NATIONAL Assessment Centre Services

(wef 1 Jan 05) MWA 19010505

Date In: 21/1/19 - 16.00	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19001647 GR4	SAS e-filing		
Veh No: SMG 6377A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/1/19. 13:43	i-Motor Claim Form	M7/1029430-001	21/1/19 18:08
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: SJM1393A INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : ( ) *Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions
23/3/19.	Reopen file to change DA fees to NTUC.
18/4/19	reopen ref only * TP DOL 28/1/19 17/6/19

NA 1900694 / NA 1902401

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/03/2019 10:17

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	24/01/2019 16:22
Date Of Accident	22/01/2019 23:40
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG6397A
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE LTD
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91515465
Alternative Phone No	OFFICE-91515465
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X 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	YES
Policy Number	5090735902-01
Cover Note Number	
Driver	
Name of Driver	KANG HAN CHUAN (JIANG HANQUAN)
NRIC No	S7607912I
Date Of Birth	20/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1998
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96102020
Fax Number	
Contact Number	OFFICE-96102020
EMail Address	NOEMAIL

Address	BLK 101 SERANGOON NORTH AVENUE 1 #03-807
Postcode	550101
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 - CROSS JUNCTION
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , **POSTCODE**: 550108 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2849999 - **FAX NO**: 63431742
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190123/2105.

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	SLM1027G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	SANI BIN DAUD
NRIC/Passport Number	S8116352I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KANG HAN CHUAN (JIANG HANQUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMG6397A
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 **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore (**"GIA"**) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the **"Personal Information"**) and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the **"Insurers"**), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

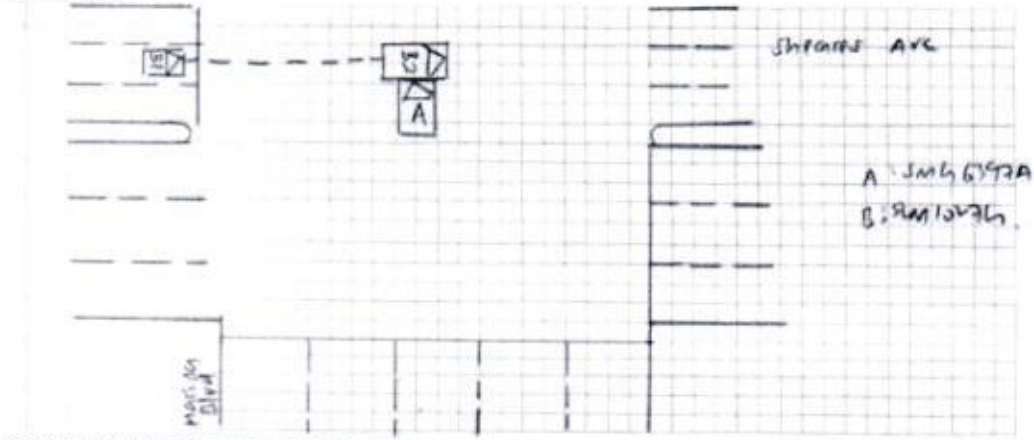
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019013/0125.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20190123/2105

Report No. T/20190123/2105

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/01/2019 16:21		17

Informant's Particulars

Name of Informant: KANG HAN CHUAN			Address: APT BLK 101 SERANGOON NORTH AVENUE 1 #03-807 SINGAPORE 550101	
ID Type / ID No.: NRIC NO / S7607912I			Contact No.: Home/Office:	Mobile: 96102020
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 20/03/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2019 23:40	Type of Location: X-Junction
Location: Along Road 1 MARINA BOULEVARD Marina Boulevard junction of Sheares Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM1027G	Car	MAZDA	3	Silver	Slightly Damaged	0
SMG6397A	Car	TOYOTA	NOAH	White	Seriously Damaged	2

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20190123/2105

Report No. T/20190123/2105

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Driver			
Name	SANI BIN DAUD	ID No.	S8116352I
Related Vehicle	SLM1027G (Car)	Contact No.	NIL
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

Driver			
Name	KANG HAN CHUAN	ID No.	S7607912I
Related Vehicle	SMG6397A (Car)	Contact No.	96102020
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	23/01/2019	Date Discharge	23/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am a 'GO JEK' driver. On 22/01/2019 @2340hrs, I was driving my rented car (SMG6397A) along Marina Boulevard going towards the direction of the Cruise Centre and there were 2 passengers in my vehicle who were seated at the rear passenger seat. When I reached the junction of Marina Boulevard and Sheares Ave, I stopped my vehicle at the traffic light was 'Red'. After the traffic light turned 'Green', I slowly moved my vehicle and drove forward and suddenly a car (SLM1027G) came from Sheares Ave and beat the traffic light although the traffic light was 'Red'. My car then collided onto the right said of the said car at the middle of the traffic light junction. The incident was captured by an in-car camera of another vehicle whom the driver came forward to become a witness and forwarded me the video. My 2 passengers was conveyed to Singapore General Hospital by an ambulance. One of the passenger sustained some facial injuries while the other passenger had some red marks on his neck and back of body. Earlier today I felt pain on my left hand and I seek medical attention at Mount Alvernia Hospital and were given 3 days of medical leave. I wish to state that Traffic Police personnel were at the accident scene.

SINGAPORE POLICE FORCE

T/20190123/2105

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20190123/2105

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: F / SI ABDUL RASHID BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 16:21
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp
NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MNA119011750 Vehicle Registration No: SMG6397A

Name(as shown in NRIC) : H & H RENTAL & LEASING PTE LTD NRIC/FIN/Passport No : 201703965Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 91515465

Email Address : _____

Date of Accident : 22/01/2019 Time of Accident : 23:40

Place of Accident : JUNC MARINA BLVD & SHEARES AVE

Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

Amend to claiming own damage.

I wish to add in the statement that after the accident happen, my vehicle has * The front parts & internal all breake. p/s check on it.

H & H Rental & Leasing Pte Ltd

Policyholder / Driver's Signature
Date:

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

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09.00 – 17.00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MNA 1190117S0-01 Vehicle Registration No: SMG 6397A.

Name(as shown in NRIC): H & H Rental & Leasing Pte Ltd NRIC/FIN/Passport No :

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No.: 9131 5465 .

Email Address :

Date of Accident : 22/1/19 Time of Accident: 23:40.

Place of Accident : June marina blvd & sheares Ave.

Insurance Company: MTVC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

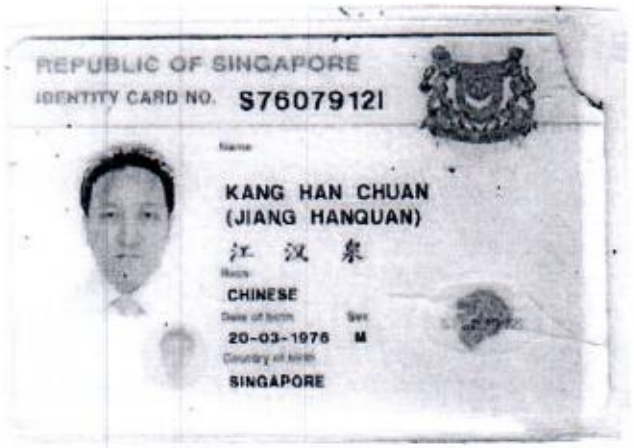
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

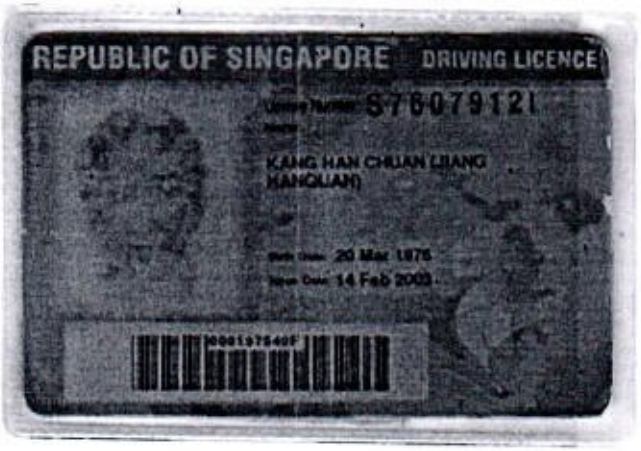
I wish to state after the incident, when brake my veh, the brake got sound. my veh alightment, car bearing and mounting not stable.

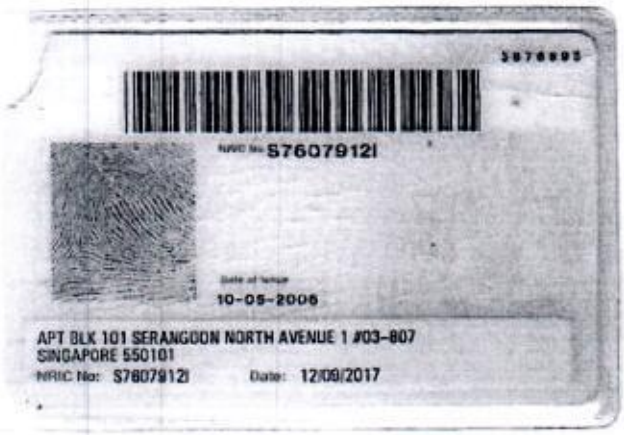
H & H Rental & Leasing Pte Ltd

Policyholder / Driver's Signature
Date:

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


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7607912I
KANG HAN CHUAN
(JIANG HANQUAN)
江 汉 泉
CHINESE
20-03-1976 M
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S7607912I
KANG HAN CHUAN (JIANG HANQUAN)
20 Mar 1976
14 Feb 2003


S7607912I
10-05-2006
APT BLK 101 SERANGOON NORTH AVENUE 1 #03-807
SINGAPORE 550101
NRIC No: S7607912I Date: 12/09/2017


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


eBaoTech
GeneralClaim
Hello, NAC_PAYA_UBI_800601
› Change Language
› Change Password
› Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Vehicle No.(For Motor)
SMG6397A
Date of Accident
22/01/2019 23:40
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5090735902-01
H & H RENTAL & LEASING PTE. LTD.
201703965Z
GFT
drive CLASSIC
SMG6397A
SMG6397A
27/12/2018
Continue

Policy Information

Policy No.	5090735902-01	Policyholder Name	H & H RENTAL & LEASING PTE.	Policyholder NRIC	201703965Z
Certificate No.					
Address	61 UBI AVENUE 2 #04-12 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	27/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	881.07		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

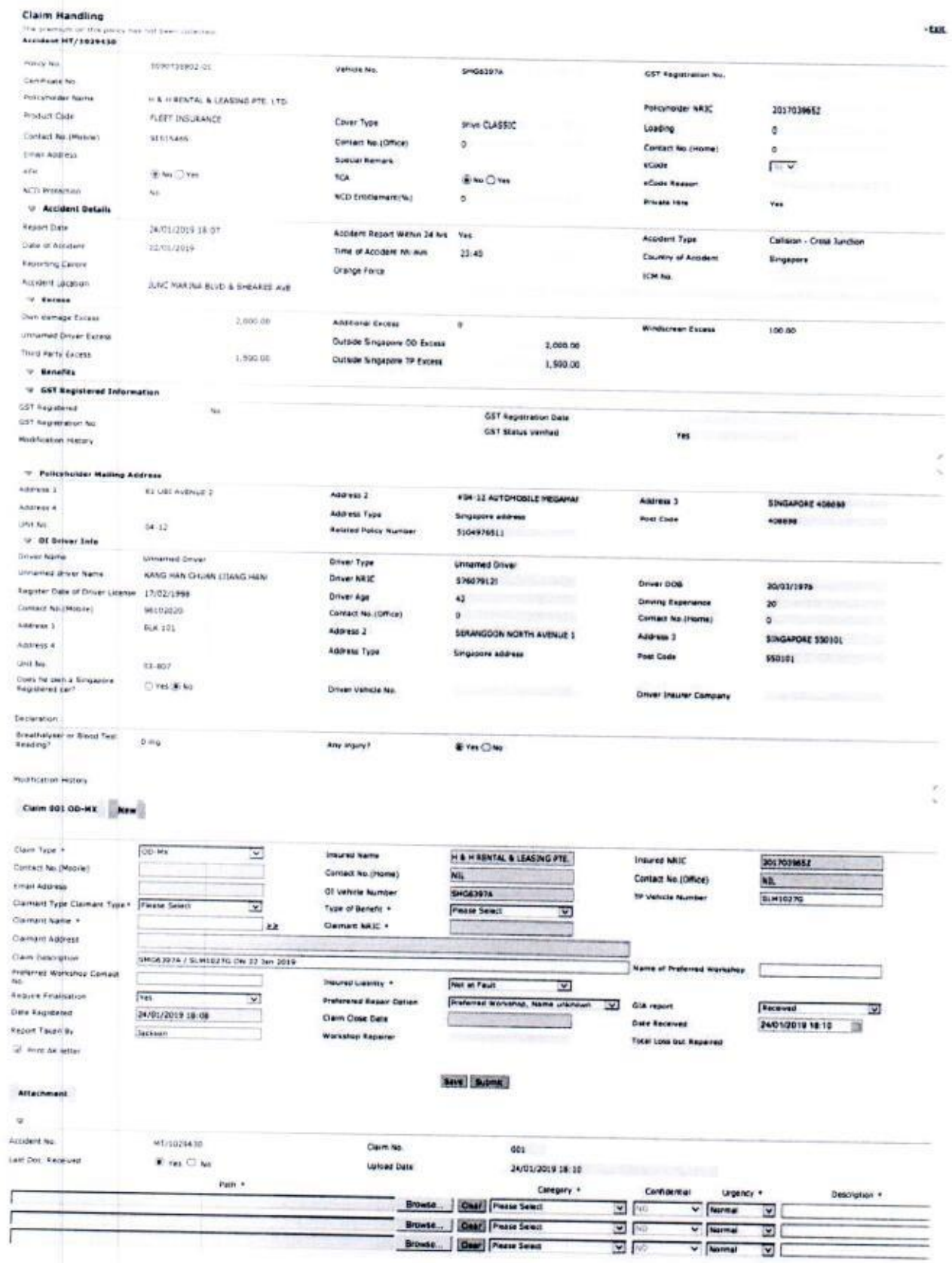
Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5104976511		

Insured Object: SMG6397A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/03/2018 00:00	Basic Information Endorsement	000001286783177	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGY6835D 28-03-2018 $1,176.42 In view of this amendment, a refund of $1,176.42 (inclusive of GST) will be adjusted against the outstanding premium.
2	29/03/2018 00:00	Basic Information Endorsement	000001286785069	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GB71058136 02-04-2018 $1,061.56 2. NHP1707115022 02-04-2018 $1,061.56 In view of this amendment, an additional premium of $2,123.12 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by



Claim Handling

Accident MT/1029430

Policy No	5090728902-01	Vehicle No.	SHG6397A	GST Registration No.	
Certificate No					
Policyholder Name	H & H RENTAL & LEASING PTE. LTD.				
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	201703965Z
Contact No.(Mobile)	96151465	Contact No.(Office)	0	Loading	0
Email Address		Sidebar Remark		Contact No.(Home)	0
ARF	No Yes	TCA	No Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Yes

Accident Details

Report Date	24/01/2019 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	22/01/2019	Time of Accident hh:mm	23:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC MARINA BLVD & SHEARES AVE				

Excess

Own damage Excess	2,000.00	Additional Excess	0	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			

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMALL	Address 3	SINGAPORE 408698
Address 4		Address Type	Singapore address	Post Code	408698
Unit No	04-12	Related Policy Number	5104976511		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KANG HAN CHUAN (JIANG HAN	Driver NRIC	S7607912I	Driver DOB	30/03/1976
Register Date of Driver License	17/02/1998	Driver Age	43	Driving Experience	20
Contact No.(Mobile)	98102020	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 101	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550101
Address 4		Address Type	Singapore address	Post Code	550101
Unit No	03-807				
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

Claim 001 OD-MX New

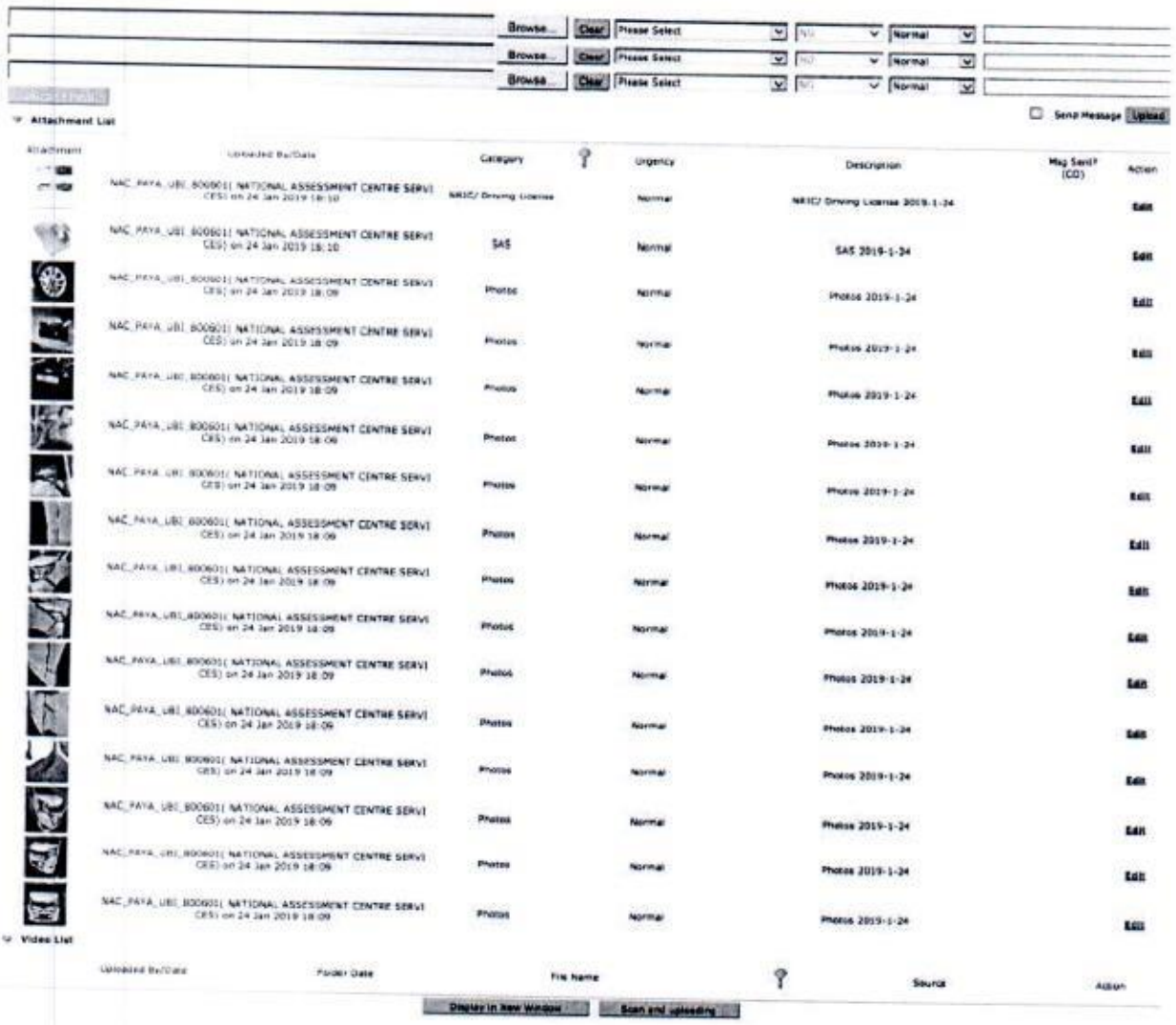
Claim Type *	OD-MX	Insured Name	H & H RENTAL & LEASING PTE.	Insured NRIC	201703965Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SHG6397A	TP Vehicle Number	SLH1027G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SHG6397A / SLH1027G ON 22 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Assure Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/01/2019 18:08	Claim Close Date		Date Received	24/01/2019 18:10
Report Taken By	Jackson	Workshop Repairer		Total Loss Out Repaired	
Print GI letter					

Save Submit

Attachment

Accident No.	MT/1029430	Claim No.	001
Last Doc. Received	Yes No	Upload Date	24/01/2019 18:10

Path *		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
Normal
Attachment List
Send Message
Upload
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
Edit
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading

ASSIGNMENT (IDAC)

By CSO: Nature of Accident:

1) Vehicle hit Vehicle:
- a) Motorcar ( )
- b) M/cycle ( )
- c) Bicycle ( )

2) Vehicle hit ??
- a) Pedestrian ( )
- b) Animal ( )

3) Vehicle hit Road Side Objects:
- a) Govm Property ( ) (e.g. signboard, barrier, lamp 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

Owner come back almost 2mths after the accident decided to claim OD with the partial repair of the damaged.

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

Veh No: SMG6397 A   D.Regn: 27 Dec 2018

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

Make & Model: Toyota Noah Hybrid 1.8X CVT   CC: 1797

Colour: White   Transmission Type: (Auto) / Manual

Eng/No: Sp.Reading: 20642

C/No: ZWR80034 7525

Gen. Cond: (Good) / Fair / Poor / Burnt or

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi: Nil (S/Rim) / STD A/Rim or

Tyre Size: F: 195/65 R15
R: ——

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   Towed-In: Yes / No

Repair Type: LS / I.B.I   Towing Required: (Yes) / No

No of Repair Days: 6   Vehicle in Idac: (Yes) / No

D.O.I: 19/3/2019   Time: 5.05pm

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) Entire Operation Completed Time		

(1)Good (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn (14)Unconfirmed (15)Not Working

MOTOR CAR (Frt)

ACTION (AC)
(1)Replace (√) (2)Repair (X) (3)Check (?) (4)Not Considered (NC)

Aug [illegible]

Front Portion

Vehicle No: SMG6397A

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	BR	/	
1005	992341	Frt Bumper Clips	NEC	/	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	DIS	/	2
1008	991433	Frt Bumper Reinforcement		?	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge		?	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper ~~Pr~~ Tow Eye Cover	BT	/	
1013	991363	Frt Bumper Grille	KRA	/	
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		?	
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille		?	
1022	991328	Frt Grille Emblem		?	
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	R	
1026	992025	Frt Support Panel Top Garnish Cover	CRT	/	
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	BR	/	
1030	991821	Frt RH Headlamp Assy		?	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BUC	/	
1034	991328	Bonnet ~~Emblem~~ Moulding		?	
1035	990287	Bonnet Lock		?	
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge	BT	/	2
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser		?	
1043	990122	Air Con Fan ~~Assy~~ Cowling		?	
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	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray	BT	R	

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	SCR	R	
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender ~~Lamp~~ Emblem	NEC	/	
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	SCR	R	
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender ~~Lamp~~ Emblem	NEC	/	
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			
		Frt RH Door	SCR	R	

No of Items: ____________ Assessor: ____________

Claim Handling

• Task Transfer • Exit

EDS SAL SUB

Accident MT/1029430

Policy No.	S0907J5902-01	Vehicle No.	SMG6397A	GST Registration No.	
Certificate No.					
Policyholder Name	H & H RENTAL & LEASING PTE. LTD.				
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	201703965Z
Contact No.(Mobile)	91515465	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Yes

Accident Details

Report Date	24/01/2019 18:07	Accident Report Within 24 hrs	No	Accident Type	Collision - Cross Junction
Date of Accident	22/01/2019	Time of Accident hh:mm	23:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNC MARINA BLVD & SHEARES AVE				

Excess

Own damage Excess	2000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2000.00		
Third Party Excess	1500.00	Outside Singapore TP Excess	1500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	91 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAI	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	S104976511		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KANG HAN CHUAN (JIANG HAN(	Driver NRIC	S7607912I	Driver DOB	20/03/1976
Register Date of Driver License	17/02/1998	Driver Age	42	Driving Experience	20
Contact No.(Mobile)	96102020	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 101	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550101
Address 4		Address Type	Singapore address	Post Code	550101
Unit No.	03-807				
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	28/01/2019 18:10 s018940 Modify Accident Report Within 24 hrs(Yes-->No)		

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

EDS SAL SUB

Claim Type	OD-MD	Insured Name	H & H RENTAL & LEASING PTE.	Insured NRIC	201703965Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SMG6397A	TP Vehicle Number	SLM1027G
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SMG6397A / SLM1027G ON 22 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/01/2019 18:13	Claim Close Date		Date Received	21/03/2019 12:24
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter				OD Excess Collected by Workshop	
Modification History	21/03/2019 11:00 s990621 Modify Claim Type(OD-MX-->OD-MD)				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment | Activity Handling | Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	NOAH	Engine Capcity	1797
Date of Registration	27/12/2018	Classis No.	ZWR800347525		
Towing Required *	◉ Yes ○ No	Vehicle in IDAC *	◉ Yes ○ No	Parallel Import *	◉ Yes ○ No

Type of Tender * Own Damage

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value($)

Assessor Name * SIMON

IDAC/Workshop Location 51 UBI AVENUE 1 #01-25 PAYA

Total Loss * ○ Yes ◉ No

Scrape Value($)

Survey Current Status

Economical Repair Value($)

Remark REMARK:NO OF REPAIR DAY:6 DAYS. 1 X FRT BUMPER TOW EYE COVER - REPLACE. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X FRT LH FENDER EMBLEM - REPLACE. 1 X FRT RH FENDER EMBLEM - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part

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
- ALUMINIUM PANEL - SIDE
- AMPLIFIER
- ANTENNA
- ANTI ROLL
- APRON
- ARCH
- ARM REST
- ASH TRAY
- AUTO CLUTCH
- AUTO COOLER PIPE
- AUTO CRUISE MOTOR
- AUTO TRANSMISSION
- AXLE
- BACK REST (MC)
- BACK SEAT
- BALANCER
- BATTERY
- BEADING (MC)
- BELT COVER (MC)
- BELT TENSIONER
- BODY

No.	Part No.	Description	Qty *	Repair Code *	
1	16000101	BUMPER (FRONT)	1	Replace	X
2	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
3	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
4	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
5	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
6	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm	X
7	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
8	16004201	BUMPER MOULDING (FRONT)	1	Unconfirm	X
9	16005501	BUMPER SENSOR (FRONT)	1	Unconfirm	X
10	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	X
11	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
12	27100101	GRILLE (FRONT)	1	Unconfirm	X
13	27100801	GRILLE EMBLEM (FRONT)	1	Unconfirm	X
14	41300101	SUPPORT PANEL (FRONT)	1	Repair	X
15	27700101	HEAD LAMP (LEFT)	1	Replace	X
16	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	X
17	149001	BONNET	1	Replace	X
18	149039	BONNET MOULDING	1	Unconfirm	X
19	14903402	BONNET LOCK (UPPER)	1	Unconfirm	X
20	14902201	BONNET HINGE (LEFT)	1	Replace	X
21	14902202	BONNET HINGE (RIGHT)	1	Replace	X
22	112023	AIR CON CONDENSER	1	Unconfirm	X
23	112064	AIR CON FAN COWLING	1	Unconfirm	X
24	344001	RADIATOR	1	Unconfirm	X
25	344005	RADIATOR COWLING	1	Unconfirm	X
26	141002	BATTERY BRACKET	1	Repair	X
27	25400102	FENDER (FRONT LEFT)	1	Repair	X
28	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
29	25400103	FENDER (FRONT RIGHT)	1	Repair	X
30	25400904	FENDER INNER SHIELD (REAR RIGHT)	1	Unconfirm	X
31	23300202	DOOR (FRONT RIGHT)	1	Repair	X

Save Submit

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 22 March 2019 2:44 PM
To: NAC ; AutoPoint
Subject: SMG6397A, OD claim no : MT/1029430

Importance: High

Dear AutoPoint,

OD excess of $2,000/- is applicable.

Survey required and you have to arrange personally at mtsurvey@income.com.sg

Kindly update owner on the repair status and the nos of repair days required.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher together with some photos on after repairs within 14 days after the repair has been done/ finalized with Surveyor to my email.

Regards.

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

Our Ref: MT/CA/OD/051/1029430-001/TSC
22 Mar 2019
AMK AUTOPOINT PTE LTD
BLK 10 ANG MO KIO INDUSTRIAL PARK 2A
#01-22 AMK AUTOPOINT
SINGAPORE 568047
Dear Sir

CLAIM NUMBER: MT/1029430-001
REPAIR OF VEHICLE NUMBER: SMG6397A

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 22 Mar 2019
Make: TOYOTA
Model: NOAH
Estimated Repair Days: 7
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A
Excess Applicable: 2000.00
Please note that supplementary items will not be allowed.
If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.
Yours sincerely
Jenny Pe
Deputy Vice President
Motor Insurance

NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NATIONAL ASSESSMENT CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SMG6397A Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Body Fix

Collection Date: 23/03/19 Time: 1135 with Keys: Yes / No

Tow Truck No: YN7966K Tow Man: Jackson NRIC: 1822610C
9669/1023.

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:*** _____