Date in	NATIO	ONAL Assassment Cons		- <u> </u>	1-1	
Ref No National Processing Sase - Hilling E-mail (scans Stee, Alt 2014)	Date In	MALASSESSMENT CERTIF				
F-mail (wear star, ARC 2810) P-mail (wear star, ARC 2810) P-Motor W/O (within to 2 late, IP-share) -Motor W/O (within to 2 late, IP-share) -Mo	Ref No	110/110		Date & Time Completed	Done	рУ
Insured Policy Period	Veh No	CALLEGO 2420/13	-	1 2		
I-Motor W/O Winds od 2 20x 17 4 fer)	the same of the sa		E-mail (within 8krs, AIC 2krs)			
I-Motor W/O (winks ot 2 art, IP 4 lars)	D.O.A.	08/02/19 /650	i-Motor Claim Form	m7/1031459-0	201	
Assessment/Survey Report Ass't Report by Eax / Hand to Owner/Wksp	(D) 7	P ' Reporting Only	The state of the s	s. TP 4hrs)		
Ass't Report by Fax / Hand to Owner/Wksp		A STATE OF THE STA				
Preferred Wksp / INC Assign Wksp / QW: { Tel: Fax: Tel: Tel: Tel:	TP Insur	er				
TP Particulars: Veli No: GNEFTTC INC () / Non-INC ()	Preferred	Wksp / INC Assign Wksp / OW. /	Ass't Report by Fax / Hand t	o Owner/Wksp		
Owner / Driver: (ax:	Schulb-
Policy No: (-		9N8877C INC(
Confirmed by:		1- /	-1./	Protection and the second)	21
Insured/Driver Liability % Note-Est Status (WO): N: 0-20%; P: 21-79%. F: \$0-160%		/ 1011)	
Year of Registration: ()	
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 horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Date/Time Actions Liamant's Particulars:- () 1) AR: Acedeat Reporting (\$30); 1NC (\$80) () Amily T: Follow-Though Survey \$40,745 () Apply T: Follow-Though Survey \$5120 () Apply T: Follow-Though Survey (Resurvey) \$120 () Apply T: Follow-Though Survey (Resurvey) \$120 () Apply T: Reinspection \$100 () Apply T: Follow-Though Survey \$120 () Apply T: Follow-Though S	The second secon	Danist	. H. C.	0%; P: 21-79%, F: 80-10	00%]	
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() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Luss Case : to e-mail Insurer URGENTLY. Drive-In () / Towel-In (); Invoice: YES () / NO (); Towing Co. (Remarks: (INC horline: 6788 6616)	-	, Bodding . \$1,000	0 () / \$2,000 ()			
Invoice Preparation Checklist	2) QC Che 3) Upload I Injury:	ck / Post Repair Inspection Resurvey Photo [Repair Cost > \$300	()			
Invoice Preparation Checkist 1st Bill Add Italianant's Particulars :- 1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 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) NI : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- C Checked by (Engr-In-Charge): Onl* *NS: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55 *N8: DV / Collect Excess Coordination \$55						
1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 1			Invoice Prepa	aration Checklist	200	Amt (S
3 TF : Towing Fee \$40/\$45	laimant's P	articulars :-				
Sometimes Some	river/Owner	4	3) TF : Towing Fee	\$40/\$4		
For claiming against INC Only (wef 10 Jan 2005)	ontact No:		5) FT : Follow-Thro	ough Survey (Resurvey) \$3		
S NTUC Additional Services:- On C C Checked by (Engr-In-Charge): On *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 uditors! Comments :- *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5	imaged Por	tion:	For claiming aga 6) TR : Re-inspection	inst INC Only (wef 10 Jan 2005) on \$7		
C Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 uditors! Comments:- *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5					0	
*N3: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 utilitors' Comments:- *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5	Checked	by (Engr-In-Charge):	OD*			
*N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5						
	uditors' Co	mments :-	*N7: Fost Repair	Inspection \$2	5	
SAS c-Illing						
2 / 3: 9) N12; Idac Mobile 30]	2/3:		9) N12: Idac Mobile	3	01	2000005255

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	11/02/2019 18:05
Date Of Accident	08/02/2019 16:50
Exact Location Of Accident	UPP CHANGI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL6599M
Insured/Policyholder	
Name Of Registered Owner	HOO GUAN HUI (HU YUANHUI)
NRIC No	S8504094D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90275410
Alternative Phone No	OTHERS-90275180
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TRICITY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097140189-01
Cover Note Number	
Driver	
Name of Driver	HOO GUAN HOCK
NRIC No	S8315471C
Date Of Birth	19/05/1983
Occupation	INDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90275180
Fax Number	
Contact Number	

ZACK.HOOGH@GMAIL.COM

BLK 172 BEDOK SOUTH ROAD Address

#11-419

Postcode 460172

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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 1

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED 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 GN8877C

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver MD MASUM NRIC/Passport Number G6533174N

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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:
 - 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:
 - 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

09 Feb 2019

(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.:

	HUMA
A-FBL6599M	ODED
B-GN8877C	
	UPP CHANGE RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

J+	ыаз	an	upslope	50	sd.	Vehicle	G	N 881	f7c	yan	bake	near hump area
and	I	was	not	able	to	break	P	time	and	a	colision	happened at
the	rea	of	GNS	8770								

DECLARATION

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

09 Feb 2019

Policyholder's Signature Date & Time: JA 09- FEB - 2019

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

Name: NRIC/FIN No.:

GIASMC StetchMonForm, v3

ACCIDENT STATEMENT

ACCIDENT DATE:	08 / 02 / 2019)(DD/MM/YY	YY), TIME:(16:50)(HH:MM)
LOCATION: Upper	Change Read -	
1. DETAILS OF	VEHICLE &	
d)FOLICY II	PE: (COMPREHENSIVE) THIRD P	ARTY / THÍRD PARTY FIRE &THEFT)
f)TYPE:(SALC	OON / COUPE / MPV /V AN / LOF	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE (CATEGORY: (PRIVATE / COMMER	CIAL (MOTORCYCLE)
hJPURPOSE	OF USING AT ACCIDENT TIME:	Immeline
i) ARE YOU C	LAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)
IF NO, PLEA	SE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2. INSURED / PO	DLICY HOLDER	
A)NAME:	HOD GUAN HUI	(MALE / FEMALE)
1. DETAILS OF VEHICLE OLYPHICLE NUMBER: FBL 6599 M DINSURANCE COMPANY: N TUC CIPOLICY NUMBER: 509 T 1100 L 2 - DI CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & IT e) MAKE & MODEL: YAMAHA TRICITY f) TYPE: (SALON) / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHER e) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHER f) PURPOSE OF USING AT ACCIDENT TIME: TAVELING i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (FES) NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HOW GUAN MU (MALE / FEMALE D) NRIC/FIN/PASSPORT: SESCHOOLD CONTACT: 902 T 544 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SESCHOOLD CONTACT: 902 T 544 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SESCHOOLD CONTACT: 902 T 544	CONTACT: 9027 5410	
DINSURANCE COMPANY: NTOC CIPOLICY NUMBER: 509 FILLO 15 9-01 DINSURANCE COMPANY: NTOC CIPOLICY NUMBER: 509 FILLO 15 9-01 DINSURANCE COMPANY: NTOC CIPOLICY NUMBER: 509 FILLO 15 9-01 DINAKE & MODEL: JAMAHA TRICITY DITTPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE) OTI GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL (MOTORCYCLE) OTI GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL (MOTORCYCLE) OTI DIPURPOSE OF USING AT ACCIDENT TIME: TAVALING DIARE YOU CLAIMING UNDER YOUR OWN INSURANCE (PES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: HOW GUAN HOW DINRIC/FIN/PASSPORT: SESO4094 D CONTACT: 9027 SCALOTED CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SESO4094 D CONTACT: 9027 SCALOTED CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SESO4094 D CONTACT: 9027 SCALOTED CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SESO4094 D CONTACT: 9027 SCALOTED CONTACT: 9027 SCAL	Read & 11-419	
* CONTINUE	TO 3.d IF DRIVER ALSO POLICY H	IOLDER
THO of passengs. DRIVER		
(Including diag) a)NAME:		(MALEY FEMALE)
9) MAKE & MODEL: YAMAHA TRICITY FITYPE: (SALOON / COUPE / MPV / YAN / LORRY / MOTORCYCLE) / O 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) / O 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) / O 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HOW GLAN HOW (MALE) / FEN D) NRIC/FIN/PASSPORT: S8504044 D CONTACT: 9027 C) ADDRESS: BIL 132 Badele South Read & 11-414 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: HOW GLAN HOW (MALE) / FEN D) NRIC/FIN/PASSPORT: S851541C CONTACT: 9027 C) ADDRESS: BIL 132 Badele South Read **CONTACT: 9027 C) ADDRESS: BIL 132 Badele South Read **CONTACT: 9027 C) ADDRESS: BIL 132 Badele South Read **CONTACT: 9027 O) ADDRESS: BIL 132 Badele South Read **CONTACT: 9027 O) ADDRESS: BIL 132 Badele South Read **CONTACT: 9027 C) ADDRESS: BIL 132 Badele South Read **CONTACT: 9027 O) ADDRESS: BIL		
c)ADDRESS:_	BIK 172 Bedok Sout	
e)OCCUPATION	ON: (INDOOR) / OUTDOOR)	/MM/YYYY)
		RED'S COMPANYS (VES / NO)
IF NO, RELAT	TIONSHIP OF THE DRIVER WIT	TH INSURED: Siblings
5. a)WEATHER C	ONDITION: ICLEAR / RAINING /	OTHERS
b)ROAD SURF	ACE: DRY / WET / OTHERS	
6. WAS ANYBOD	Y INJURED (YES /NO)	
a)REPORTED T	O POLICE (YES / NOT	
IF YES, PLEAS	E STATE WHICH POLICE STATION	P. S.
8 THIPD PARTY V	EHICLE	-
THE of passenger a) VEHICLET		MODEL TOYOTA PYNA
		MODEL.
at AIDIO (FIA)	PASSPORT: G 6533124 N	CONTACT
9. THIRD PARTY V	EHICLE	CONTACT
		HODEL
The state of the s		MODEL:
The state of the s	CONTROL CONTRO	
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C 8	2 1	* 3
20/ /-	email =	FBL 6599M ANY: PITUS SOPTIME SOLUTION PREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT YAMAMA TRICTY UPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) (PRIVATE / COMMERCIAL (MOTORCYCLE) AT ACCIDENT TIME: TOUCHING JUNDER YOUR OWN INSURANCE (FES/NO) THIRD PARTY CLAIM / REPORTING ONLY) DER WALE / FEMALE) S8504094 D CONTACT: 9027 5410 TE BEDEL SOME ROLD PREVIOUS ALSO POLICY HOLDER GUAN MOCK (MALE / FEMALE) S8515471 (CONTACT: 9027 5189 TO J 1983 (DD/MM/YYYY) OR / OUTDOOR) PREPIENCE: 2 OYEE OF THE INSURED'S COMPANY? (YES (NO) OE THE DRIVER WITH INSURED: SIDINGS (YES / NO) HICH POLICE STATION: MODEL: CONTACT: MODEL: CONTACT: CONTACT: MODEL: CONTACT:
OVEHICLE NUMBER: FB 6699M DINSURANCE COMPANY: NTO C CIPOLICY NUMBER: 509 T 10018 and DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FILE PARKE & MODEL: TAMAHA TRICITY FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE/ FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE/ GIVERICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) I) PURPOSE OF USING AT ACCIDENT TIME: Taveling DIARRY YOU CLAIMING UNDER YOUR OWN INSURANCE (PES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: HOW GUAN HOW CIADDRESS: BIK 172 BEACK Suth BEACK SITE (1922) SALE 172. CONTINUE TO 3. dif DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S85040 94 D CONTACT: 90:2 CONTINUE TO 3. dif DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S850513411C CONTACT: 90:2 CONTINUE TO 3. dif DRIVER ALSO POLICY HOLDER MALE / FE DINRIC/FIN/PASSPORT: S850513411C CONTACT: 90:2 CONTINUE TO 3. dif DRIVER ALSO POLICY HOLDER MALE / FE DINRIC/FIN/PASSPORT: S850513411C CONTACT: 90:2 CONTACT: 90:2 AUSD DRIVER: MARE MEMPLOYEE OF THE INSURED'S COMPANY? (YE IF NO, RELATIONSHIP OF LIFE DRIVER WITH INSURED: SIGN DIRECTIONSHIP OF LIFE DRIVER WITH INSURED: SIGN THIRD PARTY VEHICLE DI VEHICLE NUMBER: (N) 28 77 (MODEL: 10/901) DIRECTION PASSPORT: C 6 5 3 3 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
41916 . 1	fax =	
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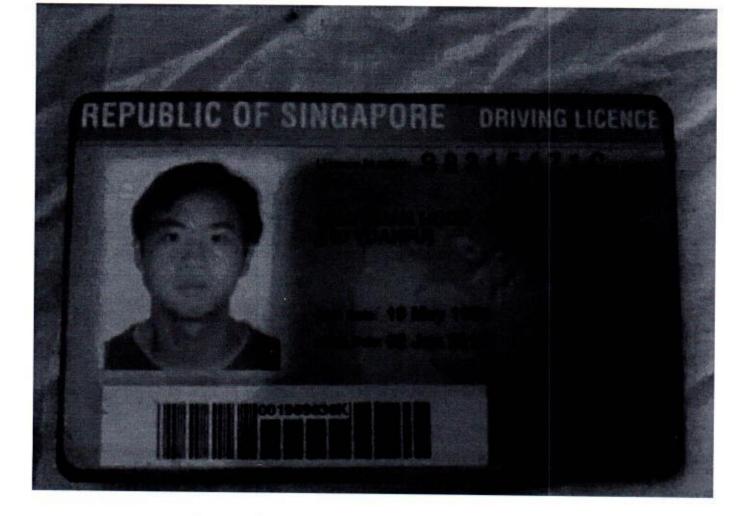




09-05-2014

APT BLK 172 BEDOK SOUTH ROAD #11-419 SINGAPORE 460172

Class 3 Motorcycles =< 200 CC Class 3 Motorcycles =< 200 CC Motor cars == 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg S / No. 9000236589 Lixence No. S8315471C



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	00601						• Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.			- 0	Da	ate of Accident		08/02/2019	16:50	7
	Vehicle	No.(For Motor)	FBL6	599M		Ce	ertificate Number				
						Search	n				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5097140189- 01		HOO GUAN HUI (HU YUANHUI)	\$8504094D	GMC	Comprehensive	FBL6599M	555.5	23/01/2019	22/01/2020
				HUI (HU		GMC			555.5		

Claim Handling

Accident MT/1031459						
Policy No.	5097140189-01	Vehicle No.	FBL6599M		GST Regi	stration N
Certificate No.					0.000	30.000
Policyholder Name	HOO GUAN HUI (HU YUANHUI)				Policyholo	der NRTC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive		Loading	aer rence
Contact No.(Mobile)	90275180	Contact No.(Office)	0			la (Hama)
Email Address		Special Remark			eCode	vo.(Home)
KFK	= No Yes	TCA	No Yes			2000
NCD Protection	No	NCD Entitlement(%)			eCode Re	
		res Enddelhend 19)	15		Private H	ire
Report Date	11/02/2019 18:37	Accident Report Within 24 hrs	Yes		Accident 1	Tune
Date of Accident	08/02/2019	Time of Accident hh:mm	16:50			
Reporting Centre		Orange Force	10.50		ICM No.	of Accident
Accident Location	UPP CHANGI ROAD	36			ICH NO.	
▽ Excess						
Own damage Excess	300.00	Additional Excess				0.25
Unnamed Driver Excess		Outside Singapore OD Excess			windscree	en Excess
Third Party Excess	0.00	Outside Singapore TP Excess				
▽ Benefits	70720	outside bringapore 17 Excess				
	ation					
GST Registered	No		GST Dan	istration Date		
GST Registration No.				us Verified		Yes
Modification History						105
Policyholder Mailing Ade	dress					
Address 1	BLK 172 #11-419	Address 2	BEDOK SOUTH RO	TAD.	Address 3	3
Address 4		Address Type	Singapore address			
Unit No.		Related Policy Number	5097140189-01		Post Code	13
OI Driver Info			3037140103-01			
Driver Name	HOO GUAN HOCK	Driver Type	Named Driver			
Unnamed driver Name		Driver NRIC	S8315471C		Deluga DO	
Register Date of Driver License	12/10/2016	Driver Age	35		Driver DO	
Contact No.(Mobile)	90275180	Contact No.(Office)	0		Driving Ex	
Address 1	BLK 172	Address 2			Contact N	
Address 4		Address Type	BEDOK SOUTH RO		Address 3	
Unit No.	#11-419	consists type	Singapore address	•	Post Code	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Ins	urer Com
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Reading?		This inquiry	() les (a) no			
Modification History						
Claim 001 OD-MD New						
Claim Type •				OD-MD	▼ Insured	luca =
				OD-NO	Name Contact	HOO GI
Contact No.(Mobile)				90275401	No. (Home)	644229
Email Address					OI Vehicle Number	FBL659
Claim Description				FBL6599M / GN8877C O		
Preferred						
Workshop	Preferered Liability Fully at Fault	▼ GIA		8		
		▼ GIA Received				
	Repair Income to assign workshop	report Received		Service Control of the Control of th	Chalm	
Finalisation Pes Date Registered		report		11/02/2019 18:42	Claim Close Date	
Date Registered		report			Close Date	
		report Received		11/02/2019 18:42 ROSLINDA	Close	

Save Submit Attachment Accident No. MT/1031459 Claim No. 001 Last Doc. Received Yes No Upload Date 11/02/2019 00:00 Path * Category * Confidential Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Des NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:42 NRIC/ Driving License Normal NRIC/ Driving I NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on NRIC/ Driving License NRIC/ Driving I Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal SAS 2 11 Feb 2019 18:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 11 Feb 2019 18:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 11 Feb 2019 18:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 11 Feb 2019 18:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 11 Feb 2019 18:42 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:42 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 11 Feb 2019 18:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos. Normal Photos 11 Feb 2019 18:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:42 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 11 Feb 2019 18:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 11 Feb 2019 18:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on **Photos** Normal Photos 11 Feb 2019 18:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 11 Feb 2019 18:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:41 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 11 Feb 2019 18:41 Photos Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

ASSIGNMENT (IDAC)

By CSO- Nature of Accident				1	Veh No: FRI 65 99 M Yr Regn 23/01/17
) Vehicle hit Vehicle:	2) Vehicle hit ??				1020
a) Motorcar ()	a) Pedestrian	()		Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / 3/15
b) M/cycle ()	b) Animal	()		/ Truck / Trailer or
c) Bicycle ()					Make & Model: Yamaha Tricity c.c 155
3) Vehicle hit Road Side Objects:					Colour S/uc Transmission Type: (Auto) Manual
a) Govrn Property ()	b) Road Work Object	()		Eng/No: Sp.Reading: N/A
(Eg. signboard, barrier, tree etc)	c) Private Property	()		CANO: MLESG381000056090
4) Vehicle drop into drain		1)		Gen. Cond. Good Fair / Poor / Burnt or
5) Damage due to Act of God:					Steering (Inorder) Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	1)		Brake: (norder Jammed Leaked Burnt or
c) Other,					Modi: Nil (S/Rim) STD A/Rim or
6) Parked & Found Damaged:					Tyre Size: F: 90/80-14
a) Vandalism ()	b) Hit by Moving Object	()		R: 130/70-13
7) Theft Case					BS (DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()		TOYO / YOKO or
	when recovered.				Front Rear
8) Fire					R/Bal. 6 mm R/Bal. 6 mm
a) Whilst driving ()	b) Parked	()	#	L/Bal. 6 mm L/Bal. mm
9) Accident date more than 24hrs		- (()		Parallel Import: Yes / No Towed-In: Yes / No
9) Accident date more than 24m		- 2	30		Repair Type: LS / I.B.I Towing Required: Yes / No
Remarks for internal information				11000	No of Repair Days: 4 Vehicle in Idac: (Yes) / No
Remarks for internal information					D.O.I. R/2/19 Time. 10-20 m
			1112		
					By Assessor- 2) Comments
N. M. Standard					1) Damages not due to recent accident.
					2) Damages do not seem hit onto:
Remarks to appear in Works Or	der & Assessment repor	t			a.Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on ()				h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()				3) Vehicle does not seem damaged as a result of:
VITO ENTROL					a.Fallen Object() b.Flood() c.Vandalism() d.Fire()
		-	•	915	e.Moving Object () f.Stolen () g.Stolen & Recovered ()
				5000	Time Started Time completed
		-	***		Company of the state of the sta
					1) 050

2) ASS

3) Entire Operation Completed Time:

101)Sent Charles (Sibriesto) (40 tested (50 in GolSciabled (020)Afoned (05)Sinfed (Cabakled (40)Bolen (110)Assatony (12)Missing (13)Ton (14)Unconfirmed (13)Sof Working

FOR MOTORCYCLE

1 Replace (77) - * P-pair (X) - 3 Chest (7) 4 Not Co. Usest (193)

MILVE	LAICE	Fehicle No: FRL	CON	Leil.	
NAC Joseph	+	lien	(())/4	VC	317
THE WALL BOOK STORY		Radiator		-	
地震		Radiator Cowling			
3046	THE CO. IS NOT SECOND	Seat Assy	-		
3047		Engine Crash Bar		1	
3048	990928	Engine Guard		- 1	
	990219	Battery			
HID EAST	990224	Battery Cover	2.	_	
题的	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket	1		
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever	1		
3057	THE RESERVE TO A REPORT OF	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy			
	993719	Rear LH Shock Absorber	San reuni		
	993720	Rear RH Shock Absorber	o Prycerook	ame -	
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	and the second second	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc		12.523	
3068	992936	Rear Brake Caliper	Lagrange -		277
3069	995236	Rear Spocket		l de la constant de l	00%
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			100
	993819	Rear Sub frame			
3073	995245	the state of the s			
3074	995246	and the second s	_		
3075	995251	Rear Taillamp			
	993626	to the second se			
3076	994192	A THE PROPERTY AND ADDRESS OF THE PARTY OF T			
3077	992927	The state of the s			1
3078	992928	Rear Box Bracket			
3079	991328	Emblem	NEC	/	
	990247	Sticker "ABS"	NEC	ME	2
ST.					1
Bana	- distant				
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19					

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	INC	Hem	CON	AC	Qty		\C	INC	16
100T	991886	Front (Number Plate	NEC		- 14		ALC: NAME OF THE	995074	Ra
3001	995065	Front Tyre				0.000	STATE OF THE PERSON NAMED IN	992738	R
3002	995095	Front Rim				The second section is a second		994146	Se
3003	994872	Front Tyre Rim Spoke					-	990915	B
3004	991771	Front Fender Wheel Guard					A CONTRACTOR	990928	Е
3005	991283	Front Brake Disc			in will	100315-003	DIMENSION I.	990219	B
3006	991281	Front Brake Caliper	-	-				990224	B
3007	991785	Front Fork Assy L&R	BT	1		1800	000	990223	B
3008	991787	Front Fork Inner Tube				30	149	991144	13
3009	991789	Front Fork Outer Tube				30	050	991154	F
3010	991167	Front Fork Bracket	- Homes			30)51	991779	F
3011	991182	Front Fork Oil Seal			200	30)52	994269	S
3012	991174	Front Fork Garnish				3(153	992549	N
3013	992376	Front Headlamp Rim				30	154	990615	C
3014	992328	Front Headlamp				30)55	992478	K
3015	992337	Front Headlamp Bracket				30	056	992477	K
3016	992345	Front Headlamp Fairing				30)57	991145	F
3017	992130	Front Windshield	CUT	/		30	058	993500	-
3018	992134	Front Wing Mirror	-	9		30	059	993501	B
3019	995245	Front LH Signal Lamp	1			30	060	992581	E
3020	995246	Front RH Signal Lamp			200000	66.000	061	991058	E
3021	992556	Meter Casing				金瓜	900	993719	B
3022	992553	Meter Assy	9	3	+		115	993720	F
phill &	991019	ERP Bracket				30	062	995065	F
	991020	ERP Unit		200		30	063	991200	1
3023	992446	Ignition Switch				30	064	994872	
3024	992442	Ignition Key Assy			5000000	- Princes	065	993474	_
3025	990706	Cowling Stay				-	066	993443	in the
3026	994470	Steering Stem	-	-		100000	067	992940	-
3027	994427	Steering Cone				-	068	992936	-
3028	992299	Handle Bar					069	995236	-
3029	992312	Handle Bar Switch	-			-	070	990585	-
3030	992310	and the state of t				The state of the	071	990580	
3031	995184	Handle Bar Balancer LH					072	954530	Gard Time
3032	992300						lm.	The second second	
MESSON.		A CONTRACTOR OF THE PROPERTY O					073	995245	
3033	990438	The state of the s		-			074	995246	0.00
3034	990621	Clutch Lever	-				075	995251	
3035	992293	Hand Brake Lever			1-11-11-1	The same of		993626	
3036	991119		-			0.5007	076	994192	-
3037	994220	Side Fairing Top Garnish U-\	CUT	-		3	077	992927	
3038	994219	Side Pairing Inner Garnish		-		- miden	078	992928	
3039	991118	Fairing Shield				1	079	991328	
3040	992047	Front Top Fairing Inner Garnish		-			m d	990247	1 3
3041	991123	Fairing Top Garnish							
3042	990538	Center Fairing	-	1					
3043	993378	The state of the s	/	10	A	7			
3044	991121	Fairing Stopper	1	MY	non	P			
3045	991117	Fairing Lower	/ /	1	14	11	91001		
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FBL 6599M



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Front RH fender Sto	- ch	SR /	
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tion LH finder	tish	KV	
front LH former fairs	(B lack)	CUT V	
Lleadlamp Side garners	The RH CH	R BR	
Headlarp Sule gainsh	JLH CELL	J (RA	
Headlamp upper garni	sh (stas)	CUT	/
Headlamp assy	BR		
Headlamp lower gains	han cu	T	
front LH signal lamp	C47	/	
Brake lever, LH			
Han de balancer, LH	CUT .	/	
	CUT "		
Handle bar	IT /	\(\rangle_{an}\)	atto
Rear Storage box	(U1 V	/ X	1 / 2013
			12/2/2014

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Nehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	4094D	
Vehicle Details		
Vehicle No.:	FBL6599M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	12 Feb 2019	
Vehicle Make:	YAMAHA	
Vehicle Model:	TRICITY 155 ABS	
Primary Colour:	Blue Blue	
Manufacturing Year:	2016	
Engine No.:	***************************************	
Chassis No.:	G3H3E056090	
Maximum Power Output:	MLESG381000056090	
Open Market Value:	6405400	
Original Registration Date:	\$4,054,00	
First Registration Date:	23 Jan 2017	
Transfer Count:	23 Jan 2017	
Actual ARF Paid:	1	
Intended PARF Rebate Details	\$609.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	NO	
PARF Rebate Amount:	* ************************************	
Intended COE Rebate Details	\$0.00	
COE Expiry Date:	22 Jan 2027	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$6,053.00	
COE Rebate Amount:	\$4,808.00	
Total Rebate Amount:	\$4,808.00	
information contained herein is correct as at 12 F	94,008.00	

The information contained herein is correct as at 12 Feb 2019

OK

Claim Handling

Accident MT/103	1459				LOS SAL SU
Policy No.	5097140189-01	Vehicle No.	FBL6599M	GST Registration No.	
Certificate No.					
Policyholder Name	HOO GUAN HUI (HU YUANHUI)			Policyholder NRIC	\$8504094D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90275180	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No T
KFK	No Yes	TCA	■ No ∵Yes	eCode Reason	NO -
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
				1 House and Control of the	140
Report Date	11/02/2019 18:37	Accident Report Within	Yes	Accident Type	Calling Mandal N
Date of Accident	08/02/2019	24 hrs Time of Accident hh:mm			Collision - Head to Rear
Reporting Centre	NATIONAL ASSESSMENT CENTR		16:50	Country of Accident	Singapore
Accident Location	UPP CHANGI ROAD	Orange Force	No	ICM No.	
▽ Excess	OFF CHANGE ROAD				
Dwn damage Excess					
Unnamed Driver Excess	300.00	Additional Excess Outside Singapore OD		Windscreen Excess	
		Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
□ Benefits □ GST Pegistered To □ GST	formation				
	No No		CCT		
ST Registration No.	100		GST Registration Date GST Status Verified	Mark .	
fodification History			GST Status Vernied	Yes	
Policyholder Mailir	ng Address				
ddress 1	BLK 172 #11-419	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460172
ddress 4		Address Type	Singapore address	Post Code	460172
init No.		Related Policy Number	5097140189-01		200000
OI Driver Info					
Driver Name	HOO GUAN HOCK	Driver Type	Named Driver		
Innamed driver Name		Driver NRIC	S8315471C	Driver DOB	19/05/1983
legister Date of Driver	12/10/2016	Driver Age	35	Driving Experience	
Contact No.(Mobile)	90275180	SEARCH FIELD			2
ddress 1	BLK 172	Contact No.(Office)	0	Contact No.(Home)	0
Address 4	BLX 1/2	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460172
Init No.	Salta Career	Address Type	Singapore address	Post Code	460172
loes he own a	#11-419				
ingapore Registered		Driver Vehicle No.		Driver Insurer Company	
arr.	Yes + No	briver vehicle No.			
arr.	Yes + No	briver vehicle No.		Average and a second	
	Yes + No	orvervence no.			
→ Declaration Ireathalyser or Blood	Yes = No	Any injury?	○ Yes → No		
■ Declaration Ireathalyser or Blood est Reading? Indification History			Yes No		
▼ Declaration Ireathalyser or Blood est Reading?			Yes • No		
▼ Declaration reathalyser or Blood est Reading? odification History			Yes No		
▼ Declaration reathalyser or Blood est Reading? odification History			Yes • No		
▼ Declaration Ireathalyser or Blood est Reading? odification History ▼ Investigation Claim 001 OD-MD			€ Yes * No		
✓ Declaration reathalyser or Blood est Reading? odification History ✓ Investigation Claim 001 OD-MD ✓ Claim Case Office	0 mg		30004000.00 00 mm mm	HOO GUAN HUI (HU YUANHUI)	Insured NRIC S8504094D
Declaration reathalyser or Blood est Reading? odification History Investigation Claim 001 OD-MD Claim Case Offic aim Type	0 mg	Any injury?	Insured Name Contact No.		Contact No.
Declaration reathalyser or Blood est Reading? odification History Investigation Claim 001 OD-MD Claim Case Offician Type ontact No.(Mobile)	0 mg	Any injury? OD-MD	Insured Name	HOO GUAN HUI (HU YUANHUI) 64422903	Contact No. (Office)
▼ Declaration Ireathalyser or Blood est Reading? odification History ▼ Investigation Claim 001 OD-MD	0 mg	Any injury? OD-MD	Insured Name Contact No. (Home) OI Vehicle Number	HOO GUAN HUI (HU YUANHUI) 64422903	Contact No. (Office) TP Vehicle Number GN8877C Name of Preferred
✓ Declaration reathalyser or Blood est Reading? odification History ✓ Investigation Claim 001 OD-MD ✓ Claim Case Offic Joint Type ontact No.(Mobile) mail Address laim Description referred	0 mg er Zuraimee Bln Mantau	Any injury? OD-MD 90275401	Insured Name Contact No. (Home) OI Vehicle Number	HOO GUAN HUI (HU YUANHUI) 64422903	Contact No. (Office) TP Vehicle Number GN8877C
Declaration reathalyser or Blood est Reading? odification History Investigation Claim 001 OD-MD Claim Case Office taim Type contact No. (Mobile) mail Address aim Description referred orkshop patient	0 mg er Zuraimee Bin Mantau	Any injury? OD-MD 90275401	Insured Name Contact No. (Home) OI Vehicle Number	HOO GUAN HUI (HU YUANHUI) 64422903	Contact No. (Office) TP Vehicle Number GN8877C Name of Preferred
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Declaration reathalyser or Blood est Reading? odification History Investigation Claim 001 OD-MD Claim Case Office aim Type ontact No.(Mobile) nail Address aim Description referred orkshop squares and Perform Repairs optic otte Registered	or Zuraimee Bin Mantau er Zuraimee Bin Mantau erered income to ir assign	Any injury? OD-MD 90275401 FBL6599M / GN8877C ON 8	Insured Name Contact No. (Home) Ol Vehicle Number I Feb 2019 Claim Close Date	HOO GUAN HUI (HU YUANHUI) 64422903	Contact No. (Office) TP Vehicle Number GN8877C Name of Preferred Workshop Date Received 12/02/2019 19

Approval		Reason			
Remarks					
damage asse	essment Attachment				
	ifo				
ehicle Make	YAMAHA	Vehicle Model	TRICITY 155 ABS	Engine Capcity	
ate of egistration	23/01/2017	Classis No.	MLESG381000056090		
owing equired *	● Yes ○ No	Vehicle in IDAC +	● Yes ◎ No	Parallel Import •	⊚ Yes ® No
pe of Tender	Own Damage ▼	Assessor Name *	STEVE	Survey Current Status	o ves & No
AC/Workshop ame	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	S1 UBI AVENUE 1 #01-25 PAYA	Survey Correit Status	
indscreen arts & Labour ost		Total Loss =	○ Yes ® No		
arket alue(\$)		Scrape Value(\$)		Economical Repair Value(\$)	
emark	NO OF REPAIR:04 DAYS:FRONT FORM REPLACE,HEADLAMP UPP GARNISH-R REPLACE,REAR STORAGE BOX-REPLA		NG TOP GARNISH LH-REPLACE,EMBLEM-F ,HEADLAMP LOWER GARNISH-REPLACE,F		RT RH & LH FENDER (BALANCER LH-REPL

26 2-0700

nd a Part		V2727		9/ 5/10/4		
root		No.	Part No.	Description	Qty •	Repair Code *
Not Applicable	苔	1	32200101	NUMBER PLATE (FRONT)	1	Replace
ABS		2	452001	WINDSCREEN SHIELD (M/C)	1	Replace
ABSORBER		3	25400103			
ACCELERATOR				FENDER (FRONT RIGHT)	1	Replace
ACTUATOR		4	25400102	FENDER (FRONT LEFT)	1	Replace
ADVERTISEMENT STICKER AIR BAG		5	278004	HEAD LAMP (M/C) FAIRING	2	Replace
AIR BLOWER		6	159004	BRAKE (M/C) LEVER	1	Replace
AIR BOX		7	27400101	HANDLE BAR (M/C) (FRONT)		Replace
AIR CHAMBER BOX					4	rvepiace
AIR CLEANER						
AIR COMPRESSOR						
AIR CON						
AIR CON (VAN)						
AIR COOLER						
AIR DISTRIBUTOR						
AIR FILTER						
AIR FLOW						
MILLEON						
AIR GRILLE	-					

LKK Paya Ubi

From:

Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>

Sent:

Thursday, 21 February 2019 9:46 AM

To:

freddie tan LKK Paya Ubi

Cc: Subject:

Vehicle FBL6599M, OD Claim No: MT/1031459-001, DOA: 08/02/2019

Importance:

High

Dear Freddie for FT Fast Track

Refer to the above claim.

Vehicle is at NAC Paya Ubi.

Please raise a detailed estimate for the accident damages and arrange a survey before repair.

Please arrange to take away the vehicle from NAC Paya Ubi.

Thank you

Zuraimee Bin Mantau

Senior Executive Motor Insurance T+65 6430 7891 www.income.com.sg











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NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP) SI Ubi Ave I. 401-25, Paya Ubi Industrial Park. Sugapore 403933, TEL: 6841 0035 FAX: 4841 6315

Vehicle Movement Form

Tehicle Check-In			
* National Fall 45 99 mg	Date In	Tree la	with Keys: Yes /No
		For Office	r ane
		Attended I	No
Harkshap Collection of Vehicle			
· Working F. T Fast-trace			
* Collection Dat 31 2/201			0
· tre Truck No.	Town Man Jose	- with Kath. The P	
Signature A		NR NR	
I or office me			
terruled by:			
		Approved	by
Workshop Return of Vehicle			
Workshop			
Returned Date	Tow	with Key: Yes / N	
* Ton to / Drive la			
I co May / Workshop Representative:		NRII	C
System		For office	No.
		Attended 8	
Owner Cuttection of Vehicle			
Collegion Date	Deg	with Key: Yes / N	
Owner	NEX		
Veneture			
For affice use			
Attimated to		THE PARTY	