		Date Received	24/10/2018 00:00
Report Taken By	Jackson			OD Excess Collected by Workshop	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1017005	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/10/2018 16:09

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Browse...	Clear	Please Select	10	Normal
Browse...	Clear	Please Select	10	Normal
Browse...	Clear	Please Select	10	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	SAS	Normal	SAS 2018-10-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	Photos	Normal	Photos 2018-10-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	Photos	Normal	Photos 2018-10-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	Photos	Normal	Photos 2018-10-24		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	Photos	Normal	Photos 2018-10-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 24 Oct 2018 16:09	Photos	Normal	Photos 2018-10-24		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ASSIGNMENT (10/10)

By Assessor: 1) Vehicle Information:

- 1) Vehicle hit Vehicle: ()
 a) Pedestrian ()
 b) Bicycle ()
 c) Animal ()
 d) Road Work Object ()
 e) Private Property ()
 f) Drain ()
 g) Road Feels/Glass Venge ()
 2) Vehicle hit Road Side Objects:
 a) Road Work Object ()
 b) Private Property ()
 c) Drain ()
 d) Road Feels/Glass Venge ()
 3) Vehicle drop into drain ()
 4) Damage due to Act of God:
 a) Fallen Object ()
 b) Flood ()
 c) Other ()
 5) Parked & Found Damaged:
 a) Vandalism ()
 b) Hit by Moving Object ()
 6) Theft Case:
 a) Stolen ()
 b) Damage found when recovered ()
 7) Fire:
 a) Whilst driving ()
 b) Parked ()
 8) Accident date more than 24hrs ()

Remarks for internal information:

Remarks to appear in Works Order & Assessment report:

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

By Assessor: 2) Vehicle Information:

Vehicle: **SJT 5548E** Date: **19 Oct 2009**
 Type: **Motorcycle / Bus / Van / Heavy / Light / Prime Mover / Truck / Trailer**
 Make / Model: **Toyota Corolla 1.6** 1598
 Colour: **Grey** Paintwork Type: **Paint**
 Engine: **181899**
 V.O.I.: **MR053 ZEE106157950**
 Condition: **Good** / Poor / Burnt
 Steering: **Good** / Jammed / Leaked / Burnt
 Brake: **Good** / Jammed / Leaked / Burnt
 Mod: **Nil** / STD / Rm. of
 Tyre Size: **F: 205/60 R15 - Falken**
R: 195/65 R15 - Westlake
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO
AS above
 Front: **5** Rear: **6**
 R/Bal: **5** L/Bal: **6**
 Parallel Impact: **Yes** / **No**
 Repair Type: **1.5** / 1.B.I.
 No of Repair Days: **8**
 D.O.I.: **24/10/2008**
 Towed in: **Yes** / **No**
 Towing Required: **Yes** / **No**
 Vehicle in Idler: **Yes** / **No**
 Time: **4.10pm**

By Assessor: 2) Comments:

1) Damages not due to recent accident

2) Damages do not seem hit onto:

- a) Vehicle () b) Motorcycle () c) Bicycle () d) Pedestrian ()
 e) Animal () f) Govn Object () g) Road Work Object ()
 h) Private Property () i) Drain () j) Road Feels/Glass Venge ()

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:

6/10/09

6/10/09

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Claim Handling

Accident MT/1017005

Task Transfer Exit

LOS SAL SUB

Policy No.	5096309102-01	Vehicle No.	SJT5548E	GST Registration No.	
Certificate No.					
Policyholder Name	CARZONRENT PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201605659H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92816096	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	24/10/2018 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/10/2018	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	JCM No.	
Accident Location	DUNEARN RD AFTER JUNC LINDEN DR				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	01 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMALL	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-10	Related Policy Number	5096309102-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/09/1977
Unnamed driver Name	WANG WILLIAM	Driver NRIC	S7738435I	Driving Experience	19
Register Date of Driver License	09/11/1998	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	86368876	Contact No.(Office)	0	Address 1	MARINE TERRACE HAVEN
Address 1	BLK 52	Address 2	MARINE TERRACE	Post Code	440052
Address 4	SINGAPORE 440052	Address Type	Singapore address		
Unit No.	13-185				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
Modification History			

Investigation

Claim Type	OD-MD	Insured Name	CARZONRENT PTE LTD	Insured NRIC	201605659H
Contact No.(Mobile)	91557911	Contact No.(Home)		Contact No.(Office)	N/A
Email Address		OT Vehicle Number	SJT5548E	TP Vehicle Number	SLH4060P
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SJT5548E / SLH4060P ON 24 Oct 2018	Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Income to assign workshop	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	24/10/2018 17:45
Date Registered	24/10/2018 16:20	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	
☒ Print Alt letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

Damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	COROLLA ALTIS	Engine Capacity	
Date of Registration	19/10/2009	Classis No.	MR0532EE106157950	Parallel Import *	☐ Yes ☒ No
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No		

Type of Tender * Assessor Name * Survey Current Status

IDAC/Workshop Name IDAC/Workshop Location Total Loss * ☐ Yes ☒ No

Windscreen Parts & Labour Cost Scrape Value(\$) Economical Repair Value(\$)

Market Value(\$)

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
1601						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BAG	7	454012	WIPER WASHER TANK	1	Unconfirm	X
AIR BLOWER	8	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
AIR BOX	9	124001	ALTERNATOR	1	Unconfirm	X
AIR CHAMBER BOX	10	25400102	FENDER (FRONT LEFT)	1	Replace	X
AIR CLEANER	11	25400801	FENDER INNER PANEL (FRONT LEFT)	1	Repair	X
AIR COMPRESSOR	12	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
AIR CON	13	25400102	FENDER (FRONT RIGHT)	1	Replace	X
AIR CON (VAN)	14	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
AIR COOLER	15	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
AIR DISTRIBUTOR	16	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	X
AIR FILTER	17	451010	WINDSCREEN SEALANT	1	Replace	X
AIR FLOW	18	245001	ERP BRACKET	1	Replace	X
AIR GRILLE	19	454009	WIPER PANEL GARNISH	1	Replace	X
AIR HORN	20	22600101	DASHBOARD (BOTTOM)	1	Replace	X
AIR INTAKE	21	226002	DASHBOARD AIR BAG	1	Replace	X
AIR RESONATOR BOX	22	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
ALARM	24	10002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
ALTERNATOR	25	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
ALUMINIUM PANEL - SIDE	26	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AMPLIFIER	27	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
ANTENNA	28	27100101	GRILLE (FRONT)	1	Replace	X
ANTI ROLL	29	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
APRON	30	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
ARCH	31	28500101	HORN (LEFT)	1	Unconfirm	X
ARM REST	32	15600101	BRACE PANEL (FRONT)	1	Replace	X
ASH TRAY	33	27700101	HEAD LAMP (LEFT)	1	Replace	X
AUTO CLUTCH	34	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AUTO COOLER PIPE	35	149001	BONNET	1	Replace	X
AUTO CRUISE MOTOR	36	14903401	BONNET LOCK (LOWER)	1	Replace	X
AUTO TRANSMISSION	37	149029	BONNET INSULATOR	1	Replace	X
AXLE	38	14902201	BONNET HINGE (LEFT)	1	Replace	X
BACK REST (MC)	39	14902202	BONNET HINGE (RIGHT)	1	Replace	X
BACK SEAT	40	149041	BONNET RUBBER (CENTRE)	1	Replace	X
BALANCER	41	112023	AIR CON CONDENSER	1	Replace	X
BATTERY	42	112060	AIR CON FAN	1	Replace	X
BEADING (MC)	43	112043	AIR CON DISCHARGE HOSE	1	Unconfirm	X
BELT COVER (MC)	44	112011	AIR CON COMPRESSOR	1	Unconfirm	X
BELT TENSIONER	45	344001	RADIATOR	1	Replace	X
BODY	46	344005	RADIATOR COWLING	1	Replace	X
BODY (MC)	47	344008	RADIATOR FAN	1	Replace	X
BOLT CAP (MC)	48	344011	RADIATOR FAN CLUTCH	1	Replace	X
BOLT HEAD COVER (MC)	49	34402802	RADIATOR HOSE (TOP)	1	Replace	X
BONNET	50	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
BODT	51	344007	RADIATOR EXPANSION TANK	1	Replace	X
BOX (MC)	52	11001301	AIR CLEANER HOSE (BOTTOM)	1	Unconfirm	X
BOX BRACKET (MC)	53	110037	AIR CLEANER RESONATOR	1	Unconfirm	X
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						
BRACE PANEL						
BRAKE						
BRAKE - ABS						
BRAKE (MC)						
BUMPER						
CABIN						
CAMBER						
CAMSHAFT						
CAR AUDIO SYSTEM						
CAR JACK						
CARBURATOR						
CARGO						
CARRIAGE						
CARRIER MOUNTING						
CASTOR						
CATALYTIC CONVERTOR						
CD CHANGER						
CD PLAYER						
CD UNIT (MC)						
CENTRE BOTTOM						
CENTRE BRACKET						
CENTRE CONSOLE						
CENTRE COWLING (MC)						
CENTRE CROSS MEMBER						

54	141001	BATTERY	1	Unconfirm	☒
55	141002	BATTERY BRACKET	1	Replace	☒
56	141007	BATTERY TRAY	1	Unconfirm	☒
57	226003	DASHBOARD AIR BAG SENSOR	1	Replace	☒
58	106007	AIR BAG CONTROL UNIT	1	Unconfirm	☒
59	36300102	SEAT BELT (FRONT RIGHT)	1	Replace	☒
60	36300101	SEAT BELT (FRONT LEFT)	1	Replace	☒
61	23300201	DOOR (FRONT LEFT)	1	Repair	☒
62	23300202	DOOR (FRONT RIGHT)	1	Repair	☒

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 26 October 2018 2:38 PM
To: NAC ; Lee Sheng Motor
Subject: SJT5548E, OD claim no : MT/1017005

Importance: High

Dear IDAC and Lee Sheng,

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

Dear Lee Sheng,

OD excess of \$2,000/- is applicable, pls assist to liaise with Mr Jason Yap at tel : 91816096.

We are waiving survey for this case only and it should not be taken as a precedence for future cases.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher within 14 days after the repair has been done/ finalized with Surveyor to my email.

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



Our Ref: MT/CA/OD/051/1017005-001/TSC

26 Oct 2018

LEE SHENG AUTO PTE. LTD.

1 KAKI BUKIT AVENUE 6

BLK C #01-58 AUTOBAY @ KAKI BUKIT

SINGAPORE 417883

Dear Sir

CLAIM NUMBER: MT/1017005-001

REPAIR OF VEHICLE NUMBER: SJT5548E

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

Award Date: 26 Oct 2018

Make: TOYOTA

Model: COROLLA ALTIS

Estimated Repair Days: 8

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 2000.00

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

Jenny Pe

Deputy Vice President

Motor Insurance

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.



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 Check-In

Vehicle No: 575548E Date In: 26/10/18 Time In: 4:35 PM with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Lee Sheng Auto

Collection Date: 26/10/18 Time: 4:35 PM with Keys: Yes / No

Tow Truck No: 4U9726 Tow Man: BM 860 NRIC: 69209307

Signature: [Signature]

For office use

Attended by: _____

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: _____