NATIONAL Assessment Centre S	services. [MT 1 Janos].	MNA 118154951		
Date In: 30/11/18 10:35	Jeb description	Date &Time Completed	Done b	y
Ref No: NAI INC 180 21599 164.	SAS c-filling	_		
Vch No: 58 69 S	E-mail (within Shrs, AIC 2hrs)			
DOA: 3117118 15:05.	i-Motor Claim Form	MT/10 05642	1	- 1
	I-Motor W/O (Within; OD 2h			
(D) TP ! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report		1400	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (h.	Tol: Fax	(:)
The second secon	WSOOK: INC)/Non-INC().	7 11	
Owner / Driver: (W300K:	Tcl:)	AZZIJI ZZENI
Policy No: () Period:	:()	Cover Type: ()	
Confirmed by : (Date:	Time:)	Appropriate
Insured/Driver Liability: (%) [Note	:-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]	
Year of Registration: () Warn	ranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()		••	
General Remarks: 25 9 3 4 4 4 10 18 18 18 18	ACTOS ENGLISHINAS N		03 5	
() Walk-In Customer : Customer's informat		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	****	****
() Total Loss Case : to e-mail Insurer Ul		5		
Drive-In ()/Towed-In (); Invoice: YI		'owing Co: ()
		wing co. (Mikaren ar veriet	
Remincles :- (2) (INC hounts: 6798 6616); 2	The Control of the Control	Dhiescrimb Colume ad 1	EXECUTION C. by	
1) Apply for Transfort Allowance ()/ Court	csy Car ()			
2) QC Check / Post Repair Inspection	(·)			
3) Upload Resurvey Photo [Repair Cost > \$3000]] ()	7		
Injury:	1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
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Date/Time (Actions) 1000 1000 1000 1000			Sesonarie	
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NA190	Invoice Bre	in ation Checklist , Spirit		Add Bill
Control of the National Control of the Control of t	1) AR : Accident	Reporting (530);	30.00	
annunt's Particulars is 1	2) DA : Damage 3) TI' : Towing F		80.90	
river/Owner: .	4) FT : Follow-T	brough Survey \$12	10	
ontact No:	5) PT : Follow-Ti	brough Survey (Resurvey) 53 gainst INC Only (wef 10 Jan 2005)	0	
maged Portion:	6) TR : Re-inspec	tion 37	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	
inaged rordon.	7) NI : Idao DA - 8) NTUC Additio	SMRT Survey . 516		
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rditors Comments:	*N7: Fost Repo	hir Inspection 57 lect Excess Coordination 3 (Non INC) against INC 52	13 13	
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a property programme formation and section, and party makes a section of the section of a base of a sec	*N7: Post Rep *N8: DV / Col TP (N11): TP	sir Inspection 57 lect Excess Coordination 3 (N-m INC) against INC 52	13 13	

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 witholding 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.

- 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

ororesaid.	
通过的一起为人	ACCIDENT STATEMENT
Date Of Report	30/11/2018 10:35
Date Of Accident	31/07/2018 15:05
Exact Location Of Accident	THOMSON RD TWDS MARYMOUNT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SB69S
Insured/Policyholder	
Name Of Registered Owner	CHUA KIM HOO
NRIC No	S0887073Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-64677617
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA FIELDER 1.5X A
Exact Purpose for which vehicle was bei	
Are you claiming under your own insurar for repair to your vehicle?	nce policy YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5034797384-09
Cover Note Number	•
Driver	
Name of Driver	CHUA KIM HOO
NRIC No	S0887073Z
Date Of Birth	24/05/1946
Occupation	INDOOR
Date Of Driving Pass	05/06/1965
Driving Experience	53 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	AND MEDICAL CONTRACTOR OF THE
Contact Number	OFFICE-64677617
EMail Address	NOEMAIL
	200

Address 105 HUA GUAN AVE

Postcode 589202

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES YES

NO

2

NAME: : CHUA KIM HOON

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SLW500K

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Marie and the state of the stat	
	DETAILS OF INJURED PERSON 1
Name	CHUA KIM HOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SB69S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
BODY
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
CHUA KIM HOON
BODY
SB69S
YES

Address Postcode

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- 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)

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)
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.:

Thomson Rol twos

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Police	Report
		_		

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:

Marymount

NRIC/FIN No.:





1 of 3 Report No. T/20180824/2068

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2018 13:51		Made:	Vide Report No.:	Station Diary No.: 39		
Informa	nt's Partic	ulars		有的 Exp 对于实际的规模等的。		
	f Informant: (IM HOO		Address: 105 HUA GUAN AVENUE SI	NGAPORE 589202		
ID Type / ID No.: NRIC NO / S0887073Z		73Z	Contact No.: Home/Office: Mobile: 64677617			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 72	Date of Birth: 24/05/1946	Type of Informant: Driver			
Race: Chinese		Ar = = =	Language:	Institution / School Name:		
Occupation: Retiree			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambul	Drink Drive No	5.0	the management	Type of Location Straight Road	
Location: Along Road 1 THOMSON R towards Mary						
Weather: Clear		Road Surface Dry	e:	Ro	ad Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working			Traffic Volume: Heavy	
One Way		Trame Light	· · · · · · · · · · · · · · · · · · ·	110	avy	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SB69S	Car	тоуота	COROLLA FIELDER 1.5X A	Blue	Seriously Damaged	1
SLW500K	Car					0

Details of V	ehicle Insurance	The same of the sa	for a market and a	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SB69S	NTUC Income Insurance Co-Operative Limited	5034797384-09	10/02/2018	09/02/2019





/20180824/2068

2 of 3

Report No. T/20180824/2068

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

Details of Perso	n Involved					17.09
Any Pedestrian I	nvolved: No					- re-t-de-concornant
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver		1007	4			
Name	CHUA KIM HOO			ID No		S0887073Z
Related Vehicle	SB69S (Car)			Conta	ct No.	64677617
Hospital/Clinic	TAN TOCK SENG H		Class Drivin Licena Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	31/07/2018		Date Disc	harge	09/08	3/2018
No. of Days granted Medical Leave 24			Degree o		NIL	

Brief Details.

On 31/07/2018 at 1508hrr, I was driving my car SB69S along Thomson Road towards Marymount Road with my sister. I was changing lane from the fourth lane to the left into the third lane. As I was changing into the third lane, the car in front of me stopped but I was not able to stop in time. As such, I swerved my car left into the second lane and collided onto a car SLW500K. I alighted from my car to check on the other driver and discovered that he has injured his forehead. Thereafter, I was conveyed to Tan Tock Seng Hospital via the ambulance.





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

3 of 3 Report No. T/20180824/2068

CONTINUATION OF REPORT

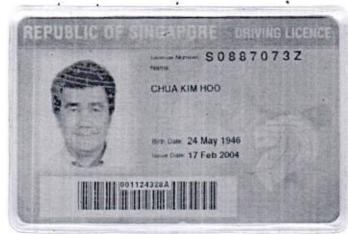
Sketch Plan

Informant is not able to provide sketch plan

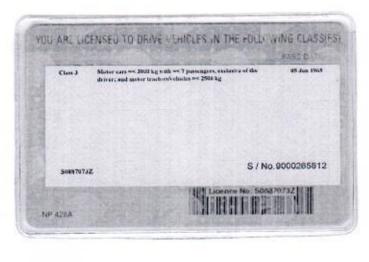
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt CHUA KIM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2018 13:51
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt IRMANIBWN MOHAMAD SAIDE Contact No.: 65476365	SN 170
P168 OZT NS BUDGE STIGNA	TURE









eBaoTech

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Change Out

Hy Dasktop Notice of Loss

Policy Query
Policy No.

Vehicle No.(For Motor)

Date of Accident 31/07/2018 10:27
Certificate Number

Search

Select Policy No. Co. 1

Certificate P Number

SB69S

Policyholder Name CHUA KIM HOO

Policyholder NRIC Pro S0887073Z G

Product Cover Type

GPC drivo

CLASSIC

Vehicle No. SB69S

Insured Co Object SB69S 10

Commence Date Expiry Date 10/02/2018 09/02/2019

Continue

ASS, REC EY:

ASSIGNMENT (IDAC)

By CSO-Nature of Accid	ent:		000	By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: SB 69 S Yr Regn: 10 Feb / 2009
a) Motorcar ()	a) Pedestrian	()	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Willy
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or
c) Bicycle ()				Make & Model: Toyota Crob & Fielder " cc 1496
3) Vehicle hit Road Side Object	S.			Colour Blue Transmission Type: (uto) Manual
a) Govin Property ()	b) Road Work Object	()	Eng/No: Sp.Reading:
(Eg. signboard, barrier, free otc)	c) Private Property	()	C/No: NZE1419084166
4) Vehicle drop into drain	477 W. G. C. C. S.	()	Gen. Cond: Good Fair Poor / Burnt or
5) Damage due to Act of God:				Steering: forde / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	()	Brake: Morde / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil /S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 195 65 R15
a) Vandalism ()	b) Hit by Moving Object	()	R:
7) Theft Case		Di.	200	BS / DUN / EXNOVA / GY / FS / LIZA KNIC DOHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()	TOYO / YOKO or
	when recovered.			<u>Front</u> Rear
8) Fire.				R/Bal. 6 mm R/Bal. 7 mm
a) Whilst driving ()	bj Parked	()	L/Bal. 6 mm L/Bal. 7 mm
9) Accident date more than 24h	rs	1	ì	Parallel Import Yes / No Towed-In: Yes / No
	14	(1	
Remarks for internal informatio	n.			The same and the s
A STATE OF THE PROPERTY OF THE			S##	
-No economics	15,000 LES	- :-		D.O.I. 30/11/2018 Time: 5. 45pm
			17752	By Assessor- 2) Comments
			-01	Damages not due to recent accident.
	(+11+100)		95	2) Damages do not seem hit onto:
Remarks to appear in Works Or	der & Assessment report			a.Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
1) Potential Total Loss N	/			e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on (/	-		h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()		-	Vehicle does not seem damaged as a result of:
	TA ST ST R PROTECTION	-	60	TENT PER MANAGEMENT WITH THE PER PER PER PER PER PER PER PER PER PE
	,	-		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1			Time Started: Time completed:
				1) CSO
				2) ASS

3) Entire Operation Completed Time:

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

12267/ KINKOTEO

10 Feb 2009

Our ref 1002090101N003003895

CHUA KIM HOO 105 HUA GUAN AVENUE SINGAPORE 589202

Bal: 6.3 mths

N.V. \$15,000

Dear MR CHUA KIM HOO

NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle SB69S on 10 Feb 2009. The details of the registration are as follows:

A) Owner Particulars

1. Name : CHUA KIM HOO
2. Identification No. Type : Singapore NRIC
3. Identification No. : S0887073Z
4. Place Of Passport Issue :5. Registered Address : 105 HUA GUAN AVENUE SINGAPORE 589202
6. Mailing Address :-

B) Vehicle Particulars

: SB69S 1. Vehicle No. 2. Previous Vehicle No. T- .. Effective Date of Ownership : 10 Feb 2009 3. 4... Original Registration Date : 10 Feb 2009 : 10 Feb 2009 5. First Registration Date : P11 - Passenger Station Vehicle Type Wagon/Jeep/Land Rover 7. Vehicle Scheme : Normal : No Attachment Attachment 1 0 Attachment 2 0 40 10. Attachment 3 11. Vehicle Make : TOYOTA : COROLLA FIELDER 1.5X A 12. Vehicle Model : 2008 13. Year of Manufacture 14. Primary Colour : Blue 15. Secondary Colour 16. Passenger Capacity : 4 : NZE1419084166 / -17. Chassis/Trailer Chassis No.



18.	Propellant	; Petrol
19.	Engine No./Motor No.	: 1NZD174792 / -
20.	Engine Capacity(cc)/Power Rating(kw)	: 1496 / -
21.	Unladen Weight(kg)	: 1200
22.	Maximum Laden Weight(kg)	: 1475
23.	Open Market Value	: \$14,789.00
24.	PARF Eligibility	: Yes
25.	PARF Eligibility Expiry Date	: 09 Feb 2019
26.	Minimum PARF Benefit	: \$7,394.00
27.	No. of Transfers	: 0
28.	IU Label No.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
29.	COE No.	: 2009020101003324G
30.	COE Expiry Date	. 09 Feb 2019
31.	COE Category	; A - Car (1600cc & below) & Taxi
32.	Quota Premium/Prevailing Quota Premium	: \$2,693.00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
33.	and the same of th	:\$2,693.00 + 120mHz X6 m78=\$134
34,	Actual ARF Paid	: \$14,789.00
35.	Vehicle Lifespan Expiry Date	:\$14,789.00 := :\$341.00 Total Rebate \$ 7,528
36.	Road Tax Amount	: \$341.00 /ofax 10 0mg
37.	Road Tax Start Date	: 10 Fcb 2009
38.	Road Tax End Date	: 09 Aug 2009
39.	Remarks	This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.

2. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to http://www.onemotoring.com.sg and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via http://www.onemotoring.com.sg using EASY. If you do not have an EASY account, you can apply for it at http://www.iras.gov.sg. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via http://www.onemotoring.com.sg LTA Information & Guidelines > Transaction PIN & User Account.

Vehicle PIN - Transfer of Ownership and De-registration of Vehicle

TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)

c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate

- 3. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.
- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE & TRANSIT LICENSING GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)



Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time

10 Feb 2009 / 14:23:46

Receipt Date/Time:

10 Feb 2009 / 14:23 46

Tax Invoice/Receipt

Receipt No.: LTACT-QBS-090210-000038

Previous Receipt No. :

S	Nitem Description/ Business Transaction Reference No	2	Amount Before GST (S\$)	GST	Amount After GST
10	Reg of Veh - SB69S COE Rebate 20090210142323525683		-7.976.00	(S\$) 0.00	(S\$) -7.976.00
2	Reg of Veh - SB69S PARF Rebate 20090210142323525683		0.00	0.00	0 00
3	Reg of Veh - SB69S Veh Quota Premium 20090210142323525683		2,693.00	0.00	2,693.00
4	Reg of Veh - S869S Reg Fee 20090210142323525683		140.00	0.00	140 00
5	Reg of Veh - SB69S Additional Reg Fee 20090210142323525683		14,789 00	0.00	14,789.00
6	Reg of Veh - SB69S COE Deposit 20090210142323525683		-10,000.00	0.00	-10,000.00
7	Reg of Veh - SB69S Road Tax (10 Feb 2009 - 09 Aug 2009) 20090210142323525683	18	341.00	0.00	341.00
8	Reg of Veh - SB69S Radio Licence Fee 20090210142323525683		13.50	0.00	13.50
		Sub-Total	0.50	0.00	0.50
		Total Before Rounding	0.50	0.00	•0.50
		Rounding Difference	•		0.00
		Total Amount Payable			0.50
		Paid By			
			Cash		0.50
		Total			0.50
		Cash Change			0.00
		Tendered Amount			0.50
		Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

damage assessment

Claim Handling · Task Transfer · Exit Accident MT/1005642 LOS SAL SUB PUBLIC NO. 5034797384+09 Vehicle No. 58695 GST Registration No. Certificate No. Policyholder Name CHUA KIM HOO Policyholder NRIC 508870732 Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading n Crintact No.(Mobile) NA Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No V KEK . No Yes + No Yes eCode Reason NCD Protection Yes. NCD Entitlement(%) 50 Private Hire Accident Details Accident Report Within 24 Report Date 02/08/2018 10:15 No Accident Type Chain Collision Date of Accident 31/07/2018 Time of Accident hh:mm 15:05 Country of Accident Singapore Reporting Centre Chen Junkang Orange Force No ICM No. Accident Location ALONG JUNCTION OF UPPER THOMSON ROAD AND MARYMOUNT LANE Excess Own damage Excess 600.00 Additional Excess 0 Windscreen Excess 100.00 Outside Singapore OD Unnamed Driver Excess 0.00 600,00 Excess Third Party Excess Outside Singapore TP 0.00 0.00 Excess Benefits GST Registered Information **GST** Registered GST Registration Date **GST Registration No. GST Status Verified** Yes Modification History Policyholder Mailing Address Address:1 105 HUA GUAN AVENUE Address 2 HONG KONG PARK Address 3 SINGAPORE 589202 Andress:4 Address Type Singapore address Post-Code 589202 Unit No. Related Policy Number 5034797384-09 OI Driver Info Driver Name CHUA KIM HOO Driver Type Main Driver Linnamed driver Name Driver NRIC S0887073Z Driver DOS 24/05/1946 Register Date of Driver 05/06/1965 Driver Age Driving Experience 53 Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Address 1 105 HUA GUAN AVENUE Address 2 HONG KONG PARK Address 3 SINGAPORE 589202 Acidress 4 Address Type Singapore address Post Code 589202 Unit No. Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Any injury? Yes - No 02/08/2018 10:32 s029094 Modify Orange Force(-->N) 02/08/2018 10:32 s029094 Modify Accident Location(NA-->ALONG JUNCTION OF UPPER THOMSON ROAD AND MARYMOUNT LANE) 13/09/2018 14:40 s025755 Modify Private Hire(Rota available-->No) Modescation History Investigation Claim 004 OD-MD Claim Case Officer Zuraimee Bin Mantau LOS SAL SUB Claim Type OD-MD Insured Name Insured NRIC CHUA KIM HOO S0887073Z Contact No. Contact No. (Office) Contact No.(Mobile) 64677617 (Home) Email Address OI Vehicle Number TP Vehicle Number SLW500K Name of Preferred Claim Description 58695 / SLW500K ON 31 Jul 2018 Proferred Insured Fully Glabsky at report Required Workshop Bodoiet Ves Ngaisation Repair Option Cute Registered 12/09/2018 14:31 Claim Close Date Date Received 03/12/2018 09:06 Workshop Repairer Total Loss but Report Taken By CHEN JUNLIANG OD Excess Print AK letter Collected by Workshop 03/12/2018 08:21 s058324 Modify Claim Type(OD-MX-->OD-MO) Modification History Special Claim Creation Approval Approval domarks

nicle Make	TOYOTA	Vehicle Model	COROLLA FIELDER	Engine Capcity				
te of gistration	10/02/2009	Classis No.	NZE1419084166					
ing	* Yes D No	Vehicle in IDAC *						
juired * e of Tender			● Yes ◎ No	Parallel Import *		🖲 Yes 🖯 No		
	Own Damage	Assessor Name *	SIMON	Survey Current S	tatus			
C/Workshop		IDAC/Workshop Location						
dscreen s & Labour		Total Loss •	🖲 Yes 🕕 No					
kid n(6) *	15,000.00	Scrape Value(\$) *	7,528.00	Economical Repai	r Value(\$) *		7,472.0	W
	NO ECONOMICAL TO REPAIR.						7,472,0	_
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Damage L	isting							
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LKK Paya Ubi

From:

Clarence Richard Anthony <clarence.anthony@income.com.sg>

Sent:

Monday, 3 December 2018 8:26 AM

To:

'rspu@lkkauto.com'

Cc: Subject: Teng Ken Leong RE: VEH NO SB69S CLAIMS NO MT/1005642

Hi Shan Hui

The case file has been sent back to you. Pls key the DA.

Regards

Clarence Anthony

Manager Motor Insurance T+65 6430 7877 www.income.com.sg











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From: ODsupport

Sent: 3 December, 2018 8:15 AM

To: Teng Ken Leong <kenleong.teng@income.com.sg>; Clarence Richard Anthony <clarence.anthony@income.com.sg> Subject: FW: VEH NO SB69S CLAIMS NO MT/1005642

From: LKK Paya Ubi [mailto:rspu@lkkauto.com] Sent: Friday, November 30, 2018 5:33 PM

To: Theresa Vimala D/O Balagangadharan < thrsvim.bala@income.com.sg>

Cc: ODsupport < ODsupport@income.com.sg>
Subject: VEH NO SB69S CLAIMS NO MT/1005642

Hi All,

Above mentioned veh is claiming under own damage, the ebao cannot be created, please help me create the ebao and open the D/A for me to do the damage assesment. Thanks

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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LKK Paya Ubi

From: Sent: LKK Paya Ubi <rspu@lkkauto.com> Friday, 30 November 2018 5:33 PM

To:

thrsvim.bala@income.com.sg

Cc:

'ODsupport'

Subject:

VEH NO SB69S CLAIMS NO MT/1005642

Attachments:

SB69S_31072018.PDF; SB 69S_DRIVING DOC.jpg; P1690005.JPG; P1690006.JPG; P1690007.JPG; P1690008.JPG; P1690009.JPG; P1690010.JPG; P1690011.JPG; P1690012.JPG; P1690013.JPG; P1690014.JPG; P1690015.JPG; P1690016.JPG;

P1690017.JPG

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Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Vehicle Check-In

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 No: 38 C95	Date In:	Time In:	with Keys: Yes/No	
		For Office	e use	
	Attended by:			
Workshop Collection of Vehicle				
Workshop: Jeng hub				
Collection Date: 15 1 19	Time: 1 (•	with Keys: Yes / ?	No	
Tow Truck No: YP66326				
Signature:	962237			
For office use				
Attended by: Shan Hui		Approved	by:	
Workshop Return of Vehicle				
Workshop:				
Returned Date:	Time:	with Key: Yes / N	o	
* Tow In / Drive In Tow Man / Workshop Representative:		NRI	C:	
Signature:		For office	use	
		Attended l	py:	
Owner Collection of Vehicle				
Collection Date:	Time:	with Key: Yes/N	o	
Owner:	NR	IC:		
Signature:				
For office use				
Attended by		Annrow	ed hy:	

LKK Paya Ubi

From:

Teng Ken Leong <kenleong.teng@income.com.sg>

Sent: To: Thursday, 10 January 2019 10:59 AM Seng Hup Second Hand Auto Parts

Cc:

NAC Paya Ubi; Theresa Vimala D/O Balagangadharan; Hazalysa Binte Ibrahim; Cynthia

Ang; Teng Ken Leong

Subject:

Vehicle No SB69S (SMG5691G) - Successful Tender for Wreck Vehicle

Our Ref: MT/CA/OD/077/1005642-004/ZBM/TKL

10 Jan 2019

SENG HUP SECOND HAND AUTO PARTS 202 WOODLANDS IND PARK E SINGAPORE 757878

Dear Sir

CLAIM NUMBER: MT/1005642-004

VEHICLE NUMBER: SB69S

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

Award Date: 10 Jan 2019

Make: TOYOTA

Model: COROLLA FIELDER

Location: NATIONAL ASSESSMENT CENTRE (PAYA UBI)

Address:

If you have any queries, please contact Zuraimee Bin Mantau at 64307881 or email us at motor@income.com.sg.

Yours sincerely
Jenny Pe
Deputy Vice President
Motor Insurance

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