

Jackson

NATIONAL Assessment Centre Services Inst 1 Jan 2005 **NA118159613**

Date In: 10/12/18 - 19/12/18	Job description	Date & Time Completed	Done by
Ref No: NA118159613/222/224	SAS e-filing		
Veh No: [6W822]	E-mail (within 3hrs, AIC 2hrs)		
DOA: 5/14/18 - 18/3/20	i-Motor Claim Form	M71023105-002	10/12/18 21:16
<input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: (K 2331M) 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:	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
17/1/19	Reopen file to charge DA fees to MTR Income.
18/1/19	1st close date MTR, re-open ref only to 17/1/19

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) for Bill	Amt (\$) Add Bill
NA180712 / NA1902504	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Inspectors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	10/12/2018 19:29
Date Of Accident	05/12/2018 18:30
Exact Location Of Accident	AMK IND PARK 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN872J
Insured/Policyholder	
Name Of Registered Owner	G & H CAR LEASING
Co Reg No	53359774M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87889696
Alternative Phone No	OFFICE-87889696
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090168205-01
Cover Note Number	
Driver	
Name of Driver	YONG WEI HANG (YANG WEIHANG)
NRIC No	S8302859I
Date Of Birth	19/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820211
Fax Number	
Contact Number	OFFICE-91820211
E-Mail Address	NOEMAIL

Address	BLK 805 YISHUN RING ROAD #11-4277
Postcode	760805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ3311M
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)	

DETAILS OF INJURED PERSON 1

Name	YONG WEI HANG (YANG WEIHANG)
------	------------------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLN872J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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 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 rescind policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

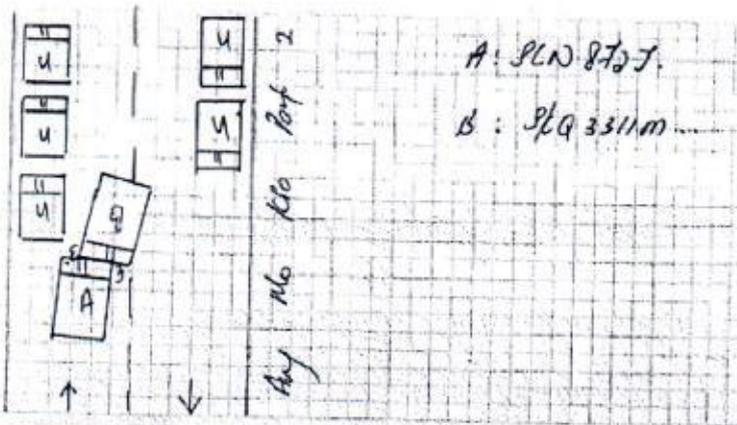
G & H CAR LEASING
53359774M

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ang Mo Kio Park 2. It was a 2-way lane with lorries and vans parked along the road side, resulting into a congested road. The 2-way lane became very narrow. As I noticed that there was a vehicle at the opposite direction trying to overtake into my lane to pass through, I maintained stationary to give way. After the vehicle successfully passed through, I noticed there was another vehicle (b) behind trying to do the same. As such, I continue to stay stationary. However, vehicle (b) was travelling at a very fast speed and charged towards my direction. While vehicle (b) was approaching my vehicle, he did not slow down or have any intention to brake. This result into vehicle (b) collided heads on onto my vehicle front portion. The impact was so great that it caused my vehicle to thrust backwards at least 5m from my stationary position. The driver of vehicle (b) came down and initiated a private settlement, however I was already feeling unwell after the collision. My vehicle was also badly damaged. To that, I declined and wishes to proceed with the insurance claim. My vehicle was equipped with the dash-camera and it has been handed over to the Traffic Police who was at the scene to facilitate the aftermath.

DECLARATION

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

G & H CAR LEASING
53359774M

Policyholder's Signature
Date & Time:

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

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

Yang

[Signature]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Accident details

Date and time of accident	Date: 05/12/13 (DD/MM/YY) Time: 18:30 (HH:MM)
Exact location of accident	Ang Mo Kio Drive 2

Details of vehicle

Vehicle registration number	SLN 872 J
Vehicle make and model	Honda Shuttle
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Commercial
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

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

Insured / Policy holder

Name	G & H CAR LEASING	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	53359274M	
Contact	8255 1696	
Address	690A Woodlands Drive 75 #10-152 S (731690)	

Driver

Same as insured above (skip to D.O.B)

Name	YONG WEI HAN	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8302359I	
Contact	9112 0211	
Address	APT BLK F05 YONGHUA 22ND ROAD #11-4277 S (76105)	
Email address		
Date of birth	17-01-1983	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	11 March 2011	

General information of the accident

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

Passenger 1

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

Passenger 2

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

Passenger 3

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

Passenger 4

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

Passenger 5

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

Passenger 6

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

Other information

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

Details of police action

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

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKA 3311 M
Vehicle make model	

Third party vehicle 2

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

Third party vehicle 3

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

Third party vehicle 4

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

Third party vehicle 5

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

Third party vehicle 6

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

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	YOUNG WONG HANG
Injuries sustained	Broken
Which vehicle person in?	SLN 872 T
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

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

Injured person 3

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

Injured person 4

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SLN872J
 Name (as shown in NRIC) : G & H CAR LEASING NRIC/FIN/Passport No : 5335974M
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLOCK 805 YISHUN RING ROAD #11-4277 Singapore (760805)
 Contact (Tel) : _____ Mobile No. : 9182 0211
 Email Address : _____
 Date of Accident : 05 DEC 2018 Time of Accident : 18:30
 Place of Accident : ANG MO KIO INDUSTRIAL PARK 2
 Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

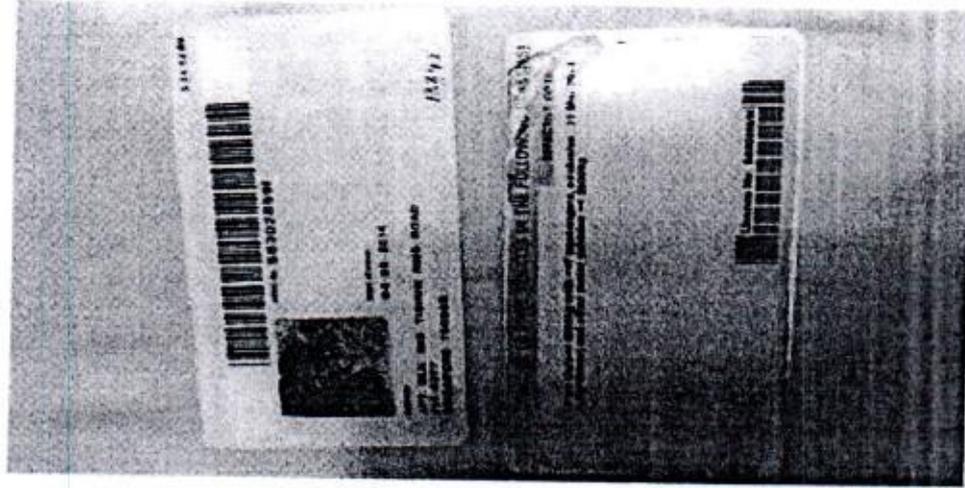
SWITCH TO OWN DAMAGE CLAIM

G & H CAR LEASING
53359774M 

 Policyholder / Driver's Signature
 Date: 02 JAN 2018



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



By Assessor- 1) Nature of Accident:

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

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

21 Apr 2017

Vehicle: **SLN 872J** ()
 Type: M/Cycle / Bus / Van / Heavy / Taxi / Prime Mover / ...
 / Truck / Trailer ()
 Make & Model: **Honda Shuttle 1.5** ()
 Colour: **White** Transmission Type: Manual
 Eng/No: _____ Sp/Reading: _____
 Chassis: **GK 8 1007112**
 Gen. Cond: Good / Fair / Poor / Burnt ()
 Steering: / Jammed / Leaked / Burnt ()
 Brake: / Jammed / Leaked / Burnt ()
 Modi: Nil / S/Rim / STD A/Rim ()
 Tyre Size: F: **185/60 R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
 TOYO / YOKO () **Falken**

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

Parallel Import: Yes / No
 Towed-In: Yes / No
 Repair Type: LS / LBI
 Towing Required: Yes / No
 No. of Repair Days: **8**
 Vehicle in/loc: Yes / No
 D.O.I: **15/1/2019**
 Time: **3.15 pm**

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a) Vehicle () b) Motorcycle () c) Bicycle () d) Pedestrian ()
 - e) Animal () f) Govt Object () g) Road Work Object ()
 - h) Private Property () i) Drain () j) Road Kerb/Grass/Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a) Fallen Object () b) Flood () c) Vandalism () d) Fire ()
 - e) Moving Object () f) Stolen () g) Stolen & Recovered ()

Time Started: _____ Time completed: _____
 1) SRS: _____
 2) ABS: _____
 3) Other Operation (e.g. oil, etc): _____

MOTOR CAR (Fr)

Front Portion

Vehicle No: **SLN 872J**

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	MIS	/	
1002	991887	Frt Number Plate Base	CRA	/	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR	/	
1005	992341	Frt Bumper Clips	NEC	/	6
1006	991325	Frt Bumper Bracket	BT	/	2
1007	991462	Frt Bumper Side Retainer	DIS	/	2
1008	991433	Frt Bumper Reinforcement	BT	/	
1009	991318	Frt Bumper ---Towhook Cover---	DIS	/	
1010	991468	Frt Bumper Sponge	CRA	/	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CRA	/	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	CRA	/	
1018	991355	Frt RH Bumper Fog Lamp Cover	CRA	/	
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille Top, Gr & Lower	CRA	/	3
1022	991328	Frt Grille Emblem	CRA	/	
1023	991799	Frt Grille Chrome Moulding	CRA	/	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover	CRA	/	
1027	992416	Horn			
1028	991277	Frt Brace Panel	BT	/	
1029	995153	Frt LH Headlamp Assy	BR	/	
1030	991821	Frt RH Headlamp Assy	CRA	/	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BUC	/	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	BT	/	
1036	990285	Bonnet Insulator	DIS	/	
1037	990273	Bonnet Hinge	BT	/	2
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber	BT	/	
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	BT	/	
1043	990122	Air Con Fan Assy	CRA	/	
1044	990134	Air Con Suction Pipe (Low Pressure)	DD	/	
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)	BT	/	
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe	DD	/	
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator	CUT	/	
1053	992738	Radiator Cowling	DD	/	
1054	992742	Radiator Fan Assy	CRA	/	
1055	992745	Radiator Fan Clutch	JM	/	
1056	992758	Radiator Hose Top	JM	/	
1057	992757	Radiator Hose Bottom	BT	/	
1058	992741	Radiator Expansion Tank			
1059	990131	Air Duct	CUT	/	
1060	990070	Air Cleaner Assy	CRA	/	
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator	CRA	/	
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	Battery	CUT	/	
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank	DD	/	
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt	TN	/	
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	TN	/	
1086	990946	Engine Mounting Bracket	BR	/	
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member	BT	R	
1093	991520	Frt RH Chassis Member	BT	R	
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	BUC	/	
1097	995072	Frt LH Fender Inner Panel	BT	R	
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	CRA	/	
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender	BUC	/	
1106	991739	Frt RH Fender Inner Panel	BT	R	
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield	TN	/	
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	DIS	/	
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy	BR	/	
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag	BUC	/	
1128	994485	Steering Wheel Airbag Sensor	NEC	/	
1129	990749	Dashboard Airbag	BUC	/	
1130	990750	Dashboard Airbag Sensor	NEC	/	
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy	JM	/	
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy	JM	/	
1136	990247	Sticker			
		Frt Duct Grille Top Garnish	CRA	/	
		Frt RH Door	SCR	R	
		RH Rocker Panel Skirting			

Claim Handling

Task Transfer Exit

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Accident MT/1023105

Policy No.	5090168205-01	Vehicle No.	SLN872J	GST Registration No.	
Certificate No.					
Policyholder Name	G & H CAR LEASING			Policyholder NRIC	53359774M
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	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	10/12/2018 10:12	Accident Report Within 24 hrs	No	Accident Type	Collision - Head on collision
Date of Accident	05/12/2018	Time of Accident (h:mm)	18:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	AMK INDUSTRIAL PARK 2 TOWARDS AMK AVE 5				

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	11/12/2018 09:32:36 Deborah Mui changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 690A #10-152	Address 2	WOODLANDS DRIVE 75	Address 3	SINGAPORE 731690
Address 4		Address Type	Singapore address	Post Code	731690
UNIT No.	10-152	Related Policy Number	5090167977-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/01/1983
Unnamed driver Name	YONG WEI HANG (YANG WEIHA)	Driver NRIC	SB302850I	Driving Experience	7
Register Date of Driver License	13/03/2011	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	91820211	Contact No.(Office)		Address 3	KHATIB GARDENS
Address 1	BLK 805 #11-4277	Address 2	YISHUN RING ROAD	Post Code	760805
Address 4	SINGAPORE 760805	Address Type	Singapore address		
UNIT No.	11-4277				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification History	11/12/2018 08:50 s018940 Modify Accident Report Within 24 hrs(Yes->Non-Reporting) 13/12/2018 09:59 s090297 Modify Accident Report Within 24 hrs(Non-Reporting->No) 17/12/2018 16:45 s018940 Modify Accident Type(Slide Swipe->Collision - Head on collision)		

Investigation

Claim 002 OD-MD

Claim Case Officer Yap Chee Ling

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Claim Type	OD-MD	Insured Name	G & H CAR LEASING	Insured NRIC	53359774M
Contact No.(Mobile)	90283115	Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	SLN872J	TP Vehicle Number	SHQ3311M
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SLN872J / SHQ3311M ON 5 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/12/2018 21:17	Claim Close Date		Date Received	16/01/2019 08:44
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
Modification History	16/01/2019 08:42 s069588 Modify Claim Type(OD-MX->OD-MD)				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Activity Handling Attachment

Vehicle Info

Vehicle Make	HONDA	Vehicle Model	SHUTTLE	Engine Capacity	
Date of Registration	21/04/2017	Classis No.	GK81007112		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Type of Tender * Assessor Name * 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: NO OF REPAIR DAY:8 DAYS. 1 X FRT BUMPER TOW HOOK COVER - REPLACE. 1 X FRT GRILLE CHROME MOULDING - REPLACE. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - REPLACE. 1 X AIR CON SUCTION HOSE - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - REPLACE. 1 X AIR CON LIQUID PIPE - REPLACE. 1 X AIR CON BELT - REPLACE. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM. 1 X STEERING WHEEL AIRBAG - REPLACE. 1 X STEERING WHEEL AIRBAG SENSOR - REPLACE. 1 X FRT GRILLE TOP GARNISH - REPLACE. 1 X RH ROCKER PANEL SKIRTING - UNCONFIRM.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER						
ACCELERATOR	3	16000101	BUMPER (FRONT)	1	Replace	X
ACTUATOR	4	16002401	BUMPER CLIPS (FRONT)	0	Replace	X
ADVERTISEMENT STICKER						
AIR BAG	5	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	X
AIR BLOWER	6	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace	X
AIR BOX	7	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR CHAMBER BOX						
AIR CLEANER	8	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR COMPRESSOR	9	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR CON	10	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR CON (VAN)						
AIR COOLER	11	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR DISTRIBUTOR						
AIR FILTER	12	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	X
AIR FLOW	13	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR GRILLE	14	27100101	GRILLE (FRONT)	3	Replace	X
AIR HORN	15	27100601	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR INTAKE						
AIR RESONATOR BOX	16	28500101	HORN (LEFT)	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR						
ALARM	17	15600101	BRACE PANEL (FRONT)	1	Replace	X
ALTERNATOR	18	27700101	HEAD LAMP (LEFT)	1	Replace	X
ALUMINIUM PANEL - SIDE	19	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AMPLIFIER						
ANTENNA	20	149001	BONNET	1	Replace	X
ANTI ROLL						
APRON	21	14903401	BONNET LOCK (LOWER)	1	Replace	X
ARCH	22	149029	BONNET INSULATOR	1	Replace	X
ARM REST	23	14902201	BONNET HINGE (LEFT)	1	Replace	X
ASH TRAY	24	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AUTO CLUTCH	25	149041	BONNET RUBBER (CENTRE)	1	Replace	X
AUTO COOLER PIPE	26	112023	AIR CON CONDENSER	1	Replace	X
AUTO CRUISE MOTOR	27	112060	AIR CON FAN	1	Replace	X
AUTO TRANSMISSION	28	112043	AIR CON DISCHARGE HOSE	1	Unconfirm	X
AXLE	29	112011	AIR CON COMPRESSOR	1	Unconfirm	X
BACK REST (MC)	30	344001	RADIATOR	1	Replace	X
BACK SEAT	31	344005	RADIATOR COWLING	1	Replace	X
BALANCER	32	344008	RADIATOR FAN	1	Replace	X
BATTERY	33	344011	RADIATOR FAN CLUTCH	1	Replace	X
BEADING (MC)	34	34402602	RADIATOR HOSE (TOP)	1	Replace	X
BELT COVER (MC)	35	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
BELT TENSIONER	36	344007	RADIATOR EXPANSION TANK	1	Replace	X
BODY	37	11001302	AIR CLEANER HOSE (CENTRE)	1	Replace	X
BODY (MC)	38	110037	AIR CLEANER RESONATOR	1	Replace	X
BOLT CAP (MC)	39	247008	EXHAUST MANIFOLD	1	Unconfirm	X
BOLT HEAD COVER (MC)	40	247009	EXHAUST MANIFOLD COVER	1	Unconfirm	X
BONNET	41	247012	EXHAUST MANIFOLD OXYGEN SENSOR	1	Unconfirm	X
BOOT	42	141001	BATTERY	1	Replace	X
BOX (MC)	43	141007	BATTERY TRAY	1	Unconfirm	X
BOX BRACKET (MC)	44	454012	WIPER WASHER TANK	1	Replace	X
BOX CARRIER (MC)	45	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
BOX DOOR	46	124001	ALTERNATOR	1	Unconfirm	X
BOX STICKER (MC)	47	124002	ALTERNATOR BELT	1	Replace	X
BRACE PANEL	48	338007	POWER STEERING COOLER PIPE	1	Unconfirm	X
BRAKE	49	338010	POWER STEERING HOSE	1	Unconfirm	X
BRAKE - ABS	50	243014	ENGINE LOWER COVER	1	Replace	X
BRAKE (MC)	51	24302006	ENGINE MOUNTING BRACKET (RIGHT)	1	Replace	X
BUMPER	52	24301903	ENGINE MOUNTING (FRONT)	1	Unconfirm	X
CABIN	53	24301905	ENGINE MOUNTING (REAR)	1	Unconfirm	X
CAMBER						
CAMSHAFT						
CAR AUDIO SYSTEM						
CAR JACK						
CARBURATOR						
CARGO						
CARRIAGE						
CARRIER MOUNTING						
CASTOR						
CATALYTIC CONVERTOR						
CD CHANGER						
CD PLAYER						
CDI UNIT (MC)						
CENTRE BOTTOM						
CENTRE BRACKET						
CENTRE CONSOLE						
CENTRE COWLING (MC)						
CENTRE CROSS MEMBER						

54	268006	GEAR BOX MOUNTING	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="checked" type="checkbox"/>
55	19600501	CHASSIS MEMBER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="checked" type="checkbox"/>
56	19600502	CHASSIS MEMBER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="checked" type="checkbox"/>
57	25400102	FENDER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
58	25400801	FENDER INNER PANEL (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="checked" type="checkbox"/>
59	25400901	FENDER INNER SHIELD (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
60	25400103	FENDER (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
61	25400802	FENDER INNER PANEL (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="checked" type="checkbox"/>
62	25400902	FENDER INNER SHIELD (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
63	454009	WIPER PANEL GARNISH	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
64	22600101	DASHBOARD (BOTTOM)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
65	226002	DASHBOARD AIR BAG	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
66	226003	DASHBOARD AIR BAG SENSOR	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
67	106007	AIR BAG CONTROL UNIT	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="checked" type="checkbox"/>
68	36300102	SEAT BELT (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
69	36300101	SEAT BELT (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="checked" type="checkbox"/>
70	23300202	DOOR (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="checked" type="checkbox"/>



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SLN 872J Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock Wah Motor

Collection Date: 17/01/19 Time: 1135 with Keys: (Yes) / No

Tow Truck No: YH 1388L Tow Man: Ong Eng Beng NRIC: S1048441A

Signature: _____

For office use

Attended by: Shan Hui

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: _____

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Thursday, 17 January 2019 10:49 AM
To: LKK Paya Ubi; Hock Wah Motor Pte Ltd
Subject: SLN872J | MT/1023105 (Awarding Letter to Hock Wah)

Importance: High

Hi IDAC and Hock Wah,

Vehicle is currently with IDAC.

Excess of \$2,000 is applicable.

Please liaise with the person-in-charge – Mr Henry at tel: 9028 3115 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg

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made different



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in with you

Our Ref: MT/CA/OD/051/1023105-002/YCL

17 Jan 2019

HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1023105-002
REPAIR OF VEHICLE NUMBER: SLN872J

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

Award Date: 17 Jan 2019
Make: HONDA

Model: SHUTTLE

Estimated Repair Days: 12

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits: Not applicable

Excess Applicable: 2,000

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

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