NATIONAL Assessment Centre Services. (ver 1 Jan'05)

Date In: 10/12/2008 16:24	Job description	Date & Time Completed	Done by
Ref No: NBA/ZUC8022216/Y	SAS e-filing		
Veh No: SJW 9087E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/12/2008 0:35	I-Motor Claim Form	MM/1023226-001	
(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: — 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 6016)	Date Completed	Actions 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/8084/40

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

Invoice Verification Checklist	Amt($)	Action(s) taken/Initials
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 (ver 10 Jan 2005) $75		
6) TR : Re-Inspection $160		
7) N1 : Idas DA + SMRT Survey		
8) NTUC Additional Services:-		
OD):		
*NS: 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: Idas Mobile 30		
Invoice dated *Fee Charged*		
Invoice dated *Fee Charged*		

MN8158159431 / NTUC Income Insurance Co-operative Ltd - HQ
ENTRY DATE & TIME: 10/12/2018 16:24
SUBMITTED BY: Jeffrey Ng Yeow Chong

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.**
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	10/12/2018 16:24
Date Of Accident	10/12/2018 12:35
Exact Location Of Accident	38 ORANGE GROVE ROAD BASEMENT CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW5069E
Insured/Policyholder	
Name Of Registered Owner	BRAIN PHILLIP JAMES
NRIC No	G5319683M
Email Address	PHILBRAIN33@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90250174
Alternative Phone No	OFFICE-90250174
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC60-3.0 T6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095110807-01
Cover Note Number	
Driver	
Name of Driver	GOODARE SHIRLEY ANNE
Passport No/FIN	G3083870Q
Date Of Birth	08/08/1981
Occupation	INDOOR
Date Of Driving Pass	29/08/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92724074
Fax Number	
Contact Number	
EMail Address	SHIRLEYGOODARE@HOTMAIL.COM

Address	22 NASSIM HILL ##04-07 THE LOFT
Postcode	258468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	
Vehicle Make/Model/Colour	
Details Of Properties	WALL (ORANGE GROVE)
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

3. Information provided must be as truthful and accurate as possible. Any w illful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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.

8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, ackhow ledge, agree and consent that:

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich 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.

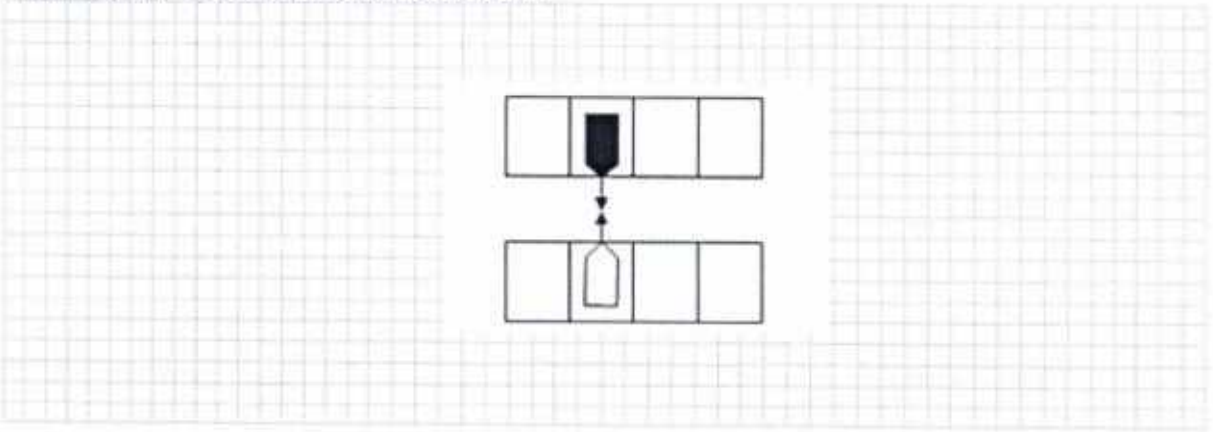
	GOODARE SHIRLEY ANNE 10/12/2018 15:57	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

BLACK CAR : SJW5069E

WHITE CAR : WALL(ORANGE GROVE)

DESCRIPTION :

On 10 Dec 2018 at approximately 1235HRS I was reversing my vehicle out of a carpark, and suddenly my rear right corner of vehicle collided into the wall of Lobby D.

Declaration

I/We declare the foregoing particulars are true in every respect.

	GOODARE SHIRLEY ANNE 10/12/2018 15:57	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

rsbm

From: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Sent: Monday, 10 December, 2018 4:58 PM
To: LKK Bukit Merah (rsbm@lkkauto.com); ODsupport
Subject: DA for SJW5069E (MT/1023236)
Attachments: SAS+2018-12-10.pdf

Dear Rosli

OF had done the reporting for the subject, however the OI will be proceeding to your centre for the assessment.

I have sent the DA to you. Pleas key the DA once you have assessed the car.

You may bill us for the assessment charges.

Regards

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

To Simon

By Police / Owner at Accident:

1) Vehicle hit Vehicle:
a) Motorcar ( )
b) Moyale ( )
c) Bicycle ( )

2) Vehicle hit ??
d) Pedestrian ( )
e) Animal ( )

3) Vehicle hit Road Side Objects:
a) Govn.Property ( )
(Eg. signboard, barrier, tree etc)
b) Road Work Object ( )
c) Private Property ( )

4) Vehicle drop into drain ( )

5) Damage due to Act of God:
a) Fallen Object ( )
b) Flood ( )
c) Other, _____

6) Parked & Found Damaged:
a) Vandalism ( )
b) Hit by Moving Object ( )

7) Theft Case
a) Stolen ( )
b) Damage found when recovered. ( )

8) Fire
a) Whilst driving ( )
b) Parked ( )

9) Accident date more than 24hrs ( )

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Details:

Veh No: SJC5006 9F Yr Reg: MARCH 2010

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

Make & Model: VOLVO XC60 T6 c.c 2953

Colour: BLACK Transmission Type: Auto / Manual

Eng No: B6304T0401100749 3 Sp.Reading: 9001

Chas No: YV1DZ995BA2105304

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

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mods: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/60 R18
R: 235/60 R18

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

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

Parallel Import: Yes / (No)
Repair Type: LS / I.B.I
No of Repair Days: 4
D.O. 18/12/2018

Towed-In: Yes (No)
Towing Required: Yes (No)
Vehicle in Idac: Yes / (No)
Time: 1730

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.Govm Object ( ) g.Road Work Object ( )
h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:
a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

Time Started | Time completed

1) CSO

2) ASS

3) Online Donation Completed Time:

To Simon

MOTORCAR (Rear)

Vehicle No: SJW 5069 E

Rear Portion

NAC	INC	Item	CON	AC	Qty
1137	993626	Rear Number Plate			
1138	993627	Rear Number Plate Base			
1139	993630	Rear Number Plate Garnish			
1140	993632	Rear Number Plate Lamp			
1141	992958	Rear Bumper	CLR	✓	
1142	993085	Rear Bumper Upper			
1143	993017	Rear Bumper Lower			
1144	993054	Rear Bumper Side			
1145	993103	Rear Bumper Tow Cover			
1146	992341	Rear Bumper Clips	NAC	✓	
1147	992976	Rear Bumper Bracket	BE	✓	
1148	993068	Rear Bumper Side Retainer	R/A	NAC	7
1149	993045	Rear Bumper Reinforcement		1	
1150	992970	Rear Bumper Beam			✓
1151	993077	Rear Bumper Sponge		2	
1152	992999	Rear Bumper Damper			
1153	993040	Rear Bumper Protector			
1154	993036	Rear Bumper Pad			
1155	993026	Rear Bumper Moulding			
1156	993044	Rear Bumper Reflector RH		1	✓
1157	993023	Rear Bumper Lower Spoiler			
1158	994023	Reverse Sensor			
1159	993327	Rear End Panel			
1160	993339	Rear End Panel Top Garnish			
1161	993333	Rear End Panel Inner Trim			
1162	990333	Boot Compartment Inner Trim			
1163	993851	Rear LH Taillamp			
1164	993853	Rear LH Taillamp Garnish			
1165	993859	Rear LH Taillamp Panel			
1166	995116	Rear RH Taillamp	BE	✓	
1167	993853	Rear RH Taillamp Garnish		1	
1168	993859	Rear RH Taillamp Panel			✓
1169	993554	Rear Apron Panel			
1170	992895	Bootlid			
1171	991328	Bootlid Emblem			
1172	990356	Bootlid Handle			
1173	995250	Bootlid Moulding			
1174	990376	Bootlid Reflector			
1175	995222	Bootlid Lamp LH			
1176	992899	Bootlid Lamp RH			
1177	995243	Bootlid Lock			
1178	990377	Bootlid Rubber			
1179	990382	Bootlid Hinge			
1180	993877	Bootlid Spoiler			
1181	994543	Tailgate			
1182	991328	Tailgate Emblem			
1183	994643	Tailgate Outer Handle			
1184	994640	Tailgate Moulding			
1185	994545	Tailgate Garnish			
1186	994648	Tailgate Reflector			
1187	994549	Tailgate Lamp			
1188	994646	Tailgate Protector			
1189	994676	Tailgate Wiper Arm			
1190	994677	Tailgate Wiper Blade			
1191	994679	Tailgate Wiper Nozzle			
1192	994555	Tailgate Wiper Motor			
1193	994602	Tailgate Glass			
1194	994606	Tailgate Glass Rubber			
1195	994604	Tailgate Glass Moulding			
1196	994607	Tailgate Glass Sealant			
1197	994629	Tailgate Lock			
1198	994651	Tailgate Rubber			
1199	994611	Tailgate Hinge			
1200	994594	Tailgate Damper			
1201	994613	Tailgate Inner Board			

NAC	INC	Item	CON	AC	Qty
1202	993784	Spare Tyre Board			
1203	994328	Spare Tyre Panel			
1204	995065	Spare Tyre			
1205	994326	Spare Tyre Lock Screw			
1206	993787	Spare Tyre Cover			
1207	995323	Triangle Breakdown Sign			
1208	990507	CD Changer Assy			
1209	990164	Antenna			
1210	990534	Centre Exhaust Pipe Assy			
1211	990532	Centre Exhaust Mounting			
1212	993364	Rear Exhaust Pipe			
1213	993357	Rear Exhaust Chrome Pipe			
1214	993361	Rear Exhaust Mounting			
1215	993358	Rear Exhaust Heat Shield			
1216	995223	Rear LH Chassis Member			
1217	993165	Rear RH Chassis Member			
1218	993436	Rear LH Fender			
1219	993449	Rear LH Fender Protector			
1220	993420	Rear LH Fender Inner Panel			
1221	993431	Rear LH Fender Inner Trim			
1222	993415	Rear LH Fender Inner Garnish			
1223	993425	Rear LH Fender Inner Shield			
1224	993621	Rear LH Mudflap			
1225	993933	Rear LH Wheel Rim			
1226	994025	Rear LH Rim Cover			
1227	995065	Rear LH Tyre			
1228	993456	Rear RH Fender	BTR		
1229	993450	Rear RH Fender Protector			
1230	993420	Rear RH Fender Inner Panel			
1231	993431	Rear RH Fender Inner Trim			
1232	993415	Rear RH Fender Inner Garnish			
1233	993425	Rear RH Fender Inner Shield		1	
1234	993622	Rear RH Mudflap			
1235	993934	Rear RH Wheel Rim			
1236	994025	Rear RH Rim Cover			
1237	995065	Rear RH Tyre			
1238	995162	Rear Fender Extension Panel LH			
1239	993401	Rear Fender Extension Panel RH			
1240	993430	Rear Fender Inner Top Garnish			
1241	993673	Rear Fender 1/4 Glass			
1242	993452	Rear Fender 1/4 Glass Rubber			
1243	993453	Rear Fender 1/4 Glass Sealant			
1244	993949	Rear Windscreen Glass			
1245	993976	Rear Windscreen Rubber			
1246	993961	Rear Windscreen Moulding			
1247	993955	Rear Windscreen Sealant			
1248	994729	Third Brake Light			
1249	993385	Rear Fender Air Grille			
1250	992167	Fuel Lid			
1251	992168	Fuel Neck			
1252	992179	Fuel Tank			
1253	992184	Fuel Tank Bracket			
1254	992191	Fuel Tank Float			
1136	990247	Sticker			

No of Items:_____ Assessor:_____

Claim Handling

+ Task Transfer + Exit

LOS SAI SUB

Accident MT/1023236

Policy No.	5095110807-01	Vehicle No.	SJW5069E	GST Registration No.	
Certificate No.					
Policyholder Name	BRAIN PHILLIP JAMES			Policyholder NRIC	G5319683M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90250174	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	10/12/2018 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	10/12/2018	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre	Redzuan Bin Hussein	Orange Force	No	ICM No.	
Accident Location	38 ORANGE GROVE ROAD BASEMENT CARPARK				

Excess

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

Benefits

GST Registered Information

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

Modification History

Policyholder Mailing Address

Address 1	22 NASSIM HILL	Address 2	#04-07 THE LOFT	Address 3	SINGAPORE 258468
Address 4		Address Type	Singapore address	Post Code	258468
Unit No.		Related Policy Number	5095110807-01		

OI Driver Info

Driver Name	SHIRLEY ANNE GOODARE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	G3083070Q	Driver DOB	08/08/1981
Register Date of Driver License	03/03/1998	Driver Age	37	Driving Experience	20
Contact No.(Mobile)	92724074	Contact No.(Office)		Contact No.(Home)	
Address 1	22 NASSIM HILL	Address 2	# THE LOFT	Address 3	SINGAPORE 258468
Address 4		Address Type	Singapore address	Post Code	258468
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Investigation

Claim 001 OD-MD

LOS SAI SUB

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	BRAIN PHILLIP JAMES	Insured NRIC	G5319683M
Contact No.(Mobile)	90250174	Contact No. (Home)		Contact No. (Office)	
Email Address	PHILBRAIN33@GMAIL.COM	OI Vehicle Number	SJW5069E	TP Vehicle Number	
Claim Description	SJW5069E ON 10 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Repair Option		Insured Liability report	Fully at Fault		
Direct Realisation	Yes				
Date Registered	10/12/2018 16:47	Claim Close Date		Date Received	10/12/2018 16:54
Report Taken By	REDZUAN	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	VOLVO	Vehicle Model	XC60	Engine Capcity	
Date of Registration	29/03/2010	Classis No.	YV1DZ59956A2105304		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Parallel Import *	Yes No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	

IDAC/Workshop Name

IDAC/Workshop Location

Windscreen Parts & Labour Cost

Total Loss * ○ Yes ● No

Market Value($)

Scrape Value($)

Economical Repair Value($)

Remark

Remark for Supplementary

Damage Listing

Find a Part

- root
  - 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

No.	Part No.	Description	Qty *	Repair Code *	
1	16000102	BUMPER (REAR)	1	Replace	X
2	16002402	BUMPER CLIPS (REAR)	1	Replace	X
3	16001304	BUMPER BRACKET (REAR RIGHT)	1	Replace	X
4	16005104	BUMPER RETAINER (REAR RIGHT)	1	Replace	X
5	16005002	BUMPER REINFORCEMENT (REAR)	1	Unconfirm	X
6	16005902	BUMPER SPONGE (REAR)	1	Unconfirm	X
7	16004904	BUMPER REFLECTOR (REAR RIGHT)	1	Unconfirm	X
8	42000102	TAIL LAMP (RIGHT)	1	Replace	X
9	420002	TAIL LAMP GARNISH	1	Unconfirm	X
10	25400106	FENDER (REAR RIGHT)	1	Replace	X
11	25400904	FENDER INNER SHIELD (REAR RIGHT)	1	Unconfirm	X

Save Submit

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 12 / 18) (DD/MM/YYYY), TIME: (12 : 40) (HH:MM)

LOCATION: The Orange Grove, 33 Orange Grove Rd.

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SJW 5069E
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5095 110807 - 01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Volvo XC 60
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private usage
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. **INSURED / POLICY HOLDER**
   A) NAME: BRAIN, Phillip James (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: G5319693M CONTACT: 90250174
   c) ADDRESS: 22 Nassim Hill, #4-07 The Loft
   Singapore 258468

* CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. **DRIVER**
   a) NAME: Goodare, Shirley Anne (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: G3083870Q CONTACT: 92726074
   c) ADDRESS: 22 Nassim Hill, #4-07 The Loft
   258468
   *d) DATE OF BIRTH: (08 / 08 / 1981) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 29/8/17.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS_____)
   b) ROAD SURFACE: (DRY / WET / OTHERS_____)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:_____
8. **THIRD PARTY VEHICLE**

*No of passenger (including driver) (__)

   a) VEHICLE NUMBER:_____ MODEL:_____
   b) DRIVER'S NAME:_____
   c) NRIC/FIN/PASSPORT:_____ CONTACT:_____
9. THIRD PARTY VEHICLE

*No of passenger (including driver) (__)

   d) VEHICLE NUMBER:_____ MODEL:_____
   e) DRIVER'S NAME:_____
   f) NRIC/FIN/PASSPORT:_____ CONTACT:_____

email = phil brain 33@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

FIN G3083870Q

Name

GOODARE SHIRLEY ANNE

Date of Birth

08-08-1981

Sex

F

Nationality

NEW ZEALANDER

G3083870Q

GA0021488

25-05-2018

DEPENDANT'S PASS

Immigration Regulations

Download SGWorkPass
App to check status

FIN G3083870Q

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G3083870Q

Name:

GOODARE SHIRLEY ANNE

Birth Date: 08 Aug 1981

Issue Date: 29 Aug 2017

Valid Till 28/08/2022

002718837E

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	29 Aug 2017

Licence No:G3083870Q

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. | Date of Accident: 10/12/2018 17:26

Vehicle No.(For Motor): SJW5069E | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5095110807-01		BRAIN PHILLIP JAMES	G5319683M	GPC	drivo CLASSIC	SJW5069E	SJW5069E	25/10/2018	24/10/2019

Continue