

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA118 M3488-01

Date In: 5/11/18-19:17	Job description	Date & Time Completed	Done by
Ref No: NA 1181820065724	SAS e-filing		
Veh No: JDG48B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/11/18-11:50	i-Motor Claim Form	M7/1018200002	3/11/18 22:06
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: Vch No: 4DE9573D 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

NA 180715	Invoice Preparation Checklist	Amt (\$) in Bill	Amt (\$) 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:-		
	Q1*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref. 1:			
Ref. 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	05/11/2018 19:17
Date Of Accident	01/11/2018 11:50
Exact Location Of Accident	JUNC YIO CHU KANG RD TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD948B
Insured/Policyholder	
Name Of Registered Owner	CHUA SONG KUN
NRIC No	S0207046D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94242799
Alternative Phone No	OFFICE-94242799

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 AT R
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5098651574
Cover Note Number	

Driver

Name of Driver	CHUA SONG KUN
NRIC No	S0207046D
Date Of Birth	21/03/1954
Occupation	INDOOR
Date Of Driving Pass	29/03/1974
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94242799
Fax Number	
Contact Number	OFFICE-94242799
EMail Address	NOEMAIL

Address	BLK 57 NEW UPPER CHANGI ROAD #03-1350
Postcode	461057
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 - CROSS JUNCTION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181101/2072.

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	GBE9573D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

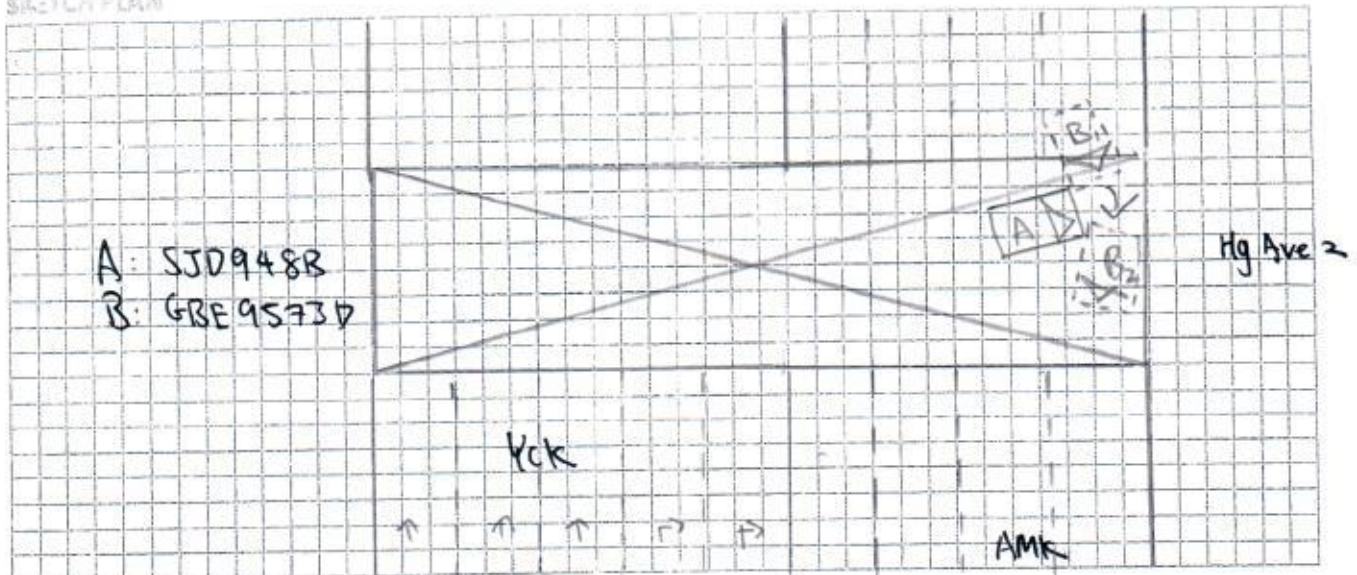
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:
7/20/8/10/1/2072

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	01/11/18	(DD/MM/YY)
Time of accident	1150	(HH:MM)
Exact location of accident	Junction of Yio chu kang Road towards Hougang Ave 2	

DETAILS OF VEHICLE

Vehicle registration number	SSD948B		
Vehicle make and model	Mazda 2		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number	5098651574		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Chua Song Iuan	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S02070460	
Contact	94242799	
Address	Blk 57 new upper Changi Road #03-1350 S(461057)	

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	21/03/1954	
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>
Driving date pass	29/03/1974	

waiting Vch ~~take~~ tow to our site

* pending claims type

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Tengah Meliah NPP

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

Vehicle registration number	GBE9573P
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20181101/2072

1 of 4

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20181101/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2018 15:22		Vide Report No.: F/20181101/0122		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: CHUA SONG KUN			Address: APT BLK 57 NEW UPPER CHANGI ROAD #03-1350 SINGAPORE 461057		
ID Type / ID No.: NRIC NO / S0207046D			Contact No.: Home/Office: Mobile: 94242799		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 21/03/1954	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: self employed		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2018 11:50	Type of Location: JUNCTION
Location: Along Road 1 YIO CHU KANG ROAD				
BETWEEN JUNCTION OF YIO CHU KANG RD, HOUGANG AVE 2 AND ANG MO KIO AVE 3.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9573D	Van	PEUGEOT	PARTNER 1.6 HDI ETG LWB	Grey	Seriously Damaged	0
SJD948B	Car	MAZDA	MAZDA2 AT R	Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20181101/2072

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No: T/20181101/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD948B	NTUC Income Insurance Co-Operative Limited	5098651574	08/03/2018	10/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA SONG KUN	ID No.	S0207046D
Related Vehicle	SJD948B (Car)	Contact No.	94242799
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/11/2018 at about 1150hrs, I was driving my vehicle (SJD948B) at said road between said junction. I was turning from Yio Chu Kang to Hougang Avenue 2, I was in a stationary position waiting for the turn right arrow to be indicated. The traffic light was green at the point too. I observed one vehicle who was signaling left towards Hougang Ave 2 as such I proceeded to turn right but suddenly the vehicle speed up straight as such I could not brake on time. In the end my car collided with the right side of the vehicle. I came out to make a check and I saw a Chinese lady driver in her 40s who was stuck in the van(GBE9573D). She was conscious. I asked her if she is okay and she said she had a shock and feel giddy. As such I opened the door with assistance from some passer-by and I called for ambulance for her.

Subsequently ambulance arrived and the paramedics conveyed to a hospital. (I do not know). After which traffic police arrived and managed the scene. I was given a case card and advised to lodge a traffic police report.

The Chinese lady driver brother also came down to assist with the towing services of her vehicle. However we did not exchange particulars. I did not exchange particulars with the lady driver as well as she got into an ambulance and was conveyed.

My vehicle was badly damaged in the front bumper. The Chinese lady vehicle was over turned. I do not have built in CCTV inside my vehicle.

I am currently unsure how much the repair cost for my vehicle is.

I was not injured during the incident. I am lodging this police report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20181101/2072

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20181101/2072

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20181101/2072

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Report No. T/20181101/2072

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 EDWARD TAN CHUN SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/11/2018 15:22

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP168

Classification Of Case:

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 : MNA118143488 Vehicle Registration No: SD948B
Name (as shown in NRIC) : CHUA SENG KUN NRIC/FIN/Passport No : S0007046A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 57 NEW UPP CHANGI RD #03-1350 Singapore(461057)
Contact (Tel) : _____ Mobile No. : 94242799
Email Address : _____
Date of Accident : 01/11/18 Time of Accident : 11:50
Place of Accident : JUNE VIO CHU KANG RD TWAS HOUGANG AVE 2
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 OD CLAIMS TO REPORTING ONLY


Policyholder / Driver's Signature
Date: 8/11/18

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

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licensee Name: S0207046D

Name: CHUA SONG KUN

Birth Date: 21 Mar 1954

Issue Date: 25 Oct 2011

00201257046

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0207046D

Name: CHUA SONG KUN

Race: CHINESE

Date of Birth: 21-03-1954

Sex: M

Country of Birth: SINGAPORE





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


EFFECTIVE DATE: 29 Mar 1974

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

YES IR

94242799

Licence No: S0207046D



NP 428A

730581



NRIC No: S0207046D



Root Group: A+

Date of issue: 30-07-2002

APT BLK 57 NEW UPPER CHANGI ROAD #03-1350
SINGAPORE 461057

NRIC No: S0207046D Date: 16/03/2015

Certificate of Insurance

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

Certificate Number: 5098651574

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD948B**
Chassis Number : **JM0DE10Y180110315**
2. Name of Policyholder : **CHUA SONG KUN**
3. Effective Date of Insurance : **08 Mar 2018**
4. Expiry Date of Insurance : **10 Mar 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHUA SONG KUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : TAI THONG LEE TRADING PTE LTD (00000612744)
Date of Issue : 06 Mar 2018 16:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098651574		CHUA SONG KUN	S0207046D	GPC	drive CLASSIC	SJD948B	SJD948B	08/03/2018	10/03/2019

Claim Handling

• Exit

Accident MT/1018200

Policy No.	S09651574	Vehicle No.	S109488	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA SONG KUN	Cover Type	Drive CLASSIC	Policyholder NRIC	S0207046D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Not available

Report Date	02/11/2018 15:01	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	01/11/2018	Time of Accident th:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

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

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

Policyholder Mailing Address

Address 1	BLK 57 #03-1350	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461057
Address 4		Address Type	Singapore address	Post Code	461057
Unit No.	03-1350	Related Policy Number	S09651574		

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

Claim Type *	OD-MD	Insured Name	CHUA SONG KUN	Insured NRIC	S0207046D
Contact No.(Mobile)	94242799	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	S109488	TP Vehicle Number	GBE9573D
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S109488 / GBE9573D ON 1 Nov 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	05/11/2018 22:06	Claim Close Date		Date Received	05/11/2018 00:00
Report Taken By	Jackson			OD Excess Collected by Workshop	

☒ Print AK letter

Attachment














Accident No.	MT/1018200	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/11/2018 22:07

Path *

		Category *	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

Attachment List

☐ Send Message [Upload](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:07	SAS	Normal	SAS 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:06	Photos	Normal	Photos 2018-11-5		Edit

Video List

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

ASSIGNMENT (PAGE 1)

COE Expiry = 10/3/2028

By: (1) Motorist / Verifier:

- 1) Vehicle hit Vehicle: () ()
 a) Pedestrian ()
 b) Animal ()
 c) Bicycle ()
- 2) Vehicle hit Road Side Object:
 a) Private Property ()
 b) Road Work Object ()
 c) Private Property ()
- 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) SRS Light on: ()
 3) ABS Light on: ()

By: (2) Assessor (3) Vehicle Information: 11 Mar 2008
 11 Mar 2008
 Vehicle: **SJD 948B**
 Type: **Car** / Motorcycle / Bus / Van / Lorry / Truck / Prime Mover / Trailer

Model: **Mazda 2** 1498
 Colour: **Red** Transmission Type: **Auto** / Manual

Engine: **175092**

C/N: **JMODE10Y180110315**

Body Cond: Good / Fair / Poor / Burnt ()

Steering: Locked / Jammed / Leaked / Burnt ()

Brake: Locked / Jammed / Leaked / Burnt ()

Modi: Nil / SRM / STD A/Rim ()

Tyre Size: F: **195/60 R15**

R: **195/60 R15**

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

Front	Rear
R/Bal: 6 mm	R/Bal: 6 mm
L/Bal: 6 mm	L/Bal: 6 mm

Parallel Import: Yes () No ()
 Towed In: Yes () No ()
 Repair Type: LS () LBJ ()
 Towing Required: Yes () No ()
 No of Repair Days: **8**
 Vehicle in Idler: Yes () No ()
 D.O.I: **7/11/2008** Time: **2.20pm**

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 Febr/Glass Vorges ()

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

By: CAO

By: CA

By: (3) Assessor (3) Vehicle Information

Vehicle No: SJD 948B

NAC	INC	Item	CON	AC	Qty
1001	991386	Frt Number Plate	MIS	/	1
1002	991387	Frt Number Plate Base	MIS	/	1
1003	991389	Frt Number Plate Garnish	CRA	/	1
1004	991390	Rn Bumper	BT	/	1
1005	992341	Frt Bumper Clips	NEC	/	6
1006	991325	Frt Bumper Bracket	BT	/	2
1007	991352	Frt Bumper Side Retainer	DIS	/	2
1008	991433	Frt Bumper Reinforcement	DD	/	1
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CRA	/	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	MIS	/	1
1018	991355	Frt RH Bumper Fog Lamp Cover	MIS	/	1
1019	995079	Frt LH Bumper Fog Lamp	CRA	/	1
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	CRA	/	
1022	991328	Frt Grille Emblem	NEC	/	
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	CRA	/	
1026	992025	Frt Support Panel Top Garnish Cover	MIS	/	
1027	992416	Horn			
1028	991277	Frt Brace Panel	BT	/	
1029	995153	Frt LH Headlamp Assy	CRA	/	
1030	991821	Frt RH Headlamp Assy	CRA	/	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BVC	/	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	BT	/	
1036	990285	Bonnet Insulator	BT	/	
1037	990273	Bonnet Hinge	BT	/	2
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	DD	/	
1043	990122	Air Con Fan Assy	CRA	/	
1044	990134	Air Con Suction Pipe (Low Pressure)	DD	/	
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)	BT	/	
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995090	Air Con Receiver Drier			
1050	995071	Air Con Compressor Assy			
1051	995254	Air Con Belt			
1052	995074	Radiator	DD	/	
1053	992738	Radiator Cowling	CRA	/	
1054	992742	Radiator Fan Assy	DM	/	
1055	992745	Radiator Fan Clutch			
1056	992730	Radiator Hose Top	BT	/	
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct	DIS	/	
1060	990070	Air Cleaner Assy			
1061	995056	Air Cleaner Hose			
1062	990059	Air Cleaner Resonator			
1063	991712	Frt Inlet Manifold			
1064	991713	Frt Inlet Manifold Cover			
1065	991954	Frt Exhaust Temperature Sensor (Oxygen)			
1066	991711	Frt Exhaust Pipe			
1067	991710	Exhaust			
1068	991709	Exhaust Pipe			
1069	991708	Exhaust Manifold			
1070	991707	Exhaust Pipe			

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover	CRA		
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member	BT	R	
1093	991520	Frt RH Chassis Member	BT	R	
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	BT	R	
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	CRA		
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender	BOC		
1106	991739	Frt RH Fender Inner Panel	RUC		
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield	CRA		
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish	BT	2	
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991923	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			
		RH Rear Panel/Garnish			
		Frt RH Door			

no of items:

Assessor:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7046D
Vehicle Details	
Vehicle No.:	SJD948B
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Nov 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA2 AT R
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	ZY447930
Chassis No.:	JM0DE10Y180110315
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	\$13,642.00
Original Registration Date:	11 Mar 2008
First Registration Date:	11 Mar 2008
Transfer Count:	5
Actual ARF Paid:	\$15,007.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Mar 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$39,274.00
COE Rebate Amount:	\$36,666.00
Total Rebate Amount:	\$36,666.00

The information contained herein is correct as at 07 Nov 2018

OK

Claim Handling

Task Transfer Exit

Accident MT/1018200

LOG SAL SUB

Policy No.	5098651574	Vehicle No.	SID948B	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA SONG KUN			Policyholder NRIC	50207046D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	10	Private Hire	No
Accident Details					
Report Date	02/11/2018 15:01	Accident Report Within 24 hrs	No	Accident Type	Collision - Cross Junction
Date of Accident	01/11/2018	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	JUNG YIO CHU KANG RD TWDS HOUGANG AVE 2				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 57 #03-1350	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461057
Address 4		Address Type	Singapore address	Post Code	461057
Unit No.	03-1350	Related Policy Number	5098651574		
OT Driver Info					
Driver Name	CHUA SONG KUN	Driver Type	Main Driver	Driver DOB	21/03/1954
Unnamed driver Name		Driver NRIC	50207046D	Driving Experience	44
Register Date of Driver License	29/03/1974	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	94242799	Contact No.(Office)		Address 3	SINGAPORE 461057
Address 1	BLK 57 #03-1350	Address 2	NEW UPPER CHANGI ROAD	Post Code	461057
Address 4		Address Type	Singapore address		
Unit No.	03-1350				
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	07/11/2018 17:16 5025755 Modify Time of Accident(11:30-->11:50) 07/11/2018 17:16 5025755 Modify Accident Type(Unknown-->Collision - Cross Junction) 07/11/2018 17:16 5025755 Modify Accident Location(NA-->JUNG YIO CHU KANG RD TWDS HOUGANG AVE 2)				

Investigation

Claim 002 OD-MD

Claim Case Officer Yap Chee Ling					
Claim Type	OD-MD	Insured Name	CHUA SONG KUN	Insured NRIC	50207046D
Contact No.(Mobile)	94242799	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SID948B	TP Vehicle Number	GBE9573D
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address				Name of Preferred Workshop	
Claim Description	SID948B / GBE9573D ON 1 Nov 2018				
Preferred Workshop Contact No.		Insured Liability	fully at fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	Date Received	07/11/2018 19:55
Date Registered	05/11/2018 22:07	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer		OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
Modification History					
Special Claim Creation Approval					
Approval	Reason				
Remarks					
damage assessment Attachment					
Vehicle Info					
Vehicle Make	MAZDA	Vehicle Model	2	Engine Capacity	
Date of Registration	11/03/2008	Class No.	JM00E10Y1B0110315		
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 type="radio"/> Yes <input checked="" type="radio"/> No

Type of Tender *	<input type="text" value="Own Damage"/>	Assessor Name *	<input type="text" value="SIMON"/>	Survey Current Status
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBT AVENUE 1 #01-25 PAYA	
Windscreen Parts & Labour Code		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Market Value(\$)	<input type="text"/>	Scrap Value(\$)	<input type="text"/>	Economical Repair Value(\$)
Remark	REMARK: NO OF REPAIR DAY: 8 DAYS. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - REPLACE. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - REPLACE. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - REPLACE. 1 X FRT INLET MANIFOLD COVER - UNCONFIRM.			

Remark for Supplementary

Damage Listing

Find a Part

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ABS	2	32200501	NUMBER PLATE GARNISH (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ABSORBER	3	454012	WIPER WASHER TANK	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
ACCELERATOR	4	454014	WIPER WASHER TANK MOTOR	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
ACTUATOR	5	243014	ENGINE LOWER COVER	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ADVERTISEMENT STICKER	6	19600501	CHASSIS MEMBER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>
AIR BAG	7	19600502	CHASSIS MEMBER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>
AIR BLOWER	8	25400102	FENDER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>
AIR BOX	9	25400901	FENDER INNER SHIELD (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR CHAMBER BOX	10	25400103	FENDER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR CLEANER	11	25400802	FENDER INNER PANEL (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR COMPRESSOR	12	25400902	FENDER INNER SHIELD (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR CON	13	43600102	TYRE (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR CON (VAN)	14	454009	WIPER PANEL GARNISH	<input type="text" value="2"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR COOLER	15	16000101	BUMPER (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR DISTRIBUTOR	16	16002401	BUMPER CLIPS (FRONT)	<input type="text" value="6"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR FILTER	17	16001301	BUMPER BRACKET (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR FLOW	18	16001302	BUMPER BRACKET (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR GRILLE	19	16005101	BUMPER RETAINER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR HORN	20	16005102	BUMPER RETAINER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR INTAKE	21	16005001	BUMPER REINFORCEMENT (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AIR RESONATOR BOX	22	16005901	BUMPER SPONGE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
AIR THROTTLE BODY AND SENSOR	23	16003201	BUMPER GRILLE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ALARM	24	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ALTERNATOR	25	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ALUMINIUM PANEL - SIDE	26	16002701	BUMPER FOG LAMP (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AMPLIFIER	27	16002702	BUMPER FOG LAMP (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
ANTENNA	28	27100101	GRILLE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ANTI ROLL	29	27100801	GRILLE EMBLEM (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
APRON	30	41300101	SUPPORT PANEL (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ARCH	31	28500101	HORN (LEFT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
ARM REST	32	15600101	BRACE PANEL (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
ASH TRAY	33	27700101	HEAD LAMP (LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AUTO CLUTCH	34	27700102	HEAD LAMP (RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AUTO COOLER PIPE	35	149001	BONNET	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AUTO CRUISE MOTOR	36	14903401	BONNET LOCK (LOWER)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AUTO TRANSMISSION	37	149029	BONNET INSULATOR	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
AXLE	38	14902301	BONNET HINGE (LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BACK REST (MC)	39	14902202	BONNET HINGE (RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BACK SEAT	40	149041	BONNET RUBBER (CENTRE)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BALANCE	41	112023	AIR CON CONDENSER	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BATTERY	42	112060	AIR CON FAN	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BEADING (MC)	43	112013	AIR CON COMPRESSOR	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BELT COVER (MC)	44	344001	RADIATOR	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BELT TENSIONER	45	344005	RADIATOR COWLING	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BODY	46	344008	RADIATOR FAN	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BODY (MC)	47	344011	RADIATOR FAN CLUTCH	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BOLT CAP (MC)	48	34402602	RADIATOR HOSE (TOP)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
BOLT HEAD COVER (MC)	49	34402801	RADIATOR HOSE (BOTTOM)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BONNET	50	344007	RADIATOR EXPANSION TANK	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BOOT	51	11001301	AIR CLEANER HOSE (BOTTOM)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BOX (MC)	52	110037	AIR CLEANER RESONATOR	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
BOX BRACKET (MC)	53	2900	INLET MANIFOLD	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
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						
CDI UNIT (MC)						
CENTRE BOTTOM						
CENTRE BRACKET						
CENTRE CONSOLE						
CENTRE COWLING (MC)						
CENTRE CROSS MEMBER						

54	355C0902	ROCKER PANEL GARNISH (RIGHT)	<input type="text"/>	<input type="text" value="Replace"/>	<input type="button" value="X"/>
55	233C0202	DOOR (FRONT RIGHT)	<input type="text"/>	<input type="text" value="Repair"/>	<input type="button" value="X"/>