			1.10	41 1.7		
NATIONAL Assessment Centre	Services.	wet i Jamost .  W	1 MA 119 = 20803			
Date In: 14 12 119 15:30	Jeb description		Date & Time Complete	cd	Done	pi.
Rei No: NAI ME 19002784/14	SAS c-filing					
Vch No: SUK 66542	E-mail (within 8	hts, AIC 2hts)	INC. T. C.			
DOA 9/2/19 15:3 »-	I-Motor Clain	ı Form	MT(1031876 20	2 15	12/19	10:06.
	I-Motor W/O	(Within: OD 2hts,				
OD TP ! Reporting Only	I-Photo Uploa	ded				5
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		and the same of th	12 Note: 12 1 12 1
Preferred Wksp / INC Assign Wksp / QW: (	Company of the same	\	Tol:	Fax:		)
TP Particulars: Yeh No:	SKMIFOOC.	, INC(	)/Non-INC(	١		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Peri	od: (	)	Cover Type: (		) .	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (W	7O): N: 0-20	%; P: 21-79%. P:	80-100%	6]	-
	arranty: YES (		)			
Excess: (\$ ) Loading: \$1,00	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE PARTY OF T	( )		र अपूर	<del>- Hariar</del>	<del>/</del>
General Remarks & Street Line	CARLE COLLEGE	(Mary Property	4.41.461.431.461.851	Charles of	1 121	
( ) Walk-In Customer : Customer's Inform		fidential & Stri	ctly NO rater of repa			
( ) Total Loss Case : to e-mail Insurer			wing Co: (		<del></del>	)
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	0( );10	wing co. (	5400000	ANTENNA TON	kini
temarks:- (INC hothic: 6788 4616);;;		(数) 特許大學	Ditestand Comple	A SAME	Chillions	by
1) Apply for Transport Allowance ( )/Co	ourtesy Car (	)	<b></b>			
2) QC Check / Post Repair Inspection	( )		<u> </u>			
Upload Resurvey Photo [Repair Cost > \$30]	000] (					
Injury:						
ate/Fine / Actions				也包括	204274	
CONTROL STATE OF THE STATE OF T	ACCIONAL A DESCRICTO	HITAS HER ORIGINATION IN THE SET				<u></u>
	1				-	
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Na.	NAIGOIZOS	Invoice Rici	aranen eligen ir	が作り	Side of	Nad Bill
umant's Particulars :	No. VIII VO. VIV	1) AR : Accident	Reporting (530);	C (\$80)	30.00	
	CO. 40 (1271) 1272	3) TF : Towing Fe	• .	\$40/\$45 \$120		
iver/Owner:		4) FT : Follow-Th	rough Survey (Resurvey)	530		
ntact No:		For claiming at	sinst INC Only (Well 19 )	2005) \$75		
maged Portion:		7) N1 : Idao DA +	SMRT Survey	2160		
		8) NTUC Addition				
Checked by (Engr-In-Charge):		*NS: Courlesy *NG: Repair Co	Cor/Tpt Allowance	510	10.02	
AND THE PERSON OF THE PERSON O	WWW. Parket	* N7. Post Rene	ir Inspection	\$25 \$3		
iditors Comments :		TP (N11): TP	eet Excess Coordination (Nun INC) against INC	\$20		
. 1:		9) N12: Idao Mol	Fee Cha		Carrana	Sphire Fall
2/3		Invoice dated	Fee Ch		THE HIN	L

#### 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 <u>truthful</u> and <u>accurate</u> 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.
- 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	14/02/2019 15:30
Date Of Accident	09/02/2019 15:30
Exact Location Of Accident	SLIP RD FROM BT TIMAH INTO FARRER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK6654Z
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98804444
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083196477-02
Cover Note Number	•
Driver	
Name of Driver	TAY CHOON TECK (ZHENG CHUNDE)
NRIC No	S7719829F
Date Of Birth	19/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94598780
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 910 JURONG WEST ST 91 #05-263

Postcode 640910

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

OTTLK-1

12.5

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?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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

SKM1800C

LAKUS NX 200TF SPORT

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SUDIRMAN BIN MAWAN

NRIC/Passport Number S1680299I Contact Number 98427464

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.

09/02/2019

- (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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ON C9/02/2019	ROAD & W			RAVECCINI E7 IM Zo
ALONG BT TIMBH			STOP BEHIN	
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#### DECLARATION

Date & Time:

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

Policyholder's Signature

On on on one of the policyholder)

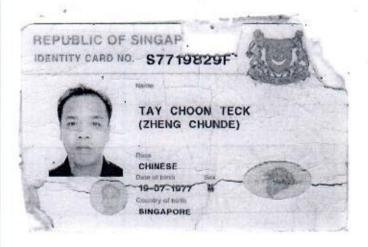
Date & Time:

Reporting Centre Personnel's S

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (09/02/2019 )(DD/M	IM/YYYY). TIME: (15:30)(HH:MM)
LOCATION: SUP ROAD FROM BT 71M	
1. DETAILS OF VEHICLE	
ajvehicle NUMBER: SLK 6654	
DINSURANCE COMPANY: MUC	
CIPOLICY NUMBER: 50731964	77-02
DIPOLICY TYPE: (COMPREHENSIVE ) THE	177 W
F)TYPE:(SALOON / COUPE / MPY / VAN	// OPPY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COA	
h)PURPOSE OF USING AT ACCIDENT TIM	ME PRIVATE WAR
i) ARE YOU CLAIMING UNDER YOUR OV	
IF NO, PLEASE STATE (THIRD PARTY CL.	
2. INSURED / POLICY HOLDER	
AJNAME: GD CARZ (E	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 53/2259	CONTACT: 980 4444
c)ADDRESS:	10-10-1
* CONTINUE TO 3.d IF DRIVER ALSO POI	LICY HOLDER
The of passanges DRIVER TOY CHOOM TACK (2016	us chure)
Chichedina di mal	MALE OF THE STATE
b) NRIC/FIN/PASSPORT: ST(198)	CONTACT: 94578100
c)ADDRESS:	
*d) DATE OF BIRTH: (19/0)/1977	J(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR	
FIDATE OF DRIVING PASC	11/2/1997
4. WAS DRIVER AN EMPLOYEE OF THE I	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED: HIRFOL
5. a) WEATHER CONDITION: (CLEAR / RAIN	ING / OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	154130
IF YES, PLEASE STATE WHICH POLICE ST.	ATION: LEXLIS NX360+
# He of passenger a) VEHICLE NUMBER: SKM 1800 C	
The of passenger a) VEHICLE NUMBER: SKM 1800 C	MODEL:
(Including driver) b) DRIVER'S NAME: SUDIRMAN BW	
9. THIRD PARTY VEHICLE	I CONTACT: 98437464
	MODEL:
DDIVERS NAME	
(Including driver) f) NRIC/FIN/PASSPORT:	CONTACT::-
( )	
- W	
45	· · · · · · · · · · · · · · · · · · ·
owner will come to thep email = Jason Tan	1907@ gmail. com
	1
by wednesday, VIDBO	385











#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5083196477-02 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLK6654Z

Chassis Number

: GK81101114

2. Name of Policyholder

: GD CARZ

3. Effective Date of Insurance

: 19 Aug 2018

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

: 18 Aug 2019

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

: \$\$1,000 EXCESS (SECTION 1) : \$\$1,000 EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 24 Jul 2018 16:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

# GD CARZ

210 Turf Club Road Lot B16 Car Mall The Grandstand Singapore 287995 Tel: 98804444 Fax: 64699441 Business Registration No. 5312259

ERIC

**DATE: 06 DEC 2018** 

## Car Rental Agreement

## Hirer Particulars

Name (as per NRIC): TAY CHOON TECK (ZHENG CHUNDE)

NRIC: S7719829F

Date of Birth: 19 JUL 1977

Address :BLK 910 JURONG WEST ST 91 #05-263 SINGAPORE 640910.

Mobile Number: 94598780

## Vehicle Description

Make / Model

HONDA SHUTTLE 1.5G

Vehicle Number : SLK6654Z

Date of Collection

: 06 DEC 2018

Date of Return: 05 MAR 2019

Time of Collection

: 3PM

Time of Return:

Contract Period

3 MTHS

Insurance Excess: \$2000

Fuel

: PETROL

### Payment

Rental Amount: \$350 (Per Week ) Start From 06 DEC 2018 to 05 MAR 2019

PAYMENT RECEIVED VIA INTERNET BANKING.

**DEPOSIT \$500 RECEIVED BY CASH** 

GD CARZ

UOB ACCOUNT 3443026558.

Hirer Signature & Date

Authorised Staff Signature & Date

#### Claim Handling

Choose File No file chosen	Path *		Clear	Category * Please Select	Confidential U	rgency •
Last Doc. Received	● Yes □ No	Upload Date		15/02/2019 10:06		
Accident No.	MT/1031876	Claim No.		002		
*						
Attachment						
			Save Submit		Mira-transfer Color	
✓ Print AK letter						
Report Taken By				LIEW SHAN HUI	Date	
Finalisation Date Registered	Option	report		15/02/2019 10:05	Claim	
Workshop 0 Bonnect No. Yes	▼ Repair income to assign workshop	GIA Received	, ,	1		
Preferred	Insured Liability   Sully at South	-1		V. Section of White Colonia		
Claim Description				SLK6654Z / SKM1800C		
Email Address					OI Vehicle SLK6654Z Number	
Contact No.(Mobile)				82331245	No. (Home)	
Claim Type •				OD-MD	Insured GD CARZ Name GD CARZ	
Claim 002 New						
Modification History						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer Company	
Address 4 Unit No.		Address Type	Foreign address		Post Code	
Address 1		Address 2	1200 (1000) 1000 (1000)		Address 3	
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)	
Register Date of Driver License		Driver Age			Driving Experience	
Unnamed driver Name		Driver NRIC			Driver DOB	
Driver Name		Driver Type				
OI Driver Info		named rolley number	5083196477-02			
Address 4 Unit No.		Address Type Related Policy Number	Singapore address		Post Code	28799
Address 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY		Address 3	SINGA
	dress					
GST Registration No. Modification History			GST Statu	s Verified	Yes	
GST Registered	No			tration Date	au Sup	
	ation					
<b>▽</b> Benefits	GEOT 2077	The state of the s				
Third Party Excess	1,000.00	Outside Singapore TP Excess		1,000.00		
Unnamed Driver Excess	1,000.00	Additional Excess  Outside Singapore OD Excess	0	1,000.00	Windscreen Excess	100.00
▼ Excess     Own damage Excess	t non-re	Additional Process			Alleg terroring errors	(Sec.)
Accident Location	BUKIT TIMAH RD FILTER LANE TO FARRER RD					
Reporting Centre		Orange Force			ICM No.	
Date of Accident	09/02/2019	Time of Accident hh:mm	15:40		Country of Accident	Singap
Report Date	13/02/2019 16:24	Accident Report Within 24 hrs	Yes		Accident Type	Collisio
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	Yes
KFK	» No Yes	TCA	· No Ves		eCode Reason	[100 -
Email Address	3332	Special Remark			Contact No.(Home) eCode	No *
Contact No.(Mobile)	NA NA	Contact No.(Office)	drivo CLASSIC		Loading	0
Product Code	FLEET INSURANCE	Cover Type			Policyholder NRIC	53122
Certificate No. Policyholder Name	GD CARZ					
Policy No.	5083196477-02	Vehicle No.	SLK6654Z		GST Registration No.	

Choose File No file chosen Message Read

Clear Clear Clear Clear Clear

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#### 

ttachment	Uploa	ded By/Date	Category	9	Urgency	Description
Aut 1989	NAC PAYA UBI 800601/ NATIO	NAL ASSESSMENT CENTRE SERVICES) o				
ATT HO		2019 10:06	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-2-1
3	NAC_PAYA_UBI_800601( NATION 15 Fel	VAL ASSESSMENT CENTRE SERVICES) 0 2019 10:06	SAS		Normal	SAS 2019-2-15
		VAL ASSESSMENT CENTRE SERVICES) 0 2019 10:06	Photos		Normal	Photos 2019-2-15
-		VAL ASSESSMENT CENTRE SERVICES) o 2019 10:05	Photos		Normal	Photos 2019-2-15
		VAL ASSESSMENT CENTRE SERVICES) 0 2019 10:05	Photos		Normal	Photos 2019-2-15
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		AL ASSESSMENT CENTRE SERVICES) o 2019 10:05	Photos		Normat	Photos 2019-2-15
dec List						

Display in New Window Scan and uploading

## ASSIGNMENT (IDAC)

By CSO- Nature of Accident:				By Assessor- 1) Vehicle Information
t) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No. SLK 66742 Yr Regn 23 Jan 20
a) Motorcar ( )	a) Pedestrian	(	)	Type (M.Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / M
b) M/cycle ( )	b) Animal	1	)	/ Truck / Trailer or
c) Bicycle ( )				Make & Model Honda Shuttle 1.56 Com 14
3) Vehicle hit Road Side Objects:				Colour WRite Transmission Type Out Manu
a) Govm.Property ( )	b) Road Work Object	(	)	Eng/No: Sp.Reading: 147647
(Eg. signboard, barrier, free etc)	c) Private Property	(	)	CANO GKF1101114
4) Vehicle drop into drain		(	)	Gen, Cond: Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering: Norda / Jammed / Leaked / Burnt or
a) Fallen Object ( )	b) Flood	(	)	Brake: norder/ Jammed / Leaked / Burnt or
c) Other,				Modi: Nil / S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: (85 60 R15 -B5
a) Vandalism ( )	b) Hit by Moving Object	1	)	R: —
7) Theft Case				(S) 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. 9 mm R/Bal.
a) Whilst driving ( )	b) Parked	(	)	L/Bal. 6 mm L/Bal. 7
				~
9) Accident date more than 24hrs		(	)	Parallel Impor Yes / No Towed-In: Yes / N
				Repair Type: LS / LB,I Towing Required: Ves / N
Remarks for internal information				No of Repair Days: 6 Vehicle in Idac: (Ves) / 1
				D.O.I. 15/2/2019 Time: 9,20 at
				By Assessor- 2) Comments
				Damages not due to recent accident.
				2) Damages do not seem hit onto:
Remarks to appear in Works Orde	r 8. Appapament report			a. Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian
Potential Total Loss ( )	a wasessment report			e.Animal ( ) f.Govm Object ( ) g.Road Work Object ( )
				h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge (
2) SRS Light on ( )				Vehicle does not seem damaged as a result of:
3) ABS Light on ( )				SECULO SEASON MUNICIPALITY AND AN ARCHITECTURE SECULO PRODUCTION OF THE
				a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
				e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

3) Entire Operation Completed Time:

 $\begin{array}{lll} \Delta CTEHIAC) & Aug~1005 \\ (1)Replace ( \sqrt{\cdot} ) & (2)Rumin~GC) & (3)Classic ( 7) \\ (4)Replace Consistent (6)C) & \end{array}$ 

NAC INC Item	CON ACC
1001 991886 Frt Number Plate	DD
1002   991887   Pri Number Plate Base	ORA -
1003   991889 Frt Number Plate Garnish	CKM
1004   991300 Fit Bumper	00
1005   992341 Frt Bumper Clips	NEC
1006   991325 Frt Bumper Bracket	NEC
1007 991462 Frt Bumper Side Retainer	015
1008 991433 Frt Bumper Reinforcement	
1009   991318 Frt Bumper Beam	00
1010   991468 Frt Bumper Sponge	CRA
1011   991427   Frt Bumper Protector	COLLE
1012   991420 Frt Stimper Pad	
1013 991363 Frt Bumper Grille	DIS
1014 991301 Frt Bumper Moulding	
1015   991407   Frt Bumper Lower Spoiler	
1016   991438   Frt Bumper Sensor	
1017   995100 Fit LH Bumper Fog Lamp (	Cover 21
1018   991355   Frt RH Bumper Fog Lamp (	Cover 3
1019   995079   Frt LH Bumper Fog Lamn	
1020   995080   Frt RH Bumper Fog Lamn	
1021   991793  Frt Grille	CRA
1022 991328 Frt Grille Emblem	VEC
1023 991799 Frt Grille Chrome Moulding	RA
1024   991222   Frt Apron Panel	
	51
1026   992025 Frt Support Panel Top Gami	sh Cover CRA
1927 992416 Hom	. 13
	3
	CRA
1030   991821   Frt RH Headlamp Assy 1031   995088   Frt LH Side Lamp	3
1032   995089   Frt RH Side Lamp	
1033 990248 Bonnet	
1034 991328 Bonnet Emblem	Buc
1035 990287 Bonnet Lock	179.00
1036 990285 Bonnet Insulator	517
1037 990273 Bonnet Flinge	RT -
1038   990261   Bonnet Damper	171/2
1039   990305   Bonnet Rubber	015
1040   990252   Bonnet Cable	1/13
1041 990311 Bonnet Stand	
042 990119 Air Con Condenser	00
043   990122   Air Con Fan Assy	
044   990134   Air Con Suction Pipe (Low P	ressure) 2
U43 J 9901 18   Air Con Suction Hose	
046 990133 Air Con Discharge Pine (High	h Pressure)
04;   9901 14 Air Con Discharge Hose	-
048   990149   Air Con Liquid Pine	BT
049   995066   Air Con Receiver Drier	716
050   990111   Air Con Compressor Assu	
051   995294   Air Con Belt	
052 995074 Radiator	2
053   992738   Radiator Cowling 054   992742   Radiator Fan Assault	7
	7
055 992745 Radiator Fan Clutch	RT
056   992758 Radiator Hose Top	BT
992757 Radiator Hose Bottom	2
058 992741 Radiator Expansion Tank	
159   990151   Air Duct	CRA
990070 Air Cleaner Assy	100
061 990056 Air Cleaner Hose	
62   990089 Air Cleaner Resonator	
103   991712   Frt Exhaust Manifold	
64   991713   Frt Exhaust Manifold Cover	
105   991054   Frt Exhaust Manifold Sausse /	Cyverent
on 1 971 / E4 Eront Exhaust Pine	20/2011
67 990219 (Buttery	
	- 6
68   990224   Battery Cover 69   990223   Battery Bracket	

87.1 00	-	Vehicle No: SLK	66	70	+	Z
NAC	INC	Item	CO	NC	AC	10
1071	99220					f
1072	99401			-	-	f
1073	99505	3 Wiper Washer Tank		-	-	-
1074	99505				-	-
1075	99015					L
1076	99016					
1077	992681					
The same of the same of						
1078	992669	and the second second second				
1079	994431					
1080	992692					-
1081	990010			7	-	-
1082	990427	Brake Master Pump Assy		-		-
1083	990403	Brake Booster Pump Assy		-	-	
1084	991005			-	-	_
1085	991011		-	+		_
1086	990946	Annah America Action				
1087	990940	The state of the second				
The second second						
1088	990950	Engine Mounting LH				
1089	990952			1	1	
1090	990951	Engine Mounting Rear		1		_
1091	992234	Gear Box Mounting		1		-
1092	991520	Frt LH Chassis Member		-	1	-
1093	991520			+	+	-
1094	990728	Frt Vertical Cross Member		+		_
1095	991863			+	-	_
1096		Frt LH Fender	10-	-	1	_
1097	995072	Frt LH Fender Inner Panel	BI	19		
1098	005147	Frt LH Fender Lamp	1 1		-	
and the second second	006140	Fit LH Fender Lamp		1		
1100	993148	Frt LH Fender Protector				
1100	991740	Frt LH Fender Inner Shield		1	-	
1101	995179	Frt LH Mudflap	1	T		
		Frt L.H Wheel Rim				
	994025			1	1	
1104	995065	Frt LH Tyre			1	_
		Frt RH Fender	BT	4	7	
1106	991739	Frt RH Fender Inner Panel		1	-	
1107	991744	Frt RH Fender Lamp		+	+	-
1108	991752	Frt RH Fender Protector	3 300	1	1	-
1109	991740	Frt R#1 Fender Inner Shield	100	1	+	
1110	991884	Frt RH Mudflap		+	+	-
1111	992087	Frt RH Wheel Rim -	-	+	+	-
	The state of the s	Frt RH Rim Cover	-	+	-	-
		Frt RH Tyre	-	+	+	_
	992093	Frt Windscreen Glass	200	-	-	
	992117	Fit Windscreen Glass	(RF)	1	1	
116	992108	Frt Windscreen Rubber		_		
110	992108	Frt Windscreen Moulding	NEC	-	1	
	992098	Frt Windscreen Sealant	MEG	1	+	
118 9		ERP Bracket	NEC		1	-
119 9		ERP Unit	1000	1		
120 9	92140	Frt Wiper Arm		T		
121 5	92142	Frt Wiper Blade		1		
	95045	Wiper Panel Garnish	MIT		1	_
123 5	91126	Firewall Panel	-	1	-	-
		Dashboard Assy	-	-	-	_
The second second	THE RESIDENCE OF THE PARTY OF	Glove Box Cover	-	-	-	_
	-		-	-	-	
-	-	Glove Box Compartment	-	1		
	04403	Steering Wheel Airbag				
	94485	Steering Wheel Airbag Sensor	THE REAL PROPERTY.			
		Dashboard Airbag			1	T
	90750	Dashboard Airbag Sensor			1	
	90029	Airbag Control Unit	1	-	1-	
	90864	:: Driver Seat	-	-	-	-
		rt RH Seat Belt Assy	-	-	-	
		rt Passenger Scat	-	-	-	
	MATERIAL STREET, STREE		-		-	
		it LH Seat Belt Assy.				
36 99	90247 S	ticker -		1		
				17.5		
					1	
	The second second					-1
		~				

#### Claim Handling · Task Transfer · Exit Accident MT/1031876 LOS SAL SUB Policy No. 5083196477-02 Vehicle No. 5LK6654Z GST Registration No. Certificate No. Policyholder Name GD CARZ Policyholder NRIC 531225071 Product Code FLEET INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No. (Mobile) NA Contact No.(Office) Contact No.(Home) Special Remark eCode No Y TCA # No Yes eCode Reason NCD Protection NCD Entitlement(%) Yes Accident Details Accident Report Within 24 Report Date 13/02/2019 16:24 Yes Accident Type Collision - Head to Rear Date of Accident 09/02/2019 Country of Accident Time of Accident hh:mm 15:40 Singapore Reporting Centre NATIONAL ASSESSMENT CENTR Orange Force ICM No. No Accident Location BUKIT TIMAH RD FILTER LANE TO FARRER RD **♥** Excess Own damage Excess Additional Excess 1,000.00 0 Windscreen Excess 100.00 Outside Singapore OO Unnamed Driver Excess 1,000.00 Outside Singapore TP Excess Third Party Excess 1,000.00 1,000.00 **▽** Benefits GST Registered Information GST Registered No **GST Registration Date** GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 210 TURF CLUB ROAD Address 2 B16 TURF CITY Address 3 SINGAPORE 287995 Address 4 Address Type Singapore address Post Code 287995 Unit No. Related Policy Number 5083196477-02 Driver Name Driver Type Unnamed driver Name Driver NRIC Driver DOB Register Date of Driver Driver Age Driving Experience Contact No. (Mobile) Contact No.(Office) Contact No.(Home) Address 1 Address 2 Address 3 Address Type Foreign address Post Code Does he own a Singapore Yes # No Registered car? Driver Vehicle No. Driver Insurer Company Modification History Claim 002 OD-MD Claim Case Officer Tan Siew Choo LOS SAL SUB OD-MD Insured Name Insured NRIC GD CARZ 531225971 Contact No. (Office) Contact No. Contact No. (Mobile) 82331245 64649355 Email Address OI Vehicle Number SLK6654Z TP Vehicle Number SKM1800C Name of Preferred Claim Description SLK6654Z / SKM1800C ON 9 Feb 2019 0 Workshop Preferred Preferered Income to Insured Fully Repair assign Option workshop Workshop O Contract Yes Date Registered 15/02/2019 10:07 Claim Close Date Date Received 15/02/2019 10:52 Total Loss but Repaired Workshop Report Taken By LIEW SHAN HUI Repairer OD Excess Collected by Workshop Print AK letter Modification History Reason Remarks damage assessment Attachment

15/2019		Claim Handling (dam	nage assessment Claim Task	MT/1031876 / Claim	002 OD-MD)
Vehicle Make	HONDA	Vehicle Model	SHUTTLE	Engine Capcity	1497.00
Date of Registration	23/01/2017	Classis No.	GK81101114		
lowing Required *	● Yes ○ No	Vehicle in IDAC *	● Yes ◎ No	Parallel Import *	● Yes ◎ No
Type of Tender	Own Damage •	Assessor Name *	SIMON	Survey Current Status	
DAC/Workshop Name	NATIONAL ASSESSMENT CENTR.	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss •	© Yes ● No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$	()
	REMARK: NO OF REPAIR DAYS: 6 DA LIQUID PIPE - REPLACE 1X AIRDOX	YS.1X FRT GRILLE CHROME MOULDI	ING - REPLACE, 1X FRT SUPPORT PANEL TO	OP GARNISH COVER - REPLACE.	1X AIRCON SUCTION PIPE - UNCONFIRM.1X AIRCO
	EIQUID FIFE - REFEREE IX AIRDOL	.) - KEPDACE,			

Remark for Supplementary

fart	No.	Part No.	Paradoffee	06	Bearing To Acid	
BRAKE			Description	Qty •	Repair Code *	
BRAKE - ABS	1	32200101	NUMBER PLATE (FRONT)	1	Replace	-
BRAKE (M/C)	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	•
BUMPER	3	16000101	BUMPER (FRONT)	1	Replace	٠
CABIN	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	•
CAMSHAFT	5	16005101	BUMPER RETAINER (FRONT LEFT)		promotion of the second	-
CAR AUDIO SYSTEM						=
CAR JACK	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	•
CARBURATOR	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	*
CARGO CARRIAGE	8	16005901	BUMPER SPONGE (FRONT)	1	Replace	•
CARRIER MOUNTING	9	16003201	BUMPER GRILLE (FRONT)	1	Replace	
CASTOR	10	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	i	Unconfirm	*
CATALYTIC CONVERTOR	-11	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)		Unconfirm	₹
CD CHANGER	12	27100101				•
CO PLAYER COLUNIT (M/C)			GRILLE (FRONT)	1		=
CENTRE BOTTOM	13	27100801	GRILLE EMBLEM (FRONT)	1	Replace	•
CENTRE BRACKET	14	41300101	SUPPORT PANEL (FRONT)	1	Replace	*
CENTRE CONSOLE	15	28500101	HORN (LEFT)	1	Unconfirm	*
CENTRE COWLING (M/C)	16	28500102	HORN (RIGHT)	1	Unconfirm	*
CENTRE CROSS MEMBER	17	15600101	BRACE PANEL (FRONT)			-
CENTRE EXHAUST CENTRE FARING (M/C)						=
CENTRE FOOTREST DOVER (M/C)	18	27700101	HEAD LAMP (LEFT)	1		•
CENTRE GARNISH	19	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	•
CENTRE GLASS FRAME	20	149001	BONNET	1	Replace	•
CENTRE GRILLE CENTRE JAW (WC)	21	14903401	BONNET LOCK (LOWER )	1	Replace	•
CENTRE LOWER MEMBER	22	14902201	BONNET HINGE (LEFT)	1	Replace	•
CENTRE OUTER PILLAR	23	14902202	BONNET HINGE (RIGHT)	1	Replace	<u>-</u>
CENTRE PILLAR	24	149043	BONNET RUBBER (LONG)			-
CENTRE SEAT						-
CENTRE SHAFT	25	112023	AIR CON CONDENSER	1	Replace	-
CENTRE SILENCER CENTRE STAND (M/C)	26	112060	AIR CON FAN	1	Unconfirm *	•
CHAIN (M/C)	27	112044	AIR CON DISCHARGE PIPE	1	Unconfirm 7	•
CHAMBER (M/C)	28	344001	RADIATOR	1	Unconfirm *	•
CHASSIS	29	344005	RADIATOR COWLING		Unconfirm	ā
CHROME COVER (MC)	30	344008	RADIATOR FAN		Unconfirm	-
CIGARETTE LIGHTER CLEANER	31	344011	RADIATOR FAN CLUTCH			tard.
CLUTCH				1	P. Control of the Con	_
CLUTCH (M/C)	32	34402802	RADIATOR HOSE (TOP)	1	Replace *	旦
COIL	33	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	4
COMPARTMENT COMPONENT SPEAKERS	34	141001	BATTERY	1	Unconfirm	•
COMPRESSOR	35	25400102	FENDER (FRONT LEFT)	1	Replace	
CONNECTING LINK	36	25400103	FENDER (FRONT RIGHT)	1	Repair	
CONNECTING ROD	37	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm *	
CONSOLE BOX						=
CONTROL ARM CONVERTER	38	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm *	=
COOLING COIL	39	45100401	WINDSCREEN GLASS (FRONT)	1	Replace *	
COOLING FAN	40	451020	WINDSCREEN SEALANT	1	Replace	
a warring warring	41	245001	ERP BRACKET	1	Replace ¥	
	42	454009	WIPER PANEL GARNISH	1	Replace ¥	ā
	43					=
	43	45101401 45101403	WINDSCREEN MOULDING (LEFT)	1	Replace *	4



Vehicle Check-In

# NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)

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



# Vehicle Movement Form.

The survey

Vehicle No: 54C 66547.	Date In:	#!2*No:Tir	ne In:	_ with Keys: Yes / N
	For Office use			
F <del>rancisco de la composición d</del>	Attended by:			
Workshop Collection of Vehicle				
Workshop: MOY A				
Collection Date: 16/2	Time:	28m with K	eys: Yes / No	
				G164921
Tow Truck No: Signature:	979	98888		47
For office use				
Attended by: Jackson		8	Approved by:	
Workshop Return of Vehicle			- 11	
Workshop:		1-1		
Returned Date:	Time:		y: Yes/No	
* Tow In / Drive In Tow Man / Workshop Representative: _		7.	NRIC:_	٠.
Signature:			For office use	
			DEL	
Owner Collection of Vehicle	70	0		
Collection Date:	Time:	with Key	: Yes/No	
wner:				E 88 (1)
gnature:				.78
or office use				
ttended by:			Approved by	. 20

## LKK Paya Ubi

From:

Tan Siew Choo <siewchoo.tan@income.com.sg>

Sent:

Friday, 15 February 2019 4:33 PM

To:

NAC; Enny; 'Suann'

Subject:

SLK6654Z, OD claim no: MT/1031876

Importance:

High

Dear IDAC and Mova,

Learnt that veh is in IDAC (IDAC - pls confirm), do assist with the necessary arrangement asap.

Dear Mova,

OD excess of \$1,000/- is applicable, pls assist to liaise with owner Mr Eric Tay at tel: 98804444.

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

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











At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers



Our Ref: MT/CA/OD/051/1031876-002/TSC

15 Feb 2019

MOVA AUTOMOTIVE PTE LTD

BLK 1008 #01-04/06/08 **BUKIT MERAH LANE 3** 

SINGAPORE 159722

Dear Sir

CLAIM NUMBER: MT/1031876-002

REPAIR OF VEHICLE NUMBER: SLK6654Z

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

follows:

Award Date: 15 Feb 2019

Make: HONDA Model: SHUTTLE

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: 1000.00

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

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