

RE-OPEN FILE

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

Date In: 01/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019869/13	SAS e-filing		
Veh No: SJA1015C	E-mail (within 3hrs, AIC 2hrs)		
BOA: 31/10/18 0005	I-Motor Claim Form	01/10/18066-001	
<input checked="" type="radio"/> OD <input type="radio"/> 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:

IP Particulars:

Veh No:

SJA08364H

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:

14/11/18

REVERT FROM TP CLAIMS TO OD CLAIMS.

1st close date 9/11/18, re-open ref only

NA1807635 / NA1807181	Invoice / Refutation Checklist		Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)			
Contract No:	3) TP: 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 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	Invoice dated	Fax Charged		
	Invoice dated	Fax 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	01/11/2018 14:15
Date Of Accident	31/10/2018 00:05
Exact Location Of Accident	SLIP RD TO SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1015C
Insured/Policyholder	
Name Of Registered Owner	ROSMAN BIN SHARIF
NRIC No	S1630650I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91621762
Alternative Phone No	OTHERS-91621762

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097570267
Cover Note Number	

Driver

Name of Driver	ROSMAN BIN SHARIF
NRIC No	S1630650I
Date Of Birth	10/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1984
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91621762
Fax Number	
Contact Number	OTHERS-91621762
Email Address	NOEMAIL

Address	BLK 245 COMPASSVALE ROAD #02-658
Postcode	540245
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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?	YES
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)	2
Passenger 1	NAME: : ZEMAH BINTI RAHMAT GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED 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	SJW8364H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MHD FAIZANI
NRIC/Passport Number	S7431492I
Contact Number	87501323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ROSMAN BIN SHARIF
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJA1015C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ZEMAH BINTI RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJA1015C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


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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.:

Individual Statement

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

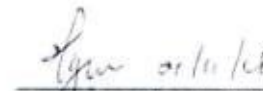
ON 31 OCT 2018, I WAS DRIVING SLIP WAY TO SENGLANG EAST WAY WHEN I STOPPED AT THE SLIP WAY. VEHICLE B COLLIDED INTO MY VEHICLE.

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.:

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 : ANA118141805 Vehicle Registration No: SJA1015C
Name (as shown in NRIC) : ROSMAH BIN SHARIF NRIC/FIN/Passport No : S16306501
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 245 COMPASSVALE ROAD #02-658 Singapore(540345)
Contact (Tel) : _____ Mobile No. : 91621762
Email Address : _____
Date of Accident : 31/10/18 Time of Accident : 0005
Place of Accident : SLIP RD TO SENGKANG EAST WAY
Insurance Company: NFUC

(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 TP CLAIMS TO OD CLAIMS

Policyholder / Driver's Signature

Date:

14/11/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/10/2018 00:05"/>
Vehicle No.(For Motor)	<input type="text" value="SJA1015C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097570267		ROSMAN BIN SHARIF	S16306501	GPC	drive CLASSIC	SJA1015C	SJA1015C	31/01/2018	30/01/2019

ASSIGNMENT (IDAC)

COE Expired: 26 Nov 2022

By CSO: Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorist () a) Pedestrian ()
- b) Motorcycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govt Property () b) Road Work Object ()
(E.g. signboard, barrier, tree 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- 1) Vehicle Information

Veh No: STA1015 C Yr Regn: 27 Nov/2007

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

Make & Model: Honda Stream 1.8A c.c. 1799

Colour: Black Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 21106

C/No: R18A1759745

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/65 R15
R: W

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</u> mm
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 7Vehicle in Idac: Yes / NoD.O.I. 14/11/2018Time: 4.40 pm

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) ASS

3) Entire Operation Completed Time:

(01)Best (02)Denied (03)Distorted (04)Cracked (05)Curl (06)Scratched
(07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary
(12)Missing (13)Torn (14)Unconformed (15)Not Working

MOTORCAR (Rear)

(1)Replace (✓) (2)Repeat (✓) (3)Check (✓)
(4)Not Consistent (N/C)

Rear Portion

NAC	INC	Item	CON	AC	Qty
1137	993626	Rear Number Plate	CUT	✓	
1138	993627	Rear Number Plate Base			
1139	993630	Rear Number Plate Garnish			
1140	993632	Rear Number Plate Lamp		2	
1141	992958	Rear Bumper	DD	✓	
1142	993085	Rear Bumper Upper			
1143	993017	Rear Bumper Lower			
1144	993054	Rear Bumper Side			
1145	993103	Rear Bumper Tow Cover	DIS	✓	
1146	992341	Rear Bumper Clips	NEC	6	
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer	DIS	2	
1149	993045	Rear Bumper Reinforcement	BT	✓	
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	MIS	✓	
1159	993327	Rear End Panel	DD	✓	
1160	993339	Rear End Panel Top Garnish	CRA	✓	
1161	993333	Rear End Panel Inner Trim			
1162	990333	Boot Compartment Inner Trim			
1163	993851	Rear LH Taillamp	CRA	✓	
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	BUC	✓	
1182	991328	Tailgate Emblem	NEC	✓	
1183	994643	Tailgate Outer Handle			
1184	994640	Tailgate Moulding			
1185	994545	Tailgate Garnish	CRA	✓	
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	NEC	✓	
1196	994607	Tailgate Glass Sealant	NEC	✓	
1197	994629	Tailgate Lock	BT	✓	
1198	994651	Tailgate Rubber	DD	✓	
1199	994611	Tailgate Hinge			
1200	994594	Tailgate Damper			
1201	994613	Tailgate Inner Board	CRA	✓	

Vehicle No: SJA 1015 C

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 Bracket	BT	✓	
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 Garnish			
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/1018066

LOS SAL SUB

Policy No.	5097570267	Vehicle No.	SJA1015C	GST Registration No.	
Certificate No.					
Policyholder Name	ROSMAN BIN SHARIF			Policyholder NRIC	S1630650I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91621762	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes

Accident Details

Report Date	01/11/2018 14:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/10/2018	Time of Accident hh:mm	00:05	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	SLIP RD TO SENGKANG EAST WAY				

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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 245 #02-658	Address 2	COMPASSVALE ROAD	Address 3	SINGAPORE S40245
Address 4		Address Type	Singapore address	Post Code	540245
Unit No.		Related Policy Number	5097570267		

OI Driver Info

Driver Name	ROSMAN BIN SHARIF	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1630650I	Driver DOB	10/04/1964
Register Date of Driver License	29/06/1984	Driver Age	54	Driving Experience	34
Contact No.(Mobile)	91621762	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 245	Address 2	COMPASSVALE ROAD	Address 3	SINGAPORE S40245
Address 4		Address Type	Singapore address	Post Code	540245
Unit No.	#02-658				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	ROSMAN BIN SHARIF	Insured NRIC	S1630650I
Contact No.(Mobile)	91621762	Contact No.(Home)	68811671	Contact No.(Office)	
Email Address	zemah63@gmail.com	OI Vehicle Number	SJA1015C	TP Vehicle Number	SJW8364H
Claim Description	SJA1015C / SJW8364H ON 31 Oct 2018			Name of Preferred Workshop	SK
Preferred Workshop	<input type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop (refer below)	Insured Liability report	Not at Fault
Date Registered	01/11/2018 14:47	Claim Close Date		Date Received	15/11/2018 15:47
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

15/11/2018 10:47 s069588 Modify Claim Type(OD-MX-->OD-MD)

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment

Activity Handling

Attachment

Vehicle Info

Vehicle Make	HONDA	Vehicle Model	STREAM	Engine Capacity	
Date of Registration	27/11/2007	Classis No.	RN61053414		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #D1-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

ND OF REPAIR:07 DAYS:REAR END PANEL-REPLACE,REAR END PANEL TOP GARNISH-REPLACE,TAILGATE EMBLEM-REPLACE,TAILGATE RUBBER-REPLACE,TAILGATE INNER BOARD-

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root					
Not Applicable	1	390003	SPARE TYRE BRACKET	1	Replace
ABS	2	25401001	FENDER INNER TRIM (REAR LEFT)	1	Unconfirm
ABSORBER	3	32200102	NUMBER PLATE (REAR)	1	Replace
ACCELERATOR	4	322006	NUMBER PLATE LAMP	1	Unconfirm
ACTUATOR	5	16000102	BUMPER (REAR)	1	Replace
ADVERTISEMENT STICKER	6	16006702	BUMPER TOWING COVER (REAR)	1	Replace
AIR BAG	7	16002402	BUMPER CLIPS (REAR)	6	Replace
AIR BLOWER	8	16005103	BUMPER RETAINER (REAR LEFT)	1	Replace
AIR BOX	9	16005104	BUMPER RETAINER (REAR RIGHT)	1	Replace
AIR CHAMBER BOX	10	16005002	BUMPER REINFORCEMENT (REAR)	1	Replace
AIR CLEANER	11	35300101	REVERSE SENSOR (LEFT)	1	Replace
AIR COMPRESSOR	12	35300102	REVERSE SENSOR (RIGHT)	1	Replace
AIR CON	13	42000101	TAIL LAMP (LEFT)	1	Replace
AIR CON (VAN)	14	42000102	TAIL LAMP (RIGHT)	1	Unconfirm
AIR COOLER	15	419001	TAIL GATE	1	Replace
AIR DISTRIBUTOR	16	419008	TAIL GATE GARNISH	1	Replace
AIR FILTER	17	419013	TAIL GATE GLASS MOULDING	1	Replace
AIR FLOW	18	419015	TAIL GATE GLASS SEALANT	1	Replace
AIR GRILLE	19	419023	TAIL GATE LOCK	1	Replace
AIR HORN	20	25401002	FENDER INNER TRIM (REAR RIGHT)	1	Unconfirm
AIR INTAKE					
AIR RESONATOR BOX					
AIR THROTTLE BODY AND SENSOR					
ALARM					
ALTERNATOR					
ALUMINIUM PANEL - SIDE					
AMPLIFIER					
ANTENNA					

Save Submit



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: SJA 1015C Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: 38 woodlands 2nd park East #07-17

Collection Date: 20/11/18 Time: 15:45 with Keys: Yes / No

Tow Truck No: GBF3721C Tow Man: Chng Ri Hao NRIC: 58913002F

Signature: [Signature] 91500901

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: _____

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