

NATIONAL Assessment Centre Services.

part 1 Jan 2003

MNA 119039444

Date In: 26/13/19 12:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19005392/14	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SKF 8969R	I-Motor Claim Form	MT/1037639-001	27/13/19 11:36
D.O.A: 25/13/19 19:55	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
<input checked="" type="checkbox"/> TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk311		

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

TP Particulars:	Veh No: WD08006	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

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

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

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

Remarks: (INC Ref: 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

NA1903503

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	80.00
Contact No:	3) TP: 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 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Coordination \$10	10.00
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/03/2019 13:40
Date Of Accident	25/03/2019 19:55
Exact Location Of Accident	PIE(CHANGI) B4 KPE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8969R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN MOHAMED
NRIC No	S8942095D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83390869
Alternative Phone No	OTHERS-83390869

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096123595-01
Cover Note Number	-

Driver

Name of Driver	SITI AMINAH BINTE MOHD JAMALUDDIN
NRIC No	S9205941C
Date Of Birth	23/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98334442
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 419 YISHUN AVE 11 #03-377
Postcode	760419
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WDU8006 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	WDU8006
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKP4803J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

KPE Entrance

A = SKF 8969 R
B = WDU 8006
C = SKP 4803 J.

PIE (Changi) b4 KPE entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20190325/2235

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190325/2235

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2019 21:56		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: SITI AMINAH BINTE MOHD JAMALUDDIN		Address: APT BLK 419 YISHUN AVENUE 11 #03-377 SINGAPORE 760419	
ID Type / ID No.: NRIC NO / S9205941C		Contact No.: Home/Office: Mobile: 98334442	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 27	Date of Birth: 23/01/1992	Type of Informant: Driver
Race: Eurasian		Language: English	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2019 19:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(CHANGI) 14KM BEFORE KPE ENTRANCE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF8969R	Car					0
SKP4803J	Car					0
WDU8006	Car					0



**SINGAPORE
POLICE FORCE**



T/20190325/2235

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190325/2235

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SITI AMINAH BINTE MOHD JAMALUDDIN	ID No.	S9205941C
Related Vehicle	SKF8969R (Car)	Contact No.	98334442
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LYE YEN HUAT	ID No.	S1676365I
Related Vehicle	SKP4803J (Car)	Contact No.	93869481
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LUI CHOON MING	ID No.	G6531177T
Related Vehicle	WDU8006 (Car)	Contact No.	88665022
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING STRAIGHT ALONG PIE IN MY VEHICLE SKF6989F, ON THE 2ND LANE FROM THE RIGHT. TRAFFIC WAS SMOOTH UNTIL I SAW WDU8006 IN FRONT OF MY VEHICLE. WDU8006 DID NOT HAVE ANY BRAKE LIGHTS OR HAZARD LIGHTS ON, SO I DID NOT KNOW HE WAS NOT MOVING FROM FAR. AS I NEARED WDU8006, I SAW THAT WDU8006 WAS NOT MOVING SO I IMMEDIATELY JAMMED BRAKE BUT DID NOT BRAKE IN TIME, COLLIDING ONTO THE REAR OF WDU8006.



**SINGAPORE
POLICE FORCE**



T/20190325/2235

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190325/2235

CONTINUATION OF REPORT

I CAME OUT OF MY VEHICLE AND SAW THAT THERE WAS ANOTHER DAMAGED VEHICLE , SKP4803J, INFRONT OF WDU8006. NOBODY WAS INJURED IN THE ACCIDENT, I EXCHANGED PARTICULARS WITH BOTH PARTIES. I TOOK PHOTOS OF SCENE. I SAW THE MALAYSIAN FRONT PART AND REAR PART WAS DAMAGED WHILE MY FRONT CAR WAR DAMAGED. THE FIRST CAR, SKP4803J DAMAGE WAS SCRATCHES AND DENT.

THERE WERE 2 UNKNOWN CHINESE MEN AGED 20 - 30, CLAIMING TO BE INSURANCE AGENTS AT ACCIDENT SCENE AND I STAYED AT SCENE UNTIL THE WDU8006 WAS TOWED. ONE OF THE INSURANCE AGENTS CALLED THE TOWING FOR HIM. ONE OF UNKNOWN INSURANCE GUY ASKED ME WHAT INSURANCE I USED FOR UNKNOWN REASON. HOWEVER, I DID REPLIED TO HIM.THE MALAYSIAN VEHICLE INSURANCE IS 06/01/2020 - 66538699.

I WISH TO STATE THAT I HAVE A FRONT IN-CAR CAMERA BUT I DO NOT KNOW IF THE INCIDENT WAS RECORDED. THIS IS THE FIRST TIME SUCH INCIDENT HAPPENED. ALL THREE PARTIES AGREED TO DO AN INSURANCE CLAIM AFTER LODGING A POLICE REPORT.



**SINGAPORE
POLICE FORCE**



T/20190325/2235

4 of 4

Report No. T/20190325/2235

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/03/2019 21:56

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9205941C**

Name
SITI AMINAH BINTE MOHD JAMALUDDIN

Birth Date **23 Jan 1992**
Issue Date **04 Jul 2014**

002321333B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9205941C**

Name
SITI AMINAH BINTE MOHD JAMALUDDIN

Race
EURASIAN

Date of birth
23-01-1992

Sex
F

Country of birth
SINGAPORE

S9205941C

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **04 Jul 2014**

Licence No: S9205941C

NP 428A

3998295

S9205941C

NRIC No. **S9205941C**

Date of issue
05-02-2007

APT BLK 419 YISHUN AVENUE 11 #03-377
SINGAPORE 760419

NRIC No: **S9205941C** Date: **18/01/2017 (R)**

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="radio"/>	5096123595-01		MUHAMMAD FARHAN BIN MOHAMED	S8942095D	GPC	drivo CLASSIC	SKF8969R	SKF8969R	23/11/2018	22/11/2019

Claim Handling

Accident MT/1037639

Policy No.	5096123595-01	Vehicle No.	SKF8969R	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD FARHAN BIN MOHAMED			Policyholder NRIC	S89421
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83390869	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	27/03/2019 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	25/03/2019	Time of Accident hh:mm	19:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE(CHANGI) B4 KPE ENTRANCE				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	BLK 419 #03-377	Address 2	YISHUN AVENUE 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	760411
Unit No.		Related Policy Number	5096123595-01		
O1 Driver Info					
Driver Name	SITI AMINAH BINTE MOHD JAMALUDDIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9205941C	Driver DOB	23/01/
Register Date of Driver License	04/07/2014	Driver Age	27	Driving Experience	4
Contact No.(Mobile)	98334442	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 419 #03-377	Address 2	YISHUN AVENUE 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	760411
Unit No.	03-377				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	MUHAMMAD FARHAN BIN MOH
Contact No.(Mobile)	83390869	Contact No.(Home)	66983419
Email Address	MDFARHANDSOME@GMAIL.COM	O1 Vehicle Number	SKF8969R
Claim Description	SKF8969R / WDUB006 ON 25 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Source No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/03/2019 11:32
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1037639	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

27/03/2019 11:36

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen







Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:36	SAS	Normal	SAS 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:35	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:35	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:35	Photos	Normal	Photos 2019-3-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:35	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:34	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:34	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:34	Photos	Normal	Photos 2019-3-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:34	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:32	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:32	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:32	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:32	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:32	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 11:32	Photos	Normal	Photos 2019-3-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ASSIGNMENT (IDAC)

By CNDL Nature of Accident:

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

Remarks for internal information

- Front windscreen broken due to bonnet flip out.

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

Vehicle No: SKF 8969 R Date: 15 Apr 2011

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

Make & Model: Volkswagen Golf 1.4 1390

Colour: Red Transmission Type: Auto Manual

Eng/No: 157326 Sp Reading: 157326

C/N: WVWZZZ1KZBW228809

Gen. Cond: Good Fair / Poor / Burnt or

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55 R16

R: 205/55 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front	Rear
R/Bal: <u>7</u> mm	R/Bal: <u>7</u> mm
L/Bal: <u>7</u> mm	L/Bal: <u>7</u> mm

Parallel Import: Yes ☒ No ☐

Towed-In: Yes ☒ No ☐

Repair Type: LS / I.B.I

Towing Required: Yes ☒ No ☐

No of Repair Days: 6

Vehicle in Use: Yes ☒ No ☐

D.O.I: 27/3/2019 Time:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2095D
Vehicle Details	
Vehicle No.:	SKF8969R
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Mar 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	NEW GOLF 1.4 AT 5K13G5
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	CAX773140
Chassis No.:	WVWZZZ1KZBW228809
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$22,626.00
Original Registration Date:	15 Apr 2011
First Registration Date:	15 Apr 2011
Transfer Count:	2
Actual ARF Paid:	\$22,626.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Apr 2021
PARF Rebate Amount:	\$13,575.00
Intended COE Rebate Details	
COE Expiry Date:	14 Apr 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$37,124.00
COE Rebate Amount:	\$7,589.00
Total Rebate Amount:	\$21,164.00

The information contained herein is correct as at 26 Mar 2019

OK

Claim Handling

Accident MT/1037639

Task Transfer Exit

LOS SAL SUB

Policy No.	5096123595-01	Vehicle No.	SKF8969R	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD FARHAN BIN MOHAMED			Policyholder NRIC	S8942095D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83390869	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	No

Accident Details

Report Date	27/03/2019 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/03/2019	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE(CHANGI) B4 KPE ENTRANCE				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 419 #03-377	Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760419
Address 4		Address Type	Singapore address	Post Code	760419
Unit No.		Related Policy Number	5096123595-01		

OI Driver Info

Driver Name	SITI AMINAH BINTE MOHD JAMALUDDIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9205941C	Driver DOB	23/01/1992
Register Date of Driver License	04/07/2014	Driver Age	27	Driving Experience	4
Contact No.(Mobile)	98334442	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 419 #03-377	Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760419
Address 4		Address Type	Singapore address	Post Code	760419
Unit No.	03-377				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 Ng Hak Joo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	MUHAMMAD FARHAN BIN MOHA	Insured NRIC	S8942095D
Contact No.(Mobile)	83390869	Contact No. (Home)	66983419	Contact No. (Office)	
Email Address	MDFARHANDSOME@GMAIL.COM	DI Vehicle Number	SKF8969R	TP Vehicle Number	WDU8006
Claim Description	SKF8969R / WDU8006 ON 25 Mar 2019			Name of Preferred Workshop	0
Preferred Workshop	<input type="radio"/> 0 <input checked="" type="radio"/> Yes	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	27/03/2019 11:37	Claim Close Date		Date Received	27/03/2019 00:00
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	VOLKSWAGEN	Vehicle Model	GOLF	Engine Capacity
Date of Registration	15/04/2011	Classis No.	WVWZZZ1K2BW228809	
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 *
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 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(\$)

REMARK: NO OF REPAIR DAYS: 6 DAYS. 1X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1X AIRCON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1X AIRCON LIQUID PIPE - UNCONFIRM. 1X AIRDUCT - REPLACE. 1X TURBO COOLER - UNCONFIRM.

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
roof						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ACCELERATOR	3	16000101	BUMPER (FRONT)	1	Replace	X
ACTUATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ADVERTISEMENT STICKER	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR BAG	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BLOWER	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BOX	8	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR CHAMBER BOX	9	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR CLEANER	10	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR COMPRESSOR	11	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR CON	12	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR CON (VAN)	13	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
AIR COOLER	14	27100101	GRILLE (FRONT)	1	Replace	X
AIR DISTRIBUTOR	15	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR FILTER	16	112023	AIR CON CONDENSER	1	Replace	X
AIR FLOW	17	112060	AIR CON FAN	1	Unconfirm	X
AIR GRILLE	18	112044	AIR CON DISCHARGE PIPE	1	Unconfirm	X
AIR HORN	19	344001	RADIATOR	1	Unconfirm	X
AIR INTAKE	20	344005	RADIATOR COWLING	1	Unconfirm	X
AIR RESONATOR BOX	21	344008	RADIATOR FAN	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	22	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
ALARM	23	34402802	RADIATOR HOSE (TOP)	1	Unconfirm	X
ALTERNATOR	24	25400102	FENDER (FRONT LEFT)	1	Repair	X
ALUMINIUM PANEL - SIDE	25	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AMPLIFIER	26	28500101	HORN (LEFT)	1	Unconfirm	X
ANTENNA	27	28500102	HORN (RIGHT)	1	Unconfirm	X
ANTI ROLL	28	15600101	BRACE PANEL (FRONT)	1	Unconfirm	X
APRON	29	27700101	HEAD LAMP (LEFT)	1	Replace	X
ARCH	30	27700102	HEAD LAMP (RIGHT)	1	Replace	X
ARM REST	31	149001	BONNET	1	Replace	X
ASH TRAY	32	14903401	BONNET LOCK (LOWER)	1	Replace	X
AUTO CLUTCH	33	14903402	BONNET LOCK (UPPER)	1	Replace	X
AUTO COOLER PIPE	34	14902201	BONNET HINGE (LEFT)	1	Replace	X
AUTO CRUISE MOTOR	35	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AUTO TRANSMISSION	36	14901301	BONNET DAMPER (LEFT)	1	Replace	X
AXLE	37	14901302	BONNET DAMPER (RIGHT)	1	Replace	X
BACK REST (M/C)	38	149043	BONNET RUBBER (LONG)	1	Unconfirm	X
BACK SEAT	39	25400103	FENDER (FRONT RIGHT)	1	Repair	X
BALANCER	40	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
BATTERY	41	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	X
BEADING (M/C)	42	23300201	DOOR (FRONT LEFT)	1	Repair	X
BELT COVER (M/C)	43	23300202	DOOR (FRONT RIGHT)	1	Repair	X
BELT TENSIONER						
BODY						
BODY (M/C)						
BOLT CAP (M/C)						
BOLT HEAD COVER (M/C)						
BONNET						
BOOT						
BOX (M/C)						
BOX BRACKET (M/C)						
BOX CARRIER (M/C)						
BOX DOOR						



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

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



Vehicle Movement Form

Vehicle Check-In

Vehicle No: 8KF 8969 R Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: CHEN GUON MOTOR

Collection Date: 28/3/19 Time: 1705 with Keys: Yes / No

Tow Truck No: AS 8130K Tow Man: 87 Mon Lim NRIC: 569317671G

Signature: [Signature] 97652992

For office use

Attended by: [Signature]

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 28 March 2019 11:11 AM
To: Chew Goon Motor - Mrs Chew
Cc: LKK Paya Ubi
Subject: MT/1037639-001, VEHICLE NUMBER: SKF8969R

Importance: High

Dear Chew Goon

Please tow this vehicle from Idac and contact owner Mr Mohd Farhan at 83390869 when the repair is done as we have informed him the excess of \$642.

Our Ref: MT/CA/OD/051/1037639-001/NHJ

28 Mar 2019

CHEW GOON MOTOR

BLK 10 AMK IND PARK 2A AVE 5

#01-15,16&17 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1037639-001

REPAIR OF VEHICLE NUMBER: SKF8969R

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

Award Date: 28 Mar 2019

Make: VOLKSWAGEN

Model: GOLF

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: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

Ng Hak Joo

Executive

Motor Insurance

T +65 64307890

www.income.com.sg

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