

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MIA118137408

Date In: 5/12/18 - 15:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC 802/1911/24	SAS e-filing		
Veh No: 46D12VIM	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 1/14/18 - 04:30	i-Motor Claim Form	MT/1622620-002	5/12/18 15:25
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: P8721040

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% F: 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

NA80816v

Invoice Preparation Checklist

Am (\$)

Int Bill

Am (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Int 1:

Int 2/3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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:-		
OD*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idac Mobile \$0		

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/12/2018 15:10
Date Of Accident	01/12/2018 04:30
Exact Location Of Accident	SERANGOON RD TWDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1321M
Insured/Policyholder	
Name Of Registered Owner	LUXURIOUS DESIGN PTE LTD
Co Reg No	201325156R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91374027
Alternative Phone No	OFFICE-91374027

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 CGI A/T ABS AIRBAG 2WD
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093633236
Cover Note Number	

Driver

Name of Driver	LEE KOK WEE
NRIC No	S8420341F
Date Of Birth	08/07/1984
Occupation	INDOOR
Date Of Driving Pass	01/02/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91374027
Fax Number	
Contact Number	OFFICE-91374027
Email Address	NOEMAIL

Address	BLK 632 HOUGANG AVENUE 8 #07-32
Postcode	530632
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : LEE YEN YIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181201/7011.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ2104U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE YEN YIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGD1321M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 reudiate 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 (a) 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.

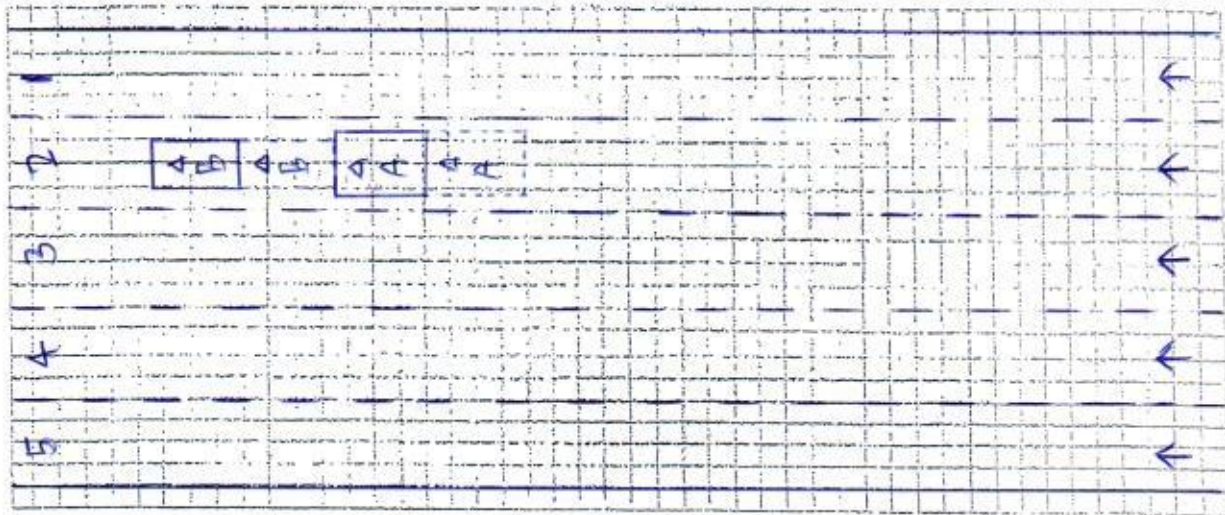
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

veh A: SGD1321M
veh B: FBJ2104U

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was driving my car (Veh A: SGD1321M) along Serangoon Rd towards Upper Serangoon Rd. I fell asleep while driving and collided onto the rear of a vehicle. After which, I alighted to check on what had happened. I realised that I had collided onto a motorcycle (Veh B: FBJ2104U). I proceeded to check on the motorcyclist to ensure that he is alright and gave him a paper with my particulars with it. The rider gave me back his number. We both agreed to settle this accident through insurance claims. However, when I returned to my car, I realised that my passenger (Lee Yen Yin, FR339697x) felt pain and numbness on his neck to his lower back. I felt he required immediate medical attention thus I left the scene to bring him to seek medical assistance. My passenger sustained injury from the accident and was given 2 days of MC. I lodged a accident report and police report immediately the next day.

DECLARATION

(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.:

Date of Accident : 01/12/2018 Accident Time: 0430 (24-HR-Format)
Accident Place : Serangoon Rd Towards Upper Serangoon Rd
Vehicle Reg. No. (Car Plate No.) : SGD1321 M
Vehicle Make/Model : Mercedes Benz E250 Coupe
Insurance Company : NTUC Policy No. 5093633236
Owner or Company Name /IC No. : LUXURIOUS DESIGN PTE LTD
Owner or Company Contact No. : 91374027 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : LEE KOK WEE S8420341 F
DRIVER'S Date Of Birth : 08/07/1984 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others: _____
DRIVER'S Address : BLK 632 HOUGANG AVE 8 #01-32 (530632)
DRIVER'S Contact No./ Alt No. : 1) 91374027 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : VLN08@HOTMAIL.COM
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 02 Male . Lee Yen Yin .
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: FBJ 2104U	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20181201/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20181201/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 14:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KOK WEE			Address: APT BLK 632 HOUGANG AVENUE 8 #07-32 SINGAPORE 530632		
ID Type / ID No.: NRIC NO / S8420341F			Contact No.: Home/Office: Mobile: 91374027		
Nationality: SINGAPORE CITIZEN			Email: vln08@hotmail.com		
Sex: Male	Age: 34	Date of Birth: 08/07/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink No	Date/Time of Accident: 01/12/2018 04:30	Type of Location: Straight Road
Location: SERANGOON ROAD			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2104U	Motorcycle	ADIVA	AD3+200LT +A+3+WHE ELER	Black	Slightly Damaged	1
SGD1321M	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181201/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181201/7011

CONTINUATION OF REPORT

Driver			
Name	LEE KOK WEE	ID No.	S8420341F
Related Vehicle	SGD1321M (Car)	Contact No.	91374027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the stated time and date,

I was driving my car (Veh A: SGD1321M) along Serangoon Road towards Upper Serangoon Road. I fell asleep while driving and collided onto the rear of a vehicle.

Afterwhich, I alighted to check on what had happened. I realised that I had collided onto a motorcyclist (Veh B: FBJ2104U). I proceeded to check on the motorcyclist

to ensure that he is alright and give him a paper with my particulars with it. The rider gave me back his number. We both agreed to settle this accident through insurance claims.

numbness on his neck to his lower back. I felt he required

immediate medical attention thus I left the scene to bring him to seek medical assistance. My passenger

substained injury from the accident and was given 2 days of MC. I lodged a accident report and police report immediately the next day.



SINGAPORE
POLICE FORCE



T/20181201/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181201/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
01/12/2018 14:28

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8420341F



Name

LEE KOK WEE

李 国 辉

Race

CHINESE

Date of birth

08-07-1984

Sex

M

Country/Place of birth

SINGAPORE



S8420341F

5470275



NRIC No. S8420341F



Date of issue

18-05-2015

Address

APT BLK 632 HOUGANG AVENUE 8
#07-32
SINGAPORE 530632

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8420341F

NAME: LEE KOK WEE

Birth Date: 08 Jul 1984

Issue Date: 01 Feb 2016

002524939H



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	01 Feb 2016

NP 428A

Licence No: S8420341F

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.		Date of Accident	01/12/2018 04:30							
Vehicle No. (For Motor)	SGD1321M	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5093633236		LUXURIOUS DESIGN PTE LTD	201325156R	GPC	drivo CLASSIC	SGD1321M	SGD1321M	23/08/2017	03/12/2018
Continue										

 Policy Information

Policy No.	5093633236	Policyholder Name	LUXURIOUS DESIGN PTE LTD	Policyholder NRIC	201325156R
Certificate No.					
Address	8B ADMIRALTY STREET #07-04 8B @ ADMIRALTY SINGAPORE 757440				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	22/08/2017	Effective Date	23/08/2017 00:00	Expiry Date	03/12/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	8B ADMIRALTY STREET	Address 2	#07-04 8B @ ADMIRALTY	Address 3	SINGAPORE 757440
Address 4		Address Type	Singapore address	Post Code	757440
Unit No.	07-04	Related Policy Number	5093633236-01		

 Insured Object: SGD1321M

 Endorsements

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

Claim Handling

Accident MT/1022620

Exit

Policy No.	S093633236	Vehicle No.	SGD1321M	GST Registration No.	
Certificate No.					
Policyholder Name	LUXURIOUS DESIGN PTE LTD			Policyholder NRIC	201325156R
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	
KPI	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	05/12/2018 10:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	01/12/2018	Time of Accident hh:mm	04:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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	No
Modification History			

Policyholder Mailing Address

Address 1	8B ADMIRALTY STREET	Address 2	#07-04 8B @ ADMIRALTY	Address 3	SINGAPORE 757440
Address 4		Address Type	Singapore address	Post Code	757440
Unit No.	07-04	Related Policy Number	S093633236-01		

OT Driver Info

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)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	CD-MD	Insured Name	LUXURIOUS DESIGN PTE LTD	Insured NRIC	201325156R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62541558
Email Address		OT Vehicle Number	SGD1321M	TP Vehicle Number	FBJ2104U
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGD1321M / FBJ2104U ON 1 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/12/2018 15:25	Claim Close Date		Date Received	05/12/2018 00:00
Report Taken By	Jackson			OD Excess Collected by Workshop	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1022620	Claim No.	002
Last Doc Received	☒ Yes ☐ No	Upload Date	05/12/2018 15:27

Path *

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

ASSIGNMENT (IDAC)

By Assessor- 1) Nature of Accident:

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

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 4) Vehicle Information:

Vch No: **SGD 1321 M** Date: **4 Jun 2010**
 Type: **Motorcycle** / Bus / Van / Lorry / Taxi / Prime Mover /
 / Truck / Trailer /
 Make & Model: **Mercedes Benz E250** **SG1** **1796**
 Colour: **White** Registration Type: **Auto** / Manual
 Eng No: **131875**
 Office: **White**
 Gen Cond: **Good** / Fair / Poor / Burnt /
 Steering: **Good** / Jammed / Leaked / Burnt /
 Brake: **Good** / Jammed / Leaked / Burnt /
 Modi: **Nil** / (Rim) / STD A/Rim /
 Tyre Size: **F: 245/35R19**
R: 265/30R19
 BS / DUN / EXNOVA / **GY** / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO /

Front		Rear	
R/Bal	7 mm	R/Bal	8 mm
L/Bal	7 mm	L/Bal	8 mm

Parallel Import: Yes **No** Towed in: Yes / No
 Repair Type: **CS** / **LB** Towing Required: **Yes** / No
 No of Repair Days: **6** Vehicle in Use: **Yes** / No
 D.O.I: **5/12/2018** Time: **3.30 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 Edge/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 Spent

Time completed

By: /

By: /

Vehicle Operation completed Time

MOTOR CAR (Trt)

ACT001140

(1)Replace (✓) (2)Repair (X) (3)Check (Y) (4)Not Completed (R/C)

Aug 2005

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate		?	
1002	991887	Frt Number Plate Base		?	
1003	991889	Frt Number Plate Garnish		?	
1004	991300	Frt Bumper		DD	
1005	992341	Frt Bumper Clips		NEC	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement			
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Top Eye Cover		MIS	
1013	991363	Frt Bumper Grille		CRA	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor		CUT	
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille		MIS	
1022	991328	Frt Grille Emblem		?	
1023	991799	Frt Grille Chrome Moulding		MIS	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover		CRA	
1027	992416	Day Running Light RH		MIS	
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy			
1030	991821	Frt RH Headlamp Assy		CUT	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet		BR	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock		DIS	
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge LH		?	
1038	990261	Bonnet Damper		?	
1039	990305	Bonnet Rubber		DD	
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser		?	
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling		?	
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Day Running Light LH		CUT	
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

Vehicle No: SGD 1321M

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			
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			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender			
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			
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			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
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			
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	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			
		RH Headlamp Washer Jet		?	
		" " " "			
		" " " "			
		" " " "			
		Cover		MIS	
		Bonnet LH Actuator		BS	

Claim Handling

Task Transfer Exit

10% 50% 100%

Accident MT/1022620

Policy No.	5093633236	Vehicle No.	SGD1321M	GST Registration No.	
Certificate No.					
Policyholder Name	LUXURIOUS DESIGN PTE LTD			Policyholder NRIC	201325156R
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	
KPI	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	05/12/2018 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	01/12/2018	Time of Accident Approx	04:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	SERANGOON ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		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	No
Modification History			

Policyholder Mailing Address

Address 1	88 ADMIRALTY STREET	Address 2	#07-04 88 @ ADMIRALTY	Address 3	SINGAPORE 757440
Address 4		Address Type	Singapore address	Post Code	757440
Unit No.	07-04	Related Policy Number	5093633236-01		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered Car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Investigation

Claim 002 OD-MD

Claim Case Officer Tan Siew Choo

10% 50% 100%

Claim Type	OD-MD	Insured Name	LUXURIOUS DESIGN PTE LTD	Insured NRIC	201325156R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62541558
Email Address		01 Vehicle Number	SGD1321M	TP Vehicle Number	FB12104U
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SGD1321M / FB12104U ON 1 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/12/2018 15:27	Claim Close Date		Date Received	05/12/2018 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	MERCEDES BENZ	Vehicle Model	E250 CGI	Engine Capacity	
Date of Registration	04/06/2010	Class No.	WDD2073472P047063		
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Parallel Import *	☐ Yes ☒ 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 #01-25 PAYA		

Wholesale Parts & Labour
Cost

Market Value(\$)

Total Loss *

☐ Yes ☒ No

Scrap Value(\$)

Economical Repair Value(\$)

Remark

REMARK: NO OF REPAIR DAY: 6 DAYS. 1 X FRT BUMPER TOW EYE COVER - REPLACE. 1 X FRT GRILLE CHROME MOULDING - REPLACE. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X RH DAY RUNNING LIGHT - REPLACE. 1 X DAY RUNNING LIGHT GARNISH - REPLACE. 1 X RH HEADLAMP WASHER JET - UNCONFIRM. 1 X RH HEADLAMP WASHER JET COVER - REPLACE. 1 X LH BONNET ACTUATOR - REPLACE.

Remark for Supplementary

Damage Listing

Print & Fax

tool

Not Applicable
ABS
ABSORBER
ACCELERATOR
ACTUATOR
ADVERTISEMENT STICKER
AIR BAG
AIR BLOWER
AIR BOX
AIR CHAMBER BOX
AIR CLEANER
AIR COMPRESSOR
AIR CON
AIR CON (VAN)
AIR COOLER
AIR DISTRIBUTOR
AIR FILTER
AIR FLOW
AIR GRILLE
AIR HORN
AIR INTAKE
AIR RESONATOR BOX
AIR THROTTLE BODY AND SENSOR
ALARM
ALTERNATOR

No.

Part No.

Description

Qty *

Repair Code *

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17

32200101
32200201
16000101
16002401
16003201
16005501
27100101
27100801
27700102
149001
14903401
14902201
14901301
149041
112023
344005
344008

NUMBER PLATE (FRONT)
NUMBER PLATE BASE (FRONT)
BUMPER (FRONT)
BUMPER CLIPS (FRONT)
BUMPER GRILLE (FRONT)
BUMPER SENSOR (FRONT)
GRILLE (FRONT)
GRILLE EMBLEM (FRONT)
HEAD LAMP (RIGHT)
BONNET
BONNET LOCK (LOWER)
BONNET HINGE (LEFT)
BONNET DAMPER (LEFT)
BONNET RUBBER (CENTRE)
AIR CON CONDENSER
RADIATOR COWLING
RADIATOR FAN

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Save Submit

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Wednesday, 12 December 2018 11:26 AM
To: NAC ; admin@dingauto.sg
Subject: SGD1321M, OD claim no : MT/1022620

Importance: High

Dear IDAC,

This veh will be repaired at Ding Auto.

Regards.

Tan Siew Choo
Senior Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers



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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

1321 M

Vehicle No: SGD 4312 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Ding Auto

Collection Date: 12/12/18 Time: 1530 with Keys: Yes / No

Tow Truck No: GRH 3735C Tow Man: Isan NRIC: 87709724 10

Signature: _____

For office use

Attended by: Jackson

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: _____