

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002420/13	SAS e-filing		
Veh No: FBL6599M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/02/19 1650	i-Motor Claim Form	MT/1031459-001	
<input checked="" type="radio"/> 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:

GN8877C

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

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

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA1901880	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2 / 3:	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OI*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	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	
Email Address	ZACK.HOOGH@GMAIL.COM

Address	BLK 172 BEDOK SOUTH ROAD #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
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

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


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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.

 09 Feb 2019
Policyholder's Signature
Date & Time:

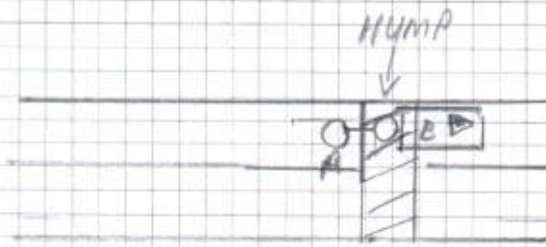
 09 Feb 2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - FBL6597M

B - GN8877C



UPP CHANGI RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was an upslope road. Vehicle GN8877C jam brake near hump area and I was not able to break in time and a collision happened at the rear of GN8877C

DECLARATION

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

[Signature] 09 Feb 2019

Policyholder's Signature
Date & Time:

[Signature] 09-FEB-2019

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

[Signature] 11/02/19

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

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 02 / 2019) (DD/MM/YYYY), TIME: (16 : 50) (HH:MM)

LOCATION: Upper Changi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB16599M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5097140199-01
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: YAMAHA TRICITY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Traveling
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: HOO GUAN HUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8504094D CONTACT: 90275410
c) ADDRESS: Blk 172 Bedok South Road S460172

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HOO GUAN HOCK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8315471C CONTACT: 90275180
c) ADDRESS: Blk 172 Bedok South Road

*d) DATE OF BIRTH: (19 / 05 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Siblings

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GN 8877C MODEL: TOYOTA DYNA
b) DRIVER'S NAME: MD MASUM
c) NRIC/FIN/PASSPORT: G 6533174N CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(4)

* No of passenger
(including driver)
()

Email =

fax =

video =

09/02/19
waiting for
DIL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8315471C



Name

HOO GUAN HOCK
(HU YUANFU)

胡 源 福

Race

CHINESE

Date of birth

19-05-1983

Sex

M

Country/Place of birth

SINGAPORE



5304276



NRIC No: S8315471C

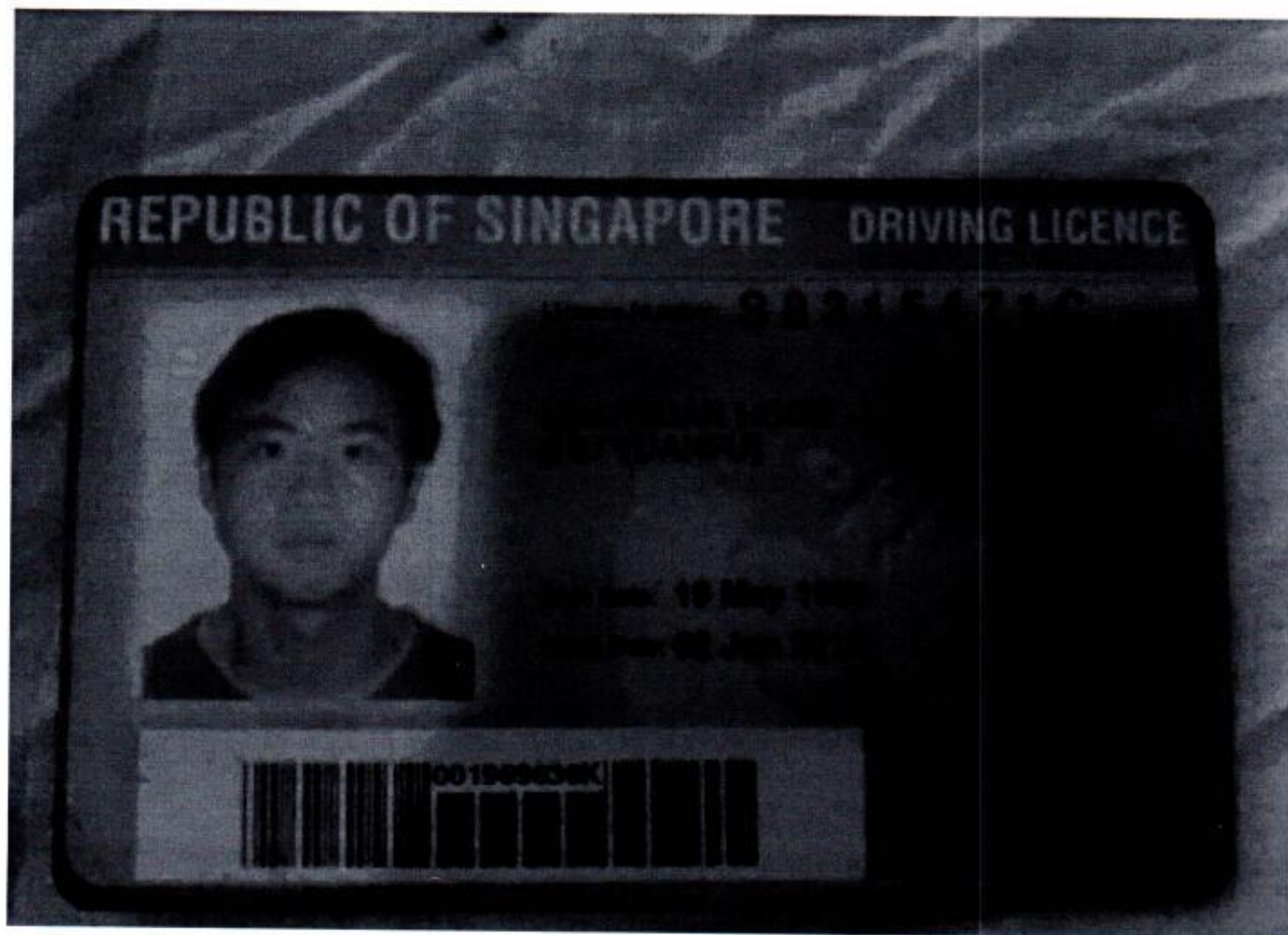
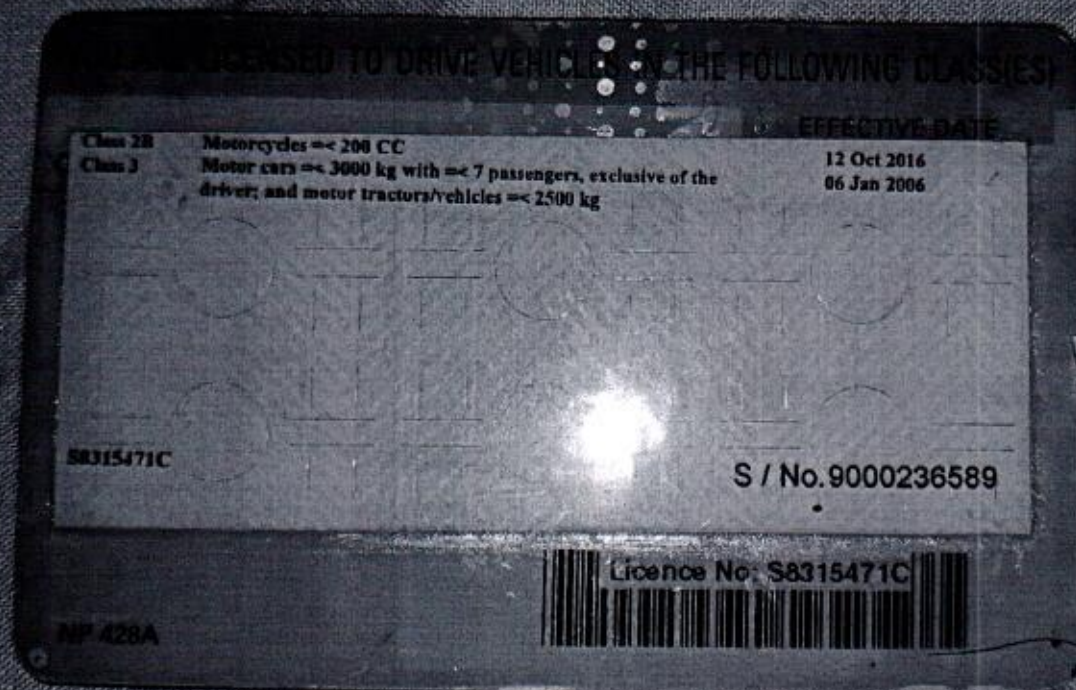


Date of issue

09-05-2014

Address

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



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5097140189-01		HOO GUAN HUI (HU YUANHUI)	S8504094D	GMC	Comprehensive	FBL6599M	FBL6599M	23/01/2019	22/01/2020

Claim Handling

Accident MT/1031459

Policy No.	5097140189-01	Vehicle No.	FBL6599M	GST Registration No.
Certificate No.				
Policyholder Name	HOO GUAN HUI (HU YUANHUI)			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90275180	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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(%)	15	Private Hire
▼ Accident Details				
Report Date	11/02/2019 18:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2019	Time of Accident hh:mm	16:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP CHANGI ROAD			
▼ Excess				
Own damage Excess	300.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 172 #11-419	Address 2	BEDOK SOUTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097140189-01	
▼ OI Driver Info				
Driver Name	HOO GUAN HOCK	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8315471C	Driver DOB
Register Date of Driver License	12/10/2016	Driver Age	35	Driving Experience
Contact No.(Mobile)	90275180	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 172	Address 2	BEDOK SOUTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-419			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	HOO GUAN HUI
Contact No.(Mobile)	90275401	Contact No. (Home)	644229
Email Address		OI Vehicle Number	FBL659
Claim Description	FBL6599M / GN8877C ON 8 Feb 2019		
Preferred Workshop	Yes	Insured Liability	Fully at Fault
Preferred Repair Option	income to assign workshop	GIA report	Received
Date Registered	11/02/2019 18:42	Claim Close Date	
Report Taken By	ROSILINDA	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit









Attachment

Accident No.	MT/1031459	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2019 00:00

Path *

Choose File	No file chosen	Clear	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		Clear	Please Select ▼	NO

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_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:42	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:42	SAS	Normal	SAS 2
	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 11 Feb 2019 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:42	Photos	Normal	Photos
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	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 11 Feb 2019 18:41	Photos	Normal	Photos
	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 11 Feb 2019 18:41	Photos	Normal	Photos
	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 11 Feb 2019 18:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 18:41	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

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

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

Veh No: **FBL 65 99 M** Yr Regn: **23/01/17**

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

Make & Model: **Yamaha Tricity** C.C. **155**

Colour: **Blue** Transmission Type: **(Auto)** Manual

Eng/No: _____ Sp. Reading: **N/A**

C/No: **MLESG381000056090**

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

Steering: **(Inorder)** Jammed / Leaked / Burnt or

Brake: **(Inorder)** Jammed / Leaked / Burnt or

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

Tyre Size: F: **90/80-14**
R: **130/70-13**

BS: **(DUN)** EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

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

Parallel Import: Yes / **(No)**

Repair Type: LS / I.B.I

No of Repair Days: **4**

D.O.I. **2/2/19**

Towed-In: **(Yes)** / No

Towing Required: **(Yes)** / No

Vehicle in Idac: **(Yes)** / No

Time: **10-20 AM**

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. Govn 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

FRL 6599M

NAC	INC	Item	CON	AC	Qty
3052	995074	Radiator			
3053	992738	Radiator Cowling			
3046	994146	Seal Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
3054	990219	Battery			
3055	990224	Battery Cover			
3056	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	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			
3062	993719	Rear LH Shock Absorber			
3063	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
3073	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
3076	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box			
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
3080	990247	Sticker "ABS"			

Assessor:

FBL 6599M

282

Front RH fender	(Blue) garnish	BR	✓
Front RH fender	panel (Black)	BR	✓
Front LH fender	(Blue) garnish	BR	✓
Front LH fender	panel (Black)	CUT	✓
Headlamp side	garnish RH	(Blue)	BR ✓
Headlamp side	garnish LH	(Blue)	CRA ✓
Headlamp upper	garnish	(Blue)	CUT ✓
Headlamp assy		BR	✓
Headlamp lower	garnish	(Blue)	CUT ✓
front LH signal lamp		CUT	✓
Brake lever, LH		BT	✓
Handle barner, LH		CUT	✓
Side mirror, LH		CUT	✓
Handle bar		BT	✓
Rear storage box		CUT	✓

[Signature]

12/2/2019

Enquire PARF/COE Rebate for Registered Vehicle

The information contained herein is correct as at 12 Feb 2019

<https://www.fda.gov/regaffairs/adr/investigation/enquiries/default.asp?topicid=0&cid=607912>

Claim Handling

Task Transfer Exit

Accident MT/1031459

LOS SAL SUB

Policy No.	5097140189-01	Vehicle No.	FBL6599M	GST Registration No.	
Certificate No.					
Policyholder Name	HOO GUAN HUI (HU YUANHUI)			Policyholder NRIC	S8504094D
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
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	11/02/2019 18:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/02/2019	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	UPP CHANGI ROAD				

Excess

Own damage Excess	300.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 172 #11-419	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460172
Address 4		Address Type	Singapore address	Post Code	460172
Unit No.		Related Policy Number	5097140189-01		

OI Driver Info

Driver Name	HOO GUAN HOCK	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8315471C	Driver DOB	19/05/1983
Register Date of Driver License	12/10/2016	Driver Age	35	Driving Experience	2
Contact No.(Mobile)	90275180	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 172	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460172
Address 4		Address Type	Singapore address	Post Code	460172
Unit No.	#11-419				
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
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	HOO GUAN HUI (HU YUANHUI)	Insured NRIC	S8504094D
Contact No.(Mobile)	90275401	Contact No. (Home)	64422903	Contact No. (Office)	
Email Address		OI Vehicle Number	FBL6599M	TP Vehicle Number	GN8877C
Claim Description	FBL6599M / GN8877C ON 8 Feb 2019			Name of Preferred Workshop	

Preferred Workshop Contact No.	Yes	Preferred Repair Option	income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered				Claim Close Date	Date Received
Report Taken By	ROSLINDA			Workshop Repairer	12/02/2019 19:00

Print AK letter

Modification History

Total Loss but Repaired
OD Excess Collected by Workshop

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	YAMAHA	Vehicle Model	TRICITY 155 ABS	Engine Capacity	
Date of Registration	23/01/2017	Classis No.	MLESG381000056090		
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 type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	STEVE	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	S1 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	
NO OF REPAIR:04 DAYS:FRONT FORK ASSY L & R -REPLACE,SIDE FAIRING TOP GARNISH LH-REPLACE,EMBLEM-REPLACE,2X STICKER"ABS"-REPLACE,FRT RH & LH FENDER GARN. REPLACE,HEADLAMP UPP GARNISH-REPLACE,HEADLAMP ASSY-REPLACE,HEADLAMP LOWER GARNISH-REPLACE,FRT LH SIGNAL LAMP-REPLACE,HANDLE BALANCER LH-REPLACE,S REPLACE,REAR STORAGE BOX-REPLACE.					
Remark					

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
ABS	2	452001	WINDSCREEN SHIELD (M/C)	1	Replace
ABSORBER					
ACCELERATOR	3	25400103	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)	1	Replace
AIR CHAMBER BOX					
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

Save Submit

LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Thursday, 21 February 2019 9:46 AM
To: freddie tan
Cc: LKK Paya Ubi
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.

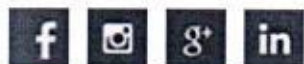
Please raise a detailed estimate for the accident damages and arrange a survey before repair.

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

NAC
NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

* Vehicle No: 2BL 4599 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

* Workshop: F.7 Fasttrack

* Collection Date: 21/2/2019 Time: 6pm with Keys: Yes / No

* Tow Truck No: _____ Tow Man: Jason NRIC: _____

* Signature: _____

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Return 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: _____