

NATIONAL Assessment Centre Services

Ref: 221018 MNA 11839632

Date In: 27/10/18 - 18:46	Job description	Date & Time Completed	Done by
Ref No: NA/11839632	SAS e-filing		
Veh No: 62658990	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/10/18 - 08:00	i-Motor Claim Form	M7/10/2018-00	29/10/18 18:36
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: 6BC3249R 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:	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
18/10/18	Re-open file to charge damage assessment fees
19/10/18	reopen ref only, 1st DC 31/10/18
	High note 700

NA 180694 / NA 1808286	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (ref 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	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			
	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 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	27/10/2018 15:46
Date Of Accident	26/10/2018 08:00
Exact Location Of Accident	PIE (TUAS) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5889J
Insured/Policyholder	
Name Of Registered Owner	ILLUMINATE PRODUCTIONS PTE LTD
Co Reg No	201218498Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97637540
Alternative Phone No	OFFICE-97637540

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKNG
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094178145-01
Cover Note Number	

Driver

Name of Driver	WONG WAI KIT, ZACHARY
NRIC No	S9540008F
Date Of Birth	30/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97709919
Fax Number	
Contact Number	OFFICE-97709919
E-Mail Address	NOEMAIL

Address	3 SIMEI STREET 3 #06-23
Postcode	529891
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 AT 70KM/H WITH APPROX 2 VEHICLE SPACES BETWEEN ME AND A JEEP. SUDDENLY VEHICLE B STOPPED IN THE MIDDLE OF THE ROAD UNDER THE ERP GANTRY. THE JEEP IN FRONT OF ME DID NOT SHOW ANY SIGNS OF SLOWING DOWN AND SIMPLY SWERVED FROM LANE 2 TO LANE 3 TO AVOID COLLISION WITH VEHICLE B. IT WAS ONLY UNTIL THE JEEP SWERVED TO LANE 3 THAT I COULD SEE VEHICLE B STATIONARY. BY THE TIME I COULD SEE VEHICLE B COMPLETELY STOPPED, I HAD LITTLE REACTION TIME AND I HIT THE BRAKES HARD BUT IT WAS TOO LATE AND I HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

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

Details of Witness 1

Name	YONG HAN
Phone Number	98629393
Email Address	

Details of Witness 2

Name	RUBEE
Phone Number	91181438
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3249R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SRIRAMULU KOSALAI RAMAN
NRIC/Passport Number	G8586494M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

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 willful 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.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to page 104

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118139632 Vehicle Registration No: GBG5889J
 Name (as shown in NRIC) : WONG WAH KEE, ZACHARY NRIC/FIN/Passport No : S9540008F
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
 Address : 3 SIMEL ST 3 #06-23 Singapore(529891)
 Contact (Tel) : _____ Mobile No. : 97709919
 Email Address : _____
 Date of Accident : 26/10/18 Time of Accident : 08:00
 Place of Accident : PIE (TUAS) B4 CTE EXIT
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM REPORTING TO OD CLAIMS


 Policyholder / Driver's Signature
 Date: 08/11/2018

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

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO - Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
 - a) Motorcar a) Pedestrian
 - b) M/cycle b) Animal
 - c) Bicycle
- 3) Vehicle hit Road Side Objects:
 - a) Govn Property (E.g. signboard, barrier, 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

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

Veh No: G8G5889J Yr Regn: 12 Sep 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / / Truck / Trailer or

Make & Model: Toyota Dyna 150MT c.c. 2982
 Colour: White Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 10815
 C/No: JTFAT 35 Y 30K 209076

Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/75 R15
 R: 155/ R12

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	<u>7</u> mm	R/Bal.	<u>7/7</u> mm
L/Bal.	<u>7</u> mm	L/Bal.	<u>7/7</u> 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. 8/11/2018 Time: 5.50pm

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 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) ASS _____
 3) Entire Operation Completed Time: _____

Condition (CON)
 (0) Best (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched (7) Deformed
 (8) Jailed (9) Buckled (10) Broken (11) Necessary (12) Missing (13) Torn
 (14) Unconfirmed (15) Not Working

VAN / LORRY (Frt)

ACTION (AC)
 (1) Replace (✓) (2) Repair (3) Check (4)
 (5) Not Consistent (SC)

Ass 2003

Front Portion

Vehicle No: **GBG 5889J**

NAC	INC	Item	CON	AC	Qty
1001	991886	Frnt Number Plate	BT	✓	
1002	991887	Frnt Number Plate Base			
1004	991300	Frnt Bumper	DD	✓	
2001	991477	Frnt Bumper Upper			
2002	991387	Frnt Bumper Lower			
2003	991449	Frnt Bumper Side Cover			
2004	991443	Frnt Bumper Garnish		?	
1006	991325	Frnt Bumper Bracket	BT	✓	
1008	991433	Frnt Bumper Reinforcement	BT	✓	
2005	991466	Frnt Bumper Signal Lamp			
1017	995100	Frnt LH Bumper Fog Lamp Cover			
1018	991355	Frnt RH Bumper Fog Lamp Cover	DIS	✓	
1019	995079	Frnt LH Bumper Fog Lamp			
1020	995080	Frnt RH Bumper Fog Lamp			
1021	991793	Frnt Grille Upper & Lower	CRA	✓	2
1022	991328	Frnt Grille Emblem	NEC	✓	
2006	990247	Frnt Grille Sticker			
1023	991799	Frnt Grille Chrome Moulding			
2007	991891	Frnt Panel	BUC	✓	
2008	991874	Frnt Lower Panel			
2009	991328	Frnt Panel Emblem	NEC	✓	
2010	990247	Frnt Panel Sticker			
2011	991893	Frnt Panel Garnish			
1024	991222	Frnt Apron Panel			
2012	991527	Frnt Corner Panel LH		?	
2013	991532	Frnt Corner Panel Signal Lamp			
2014	995245	Frnt Signal Lamp LH			
2015	995246	Frnt Signal Lamp RH			
1029	995153	Frnt LH Headlamp Assy		?	
1030	991821	Frnt RH Headlamp Assy	CRA	✓	
1031	995088	Frnt LH Side Lamp			
1032	995089	Frnt RH Side Lamp			
2016	992149	Frnt Wiper Panel	BUC	✓	
2017	995043	Frnt Wiper Nozzle	MIS	✓	2
1120	992140	Frnt Wiper Arm			
1121	992142	Frnt Wiper Blade			
2018	992145	Frnt Wiper Link		?	
2019	992148	Frnt Wiper Motor		?	
1122	995045	Wiper Panel Garnish			
1114	992093	Frnt Windscreen	CRA	✓	
1115	992097	Frnt Windscreen Rubber	DD	✓	
1117	992098	Frnt Windscreen Sealant			
2020	992114	Frnt Windscreen Outer Pillar			
2021	992113	Frnt Windscreen Lower Frame	DD R	✓	
1118	991019	ERP Bracket	NEC	✓	
1119	991020	ERP Unit			
2022	991958	Frnt Side Mirror (Big)			
2023	991959	Frnt Side Mirror (Small)			
2024	991962	Frnt Side Mirror (Round)			
2025	995015	Frnt Wing Mirror Stay			
1025	992013	Frnt Support Panel			
1033	990248	Bonnet			
1035	990287	Bonnet Lock			
1037	990273	Bonnet Hinge			
1039	990305	Bonnet Rubber			
1042	990119	Air Con Condenser		?	
1043	990122	Air Con Fan Assy		?	
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1056	992758	Radiator Hose Top			
1058	992741	Radiator Expansion Tank			
2026	992596	Oil Cooler			
1079	994431	Power Steering Cooler Pipe			
1039	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1067	990219	Battery			
1069	990223	Battery Bracket			

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
2027	991500	Frnt Cabin Assy			
2028	991501	Frnt Cabin Mounting			
2029	991502	Frnt Cabin Rear Panel			
1092	991520	Frnt LH Chassis Member			
1093	991520	Frnt RH Chassis Member			
1094	990728	Frnt Vertical Cross Member			
1095	991863	Frnt Lower Cross Member			
2030	990143	Air Con Evaporator Assy			
2031	990106	Air Con Blower			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			
1133	991922	Frnt RH Seat Belt Assy			
1135	995182	Frnt LH Seat Belt Assy			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096	995070	Frnt LH Fender			
1097	995072	Frnt LH Fender Inner Panel			
1100	991740	Frnt LH Fender Inner Shield			
1101	995179	Frnt LH Mudflap			
2035	994966	Frnt LH Wheel Guard			
1102	995170	Frnt LH Wheel Rim			
1104	995065	Frnt LH Tyre			
1105	995071	Frnt RH Fender			
1106	991739	Frnt RH Fender Inner Panel			
1109	991740	Frnt RH Fender Inner Shield			
1110	991884	Frnt RH Mudflap			
2036	994966	Frnt RH Wheel Guard			
1111	992087	Frnt RH Wheel Rim			
1113	995065	Frnt RH Tyre			
1255	995326	Frnt LH Door			
1256	995140	Frnt LH Door Protector			
1257	995104	Frnt LH Door Hinge			
1258	995142	Frnt LH Door Wing Mirror			
1262	995103	Frnt LH Door Glass			
1263	991595	Frnt LH Door Glass Regulator			
1264	991596	Frnt LH Door Glass Regulator Motor			
1265	991662	Frnt LH Door Rubber			
1266	991636	Frnt LH Door Outer Handle			
1272	991617	Frnt LH Door Inner Trim Board			
1316	995327	Frnt RH Door			
1317	991654	Frnt RH Door Protector			
1318	991601	Frnt RH Door Hinge			
1319	991685	Frnt RH Door Wing Mirror			
1323	991584	Frnt RH Door Glass Lock			
1324	991595	Frnt RH Door Glass Regulator			
1325	991596	Frnt RH Door Glass Regulator Motor			
1326	991662	Frnt RH Door Rubber			
1327	991636	Frnt RH Door Outer Handle			
1333	991617	Frnt RH Door Inner Trim Board			
2037	991644	Frnt Door Frnt Pillar RH			
2038	991657	Frnt Door Rear Pillar			
2039	992072	Frnt Wheel Arch Panel			
2040	992069	Frnt Wheel Arch Panel Garnish			
2041	991996	Frnt Step Panel RH			
2042	994498	Frnt Step Panel Top Garnish			
2043	994495	Frnt Step Panel Inner Garnish			
1073	995053	Wiper Washer Tank			
1136	990247	Sticker			

No of Items: _____

Assessor: _____

Claim Handling

Task Transfer Exit

Accident MT/1017307

IDS SAL SUB

Policy No.	5094178145-01	Vehicle No.	GBC58891	GST Registration No.	2012184982
Certificate No.					
Policyholder Name	ILLUMINATE PRODUCTIONS PTE LTD			Policyholder NRIC	2012184982
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No (Mobile)	NA	Contact No (Office)		Contact No (Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	26/10/2018 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/10/2018	Time of Accident hh:mm	08:05	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE (TUAS) BEFORE CTE EXIT				
Excess					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/10/2012		
GST Registration No.	2012184982	GST Status Verified	Yes		
Modification History	26/10/2018 15:24:50 Deborah Mu changed GST Registered from No to Yes 26/10/2018 15:24:50 Deborah Mu changed GST Registration No from null to 2012184982 26/10/2018 15:24:50 Deborah Mu changed GST Registration Date from null to 01/10/2012				
Policyholder Mailing Address					
Address 1	196 PANDAN LOOP	Address 2	#05-02 RANTECH BUSINESS HL	Address 3	SINGAPORE 120384
Address 4		Address Type	Singapore address	Post Code	120384
Unit No.	05-03	Related Policy Number	5094178145-01		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG WAI KIT, ZACHARY	Driver NRIC	S9540008P	Driver DOB	30/10/1995
Register Date of Driver License	13/06/2014	Driver Age	22	Driving Experience	4
Contact No (Mobile)	+65-97709919	Contact No (Office)		Contact No (Home)	
Address 1	3 SUMEI STREET 3	Address 2	#06-23 EASTPOINT GREEN	Address 3	SINGAPORE 529891
Address 4		Address Type	Singapore address	Post Code	529891
Unit No.	06-23				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History	26/10/2018 16:11:3025755 Modify Accident Location(PIE-->PIE (TUAS) BEFORE CTE EXIT) 29/10/2018 16:11:3025755 Modify Private Hire(Not available-->No) 29/10/2018 16:11:3025755 Modify Driver Name(-->Unnamed Driver)				
Investigation					

Claim 002 OD-MD

Claim Case Officer Ng Hak Joo

IDS SAL SUB

Claim Type	OD-MD	Insured Name	ILLUMINATE PRODUCTIONS PTE	Insured NRIC	2012184982
Contact No (Mobile)		Contact No (Home)		Contact No (Office)	
Email Address		DI Vehicle Number	GBC58891	TP Vehicle Number	GBC3249R
Claimant Type		Type of Benefits			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	GBC58891 / GBC3249R ON 26 Oct 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/10/2018 16:29	Claim Close Date		Date Received	12/11/2018 09:54
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
Modification History	09/11/2018 11:46:3069588 Modify Claim Type(OD-MX-->OD-MD)				
Special Claim Creation Approval					
Approval	Reason				
Remarks					
damage assessment Activity Handling Attachment					
Vehicle Info					
Vehicle Make	TOYOTA	Vehicle Model	OYNA 3.0	Engine Capacity	1.70
Date of Registration	12/09/2017	Class No.	JTFAT35Y30K209076		
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Type of Tender * Assessor Name * 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(\$)

Remark: REMARK: NO OF REPAIR DAY: 7 DAYS. 1 X FRT BUMPER GARNISH - UNCONFIRM. 1 X FRT BUMPER BRACKET - REPLACE. 1 X FRT WINDSCREEN - REPLACE. 1 X FRT WINDSCREEN LOWER FRAME - REPAIR. 1 X FRT DOOR LOCK - UNCONFIRM. 1 X FRT RH DOOR PILLAR - REPAIR. 1 X FRT RH STEP PANEL - REPLACE. 1 X FRT STEP PANEL TOP GARNISH - UNCONFIRM. 1 X FRT STEP PANEL INNER GARNISH - UNCONFIRM. 1 X STICKER - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ABS	2	18000101	BUMPER (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ABSORBER	3	18005001	BUMPER REINFORCEMENT (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ACCELERATOR	4	18002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ACTUATOR	5	27100201	GRILLE (BOTTOM) (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ADVERTISEMENT STICKER	6	27100301	GRILLE (TOP) (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR BAG	7	27100801	GRILLE EMBLEM (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR BLOWER	8	33000101	PANEL (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR BOX	9	33000301	PANEL EMBLEM (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR CHAMBER BOX	10	21300101	CORNER PANEL (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR CLEANER	11	27700101	HEAD LAMP (LEFT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR COMPRESSOR	12	27700102	HEAD LAMP (RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR CON	13	454008	WIPER PANEL	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR CON (MAN)	14	45400701	WIPER NOZZLE (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR COOLER	15	45400702	WIPER NOZZLE (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR DISTRIBUTOR	16	45400501	WIPER LINK (FRONT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR FILTER	17	45400601	WIPER MOTOR (FRONT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR FLOW	18	45101501	WINDSCREEN RUBBER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR GRILLE	19	245001	BRP BRACKET	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR HORN	20	112023	AIR CON CONDENSER	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR INTAKE	21	112060	AIR CON FAN	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR RESONATOR BOX	22	112053	AIR CON EVAPORATOR	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR THROTTLE BODY AND SENSOR	23	112003	AIR CON BLOWER	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
ALARM	24	23300201	DOOR (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>
ALTERNATOR	25	23300202	DOOR (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>
ALUMINIUM PANEL - SIDE	26	23303002	DOOR HINGE (BOTTOM) (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>

Save Submit