

NATIONAL Assessment Centre Services

(Form 1, 3/21/2015)

Date In	01/04/2019 - 18:10	Job description	Date & Time Completed	Done by
Ref No	NA/INC 19005940/KP	SAS e-filing		
Ch NO	SJS 3472H	E-mail (within 8hrs, AIG 2hrs)		
DOA	31/03/2019: 2045	I-Motor Claim Form	MT/103 8373-002 2/4/19 09:50	
TP Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Ych No: SLK7234X INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

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

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

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

General Remarks:

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

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

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

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time Actions:

NA 1902394 Invoice Preparation Checklist

Amount (\$)	Amount (\$)
Bill	Add. Bill
1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) N1: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
ON*	
*N3: 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: Idao Mobile \$0	
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	01/04/2019 18:10
Date Of Accident	31/03/2019 20:45
Exact Location Of Accident	EUNOSLINK FLYOVER ON PIE TWDS BEDOK RESERVOIR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS3472H
Insured/Policyholder	
Name Of Registered Owner	SHIRLEY TAN LYE KUEN
NRIC No	S0203513H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92304293
Alternative Phone No	OTHERS-92304293
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
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	5077450862-03
Cover Note Number	
Driver	
Name of Driver	CHAN FU ZI, YVONNE
NRIC No	S8812942C
Date Of Birth	19/04/1988
Occupation	INDOOR
Date Of Driving Pass	10/08/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92304293
Fax Number	
Contact Number	OTHERS-92304293
Email Address	NOEMAIL

Address	BLK 897 TAMPINES STREET 81 #09-812
Postcode	520897
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SLK7234X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMINAHUDDIN BIN SALIM
NRIC/Passport Number	S7006775G
Contact Number	98736493
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

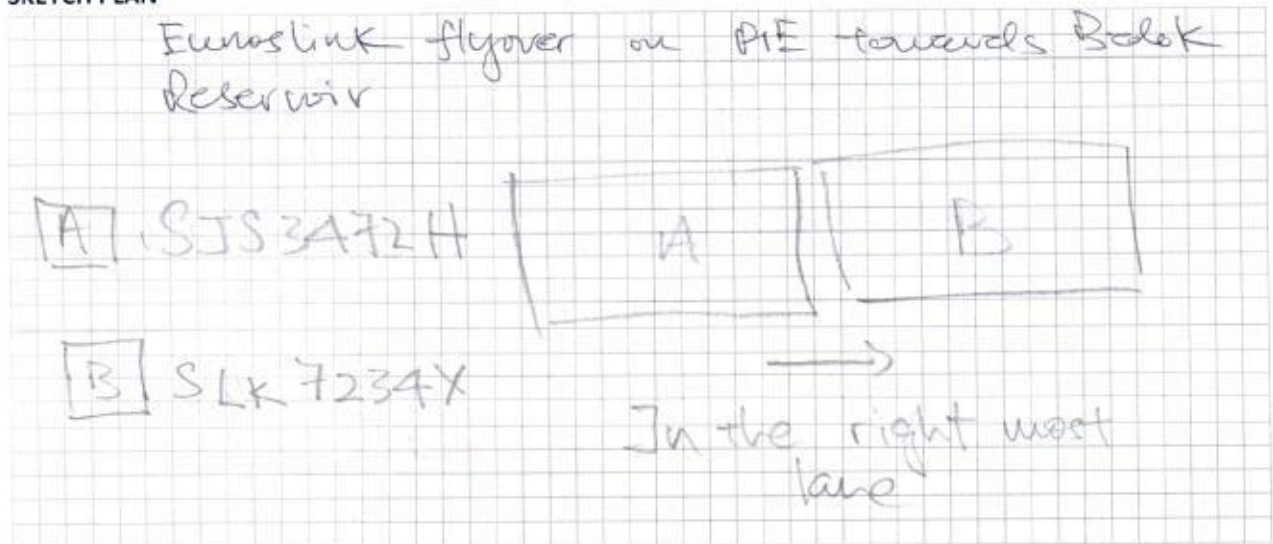
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving on right most lane on Eunoslink PIE towards Bedok Reservoir exit.

Front ~~car~~ jammed brakes suddenly. I tried to stop the car but it continued to move despite me stepping on the brakes.

My ~~car~~ car hit the front car SLK 7234X. My car was damaged from the front and hit from behind. There were no injuries sustained.

Vehicle A brakes did not seem to work properly - on trying to stop the car.

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.:

1/4/19
bpm

01/4/2019

Reported on 01/4/2019
@ 1800 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (31/3/2019) (DD/MM/YYYY), TIME: (20:45) (HH:MM)

LOCATION: EUNOS LINK FLY OVER ON PIE TWDS BEDOK
RESERVOIR.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS3472H
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (OD)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92304293
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: SLK7234X MODEL: _____ * No of passengers
b) DRIVER'S NAME: AMINAHUDDIN BIN SALIM (Including driver)
c) NRIC/FIN/PASSPORT: S70067756 CONTACT: 98736493 (—)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ * No of passengers
e) DRIVER'S NAME: _____ (Including driver)
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (—)

Vehicle
Tow IN.
to idac
on 31/3/2019

Key have in
idac

All belongs was
taken out
by driver

Email =

fax =

Driver told vehicle brake
got problems

Enquire Transfer Fee

You may print this page for reference.

Print

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8812942C



Name

CHAN FU ZI, YVONNE

曾富姿

Race

CHINESE

Date of birth

19-04-1988

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8812942C

Name

CHAN FU ZI, YVONNE

Birth Date: 19 Apr 1988

Issue Date: 03 Jan 2015



6093731



SPIC No: S8812942C

Date of issue

03-01-2019

Address

APT BLK 897 TAMPINES STREET 81
#09-812
SINGAPORE 520897

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 10 Aug 2007

NP 428A



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.		Date of Accident	31/03/2019 20:45							
Vehicle No.(For Motor)	SJS3472H	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5077450862-03		SHIRLEY TAN LYE KUEN	S0203513H	GPC	drivo CLASSIC	SJS3472H	SJS3472H	12/02/2019	11/02/2020
Continue										

▼ Policy Information

Policy No.	5077450862-03	Policyholder Name	SHIRLEY TAN LYE KUEN	Policyholder NRIC	S0203513H
Certificate No.					
Address	BLK 897 #09-812 TAMPINES STREET 81 SINGAPORE 520897				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/02/2019	Effective Date	12/02/2019 00:00	Expiry Date	11/02/2020 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	CHUANG KWANG CHIENG	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 897 #09-812	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520897
Address 4		Address Type	Singapore address	Post Code	520897
Unit No.		Related Policy Number	5077450862-03		

► Insured Object: SJS3472H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1038373

Policy No.	5077450862-03	Vehicle No.	SJS3472H	GST Registration No.
Certificate No.				
Policyholder Name	SHIRLEY TAN LYE KUEN	Cover Type	drive CLASSIC	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading
Contact No.(Mobile)	92304293	Special Remark		Contact No.(Home)
Email Address		TCA	☒ No ☐ Yes	eCode
KFK	☒ No ☐ Yes	NCD Entitlement(%)	20	eCode Reason
NCD Protection	No			Private Hire

▼ Accident Details

Report Date	02/04/2019 09:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/03/2019	Time of Accident hh:mm	20:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	EUNOSLINK FLYOVER ON PIE TWDS BEDOK RESERVOIR			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 897 #09-812	Address 2	TAMPINES STREET 81	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5077450862-03	

▼ OI Driver Info

Driver Name	Chan Fu Zi Yvonne	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8812942C	Driving Experience
Register Date of Driver License	10/08/2007	Driver Age	30	Contact No.(Home)
Contact No.(Mobile)	92304293	Contact No.(Office)		Address 3
Address 1	BLK 897 #09-812	Address 2	TAMPINES STREET 81	Post Code
Address 4		Address Type	Singapore address	
Unit No.	09-812			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
-------------------------------------	------	-------------	---

Modification History

Claim 002 OD-MD

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MD	Insured Name	SHIRLE
97305001	Contact No. (Home)	678467
TANLKS@SG.IBM.COM	OI Vehicle Number	SJS347
SJS3472H / SLK7234X ON 31 Mar 2019		
02/04/2019 09:54	Claim Close Date	
	Workshop Repairer	

Insured Liability	Partially at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown		

Save Submit

Attachment



Accident No: MT/1038373 Claim No: 002
 Last Doc. Received: ☒ Yes ☐ No Upload Date: 02/04/2019 09:50

Path *

Category *

Confidential

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

Clear

Please Select

NO

Clear

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NO

Clear

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:54	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:51	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 09:49	Photos	Normal	Photos

ASSIGNMENT (IDAC)By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: () 2) Vehicle hit ?? ()
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () 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 informationRemarks 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: 5553472H Yr Regn: 12 Aug 2009

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

Make & Model: Honda Fit 1.3G c.c. 1339

Colour: Red Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 118248

C/No: GE6 1220809

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SPB / STD A/Rim or

Tyre Size: F: 195/55 R15

R: _____

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>6</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 Idac: Yes / No

D.O.I. 2/4/2019 Time: 10.35 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:

MOTOR CAR (Frt)

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	CUT	✓	✓
1002	991887	Frt Number Plate Base	CRA	✓	✓
1003	991889	Frt Number Plate Garnish			✓
1004	991300	Frt Bumper	BR	✓	✓
1005	992341	Frt Bumper Clips	REC	✓	6
1006	991325	Frt Bumper Bracket			✓
1007	991462	Frt Bumper Side Retainer	DIS	✓	2
1008	991433	Frt Bumper Reinforcement	BT	✓	✓
1009	991318	Frt Bumper Beam			✓
1010	991468	Frt Bumper Sponge			✓
1011	991427	Frt Bumper Protector			✓
1012	991420	Frt Bumper Eye Tow Eye Contr	DIS	✓	✓
1013	991363	Frt Bumper Grille	CRA	✓	✓
1014	991301	Frt Bumper Moulding			✓
1015	991407	Frt Bumper Lower Strip Strip		?	✓
1016	991438	Frt Bumper Sensor			✓
1017	995100	Frt LH Bumper Fog Lamp Cover			✓
1018	991355	Frt RH Bumper Fog Lamp Cover			✓
1019	995079	Frt LH Bumper Fog Lamp			✓
1020	995080	Frt RH Bumper Fog Lamp			✓
1021	991793	Frt Grille	CRA	✓	✓
1022	991328	Frt Grille Emblem	CRA	✓	✓
1023	991799	Frt Grille Chrome Moulding			✓
1024	991222	Frt Apron Panel			✓
1025	992013	Frt Support Panel	BT	✓	✓
1026	992023	Frt Support Panel Top Garnish Cover			✓
1027	992416	Horn		?	✓
1028	991277	Frt Brace Panel	BT	✓	✓
1029	995153	Frt LH Headlamp Assy	CRA	✓	✓
1030	991821	Frt RH Headlamp Assy	CRA	✓	✓
1031	995088	Frt LH Side Lamp			✓
1032	995089	Frt RH Side Lamp			✓
1033	990248	Bonnet	BUC	✓	✓
1034	991328	Bonnet Emblem			✓
1035	990287	Bonnet Lock	BT	✓	✓
1036	990285	Bonnet Insulator			✓
1037	990273	Bonnet Hinge	BT	✓	2
1038	990261	Bonnet Damper			✓
1039	990305	Bonnet Rubber		?	2
1040	990252	Bonnet Cable			✓
1041	990311	Bonnet Stand			✓
1042	990119	Air Con Condenser	DD	✓	✓
1043	990122	Air Con Fan Assy	CRA	✓	✓
1044	990134	Air Con Suction Pipe (Low Pressure)	BT	✓	✓
1045	990118	Air Con Suction Hose			✓
1046	990133	Air Con Discharge Pipe (High Pressure)	DD	✓	✓
1047	990114	Air Con Discharge Hose			✓
1048	990149	Air Con Liquid Pipe			✓
1049	995066	Air Con Receiver Drier			✓
1050	990111	Air Con Compressor Assy			✓
1051	995294	Air Con Belt			✓
1052	995074	Radiator	DD	✓	✓
1053	992738	Radiator Cowling	CRA	✓	✓
1054	992742	Radiator Fan Assy			✓
1055	992745	Radiator Fan Clutch			✓
1056	992758	Radiator Hose Top	BT	✓	✓
1057	992757	Radiator Hose Bottom			✓
1058	992741	Radiator Expansion Tank	DD	✓	✓
1059	990151	Air Duct	CRA	✓	✓
1060	990070	Air Cleaner Assy			✓
1061	990056	Air Cleaner Hose			✓
1062	990089	Air Cleaner Resonator			✓
1063	991712	Frt Exhaust Manifold Manifold			✓
1064	991713	Frt Exhaust Manifold Cover			✓
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			✓
1066	991714	Front Exhaust Pipe			✓
1067	990219	Battery			✓
1068	990224	Battery Cover			✓
1069	990223	Battery Bracket			✓
1070	990229	Battery Tray			✓

Vehicle No: **SJS3472H**

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			✓
1072	994011	Relay Box			✓
1073	995053	Wiper Washer Tank	DD	✓	✓
1074	995052	Wiper Washer Tank Motor			✓
1075	990159	Alternator Assy			✓
1076	990160	Alternator Belt			✓
1077	992688	Power Steering Pump			✓
1078	992669	Power Steering Belt			✓
1079	994431	Power Steering Cooler Pipe			✓
1080	992692	Power Steering Hose			✓
1081	990010	ABS Pump Control Unit			✓
1082	990427	Brake Master Pump Assy			✓
1083	990403	Brake Booster Pump Assy			✓
1084	991005	Engine Top Cover			✓
1085	991011	Engine Under Cover			✓
1086	990946	Engine Mounting			✓
1087	990949	Engine Mounting Frt			✓
1088	990950	Engine Mounting LH			✓
1089	990952	Engine Mounting RH			✓
1090	990951	Engine Mounting Rear			✓
1091	992234	Gear Box Mounting			✓
1092	991520	Frt LH Chassis Member			✓
1093	991520	Frt RH Chassis Member			✓
1094	990728	Frt Vertical Cross Member			✓
1095	991863	Frt Lower Cross Member			✓
1096	995070	Frt LH Fender	BT	✓	✓
1097	995072	Frt LH Fender Inner Panel			✓
1098	995147	Frt LH Fender Lamp			✓
1099	995148	Frt LH Fender Protector			✓
1100	991740	Frt LH Fender Inner Shield		?	✓
1101	995179	Frt LH Mudflap			✓
1102	995170	Frt LH Wheel Rim			✓
1103	994025	Frt LH Rim Cover			✓
1104	995065	Frt LH Tyre			✓
1105	995071	Frt RH Fender	BT	✓	✓
1106	991739	Frt RH Fender Inner Panel			✓
1107	991744	Frt RH Fender Lamp			✓
1108	991752	Frt RH Fender Protector			✓
1109	991740	Frt RH Fender Inner Shield		?	✓
1110	991884	Frt RH Mudflap			✓
1111	992087	Frt RH Wheel Rim			✓
1112	994025	Frt RH Rim Cover			✓
1113	995065	Frt RH Tyre			✓
1114	992093	Frt Windscreen Glass			✓
1115	992117	Frt Windscreen Rubber			✓
1116	992108	Frt Windscreen Moulding			✓
1117	992098	Frt Windscreen Sealant			✓
1118	991019	ERP Bracket			✓
1119	991020	ERP Unit			✓
1120	992140	Frt Wiper Arm			✓
1121	992142	Frt Wiper Blade			✓
1122	995045	Wiper Panel Garnish		?	✓
1123	991126	Firewall Panel			✓
1124	990753	Dashboard Assy			✓
1125	992282	Glove Box Cover			✓
1126	992281	Glove Box Compartment			✓
1127	994483	Steering Wheel Airbag			✓
1128	994485	Steering Wheel Airbag Sensor			✓
1129	990749	Dashboard Airbag			✓
1130	990750	Dashboard Airbag Sensor			✓
1131	990029	Airbag Control Unit			✓
1132	990864	Frt Driver Seat			✓
1133	991922	Frt RH Seat Belt Assy			✓
1134	991899	Frt Passenger Seat			✓
1135	995182	Frt LH Seat Belt Assy			✓
1136	990247	Sticker			✓
		ECU Cover	CUT	✓	✓
		Front Fender Triangle Garnish	CRA	✓	✓
		Front RH Door	BT	✓	✓
		" LH "	BT	✓	✓

Claim Handling

Task Transfer Exit

Accident MT/1038373

LOS SAL SUB

Policy No.	5077450862-03	Vehicle No.	SJS3472H	GST Registration No.	
Certificate No.					
Policyholder Name	SHIRLEY TAN LYE KUEN			Policyholder NRIC	S0203513H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92304293	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	02/04/2019 09:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/03/2019	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	EUNOSLINK FLYOVER ON PIE TWDS BEDOK RESERVOIR				

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 897 #09-812	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520897
Address 4		Address Type	Singapore address	Post Code	520897
Unit No.		Related Policy Number	5077450862-03		

OI Driver Info

Driver Name	Chan Fu Zi Yvonne	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8812942C	Driver DOB	14/04/1988
Register Date of Driver License	10/08/2007	Driver Age	30	Driving Experience	11
Contact No.(Mobile)	92304293	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 897 #09-812	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520897
Address 4		Address Type	Singapore address	Post Code	520897
Unit No.	09-812				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Investigation

Claim 002 OD-MD

Claim Case Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	SHIRLEY TAN LYE KUEN	Insured NRIC	S0203513H
Contact No.(Mobile)	97305001	Contact No. (Home)	67846728	Contact No. (Office)	64181352
Email Address	TANLKS@SG.IBM.COM	OI Vehicle Number	SJS3472H	TP Vehicle Number	SLK7234X
Claim Description	SJS3472H / SLK7234X ON 31 Mar 2019			Name of Preferred Workshop	
Preferred Workshop	☒ Yes	Preferred Repair Option	Preferred Workshop Name	Insured Liability report	Partially at Fault Received
Date Registered	02/04/2019 09:56	Claim Close Date	Workshop Repairer	Date Received	02/04/2019 09:56
Report Taken By				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	HONDA	Vehicle Model	FIT	Engine Capacity	
Date of Registration	12/08/2009	Classis No.	GE61220809		
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Parallel Import *	☒ Yes ☐ No
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 *	☐ Yes ☒ No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	
Remark	NO OF REPAIR DAYS : 6 //1X FRT BUMPER TOW EYE COVER REPLACE/1X FRT BUMPER LOWER STRIP UNCONFIRM//1X BONNET LOCK REPLACE//2X BONNET RUBBER UNCONFIRM, SUCTION PIPE LOW PRESSURE REPLACE/1X AIR CON SUCTION HOSE UNCONFIRM/1X AIR CON DISCHARGE PIPE HIGHPRESSURE REPLACE/1X AIR CON LIQUID PIPE UNCONFIRM REPLACE/1X AIR CLEANER ASSY UNCONFIRM/1X AIR CLEANER HOSE UNCONFIRM/1XENGINE UNDER COVER UNCONFIRM/1X ECU COVER REPLACE/1X FRONT FENDERTRIANGLE (UNCONFIRM/				

Remark for Supplementary

Damage Listing

No.	Part No.	Description	Qty *	Repair Code *
1	32200101	NUMBER PLATE (FRONT)	1	Replace
2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace
3	16000101	BUMPER (FRONT)	1	Replace
4	27100801	GRILLE EMBLEM (FRONT)	1	Replace
5	16002401	BUMPER CLIPS (FRONT)	6	Replace
6	16003201	BUMPER GRILLE (FRONT)	1	Replace
7	27100101	GRILLE (FRONT)	1	Replace
8	41300101	SUPPORT PANEL (FRONT)	1	Replace
9	15600101	BRACE PANEL (FRONT)	1	Replace
10	27700101	HEAD LAMP (LEFT)	1	Replace
11	112060	AIR CON FAN	1	Replace
12	27700102	HEAD LAMP (RIGHT)	1	Replace
13	149001	BONNET	1	Replace
14	112023	AIR CON CONDENSER	1	Replace
15	344001	RADIATOR	1	Replace
16	344008	RADIATOR FAN	1	Unconfirm
17	344011	RADIATOR FAN CLUTCH	1	Unconfirm
18	112043	AIR CON DISCHARGE HOSE	1	Unconfirm
19	344005	RADIATOR COWLING	1	Replace
20	34402802	RADIATOR HOSE (TOP)	1	Replace
21	454014	WIPER WASHER TANK MOTOR	1	Unconfirm
22	124001	ALTERNATOR	1	Unconfirm
23	25400102	FENDER (FRONT LEFT)	1	Replace
24	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm
25	454009	WIPER PANEL GARNISH	1	Unconfirm
26	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm
27	344007	RADIATOR EXPANSION TANK	1	Replace
28	2900	INLET MANIFOLD	1	Unconfirm
29	141001	BATTERY	1	Unconfirm
30	141005	BATTERY COVER	1	Unconfirm

Find a Part

root

Not Applicable

ABS

ABSORBER

ACCELERATOR

ACTUATOR

ADVERTISEMENT STICKER

AIR BAG

AIR BLOWER

AIR BOX

AIR CHAMBER BOX

AIR CLEANER

AIR COMPRESSOR

AIR CON

AIR CON (VAN)

AIR COOLER

AIR DISTRIBUTOR

AIR FILTER

AIR FLOW

AIR GRILLE

AIR HORN

AIR INTAKE

AIR RESONATOR BOX

AIR THROTTLE BODY AND SENSOR

ALARM

ALTERNATOR

ALUMINIUM PANEL - SIDE

AMPLIFIER

ANTENNA

ANTI ROLL

APRON

ARCH

ARM REST

ASH TRAY

AUTO CLUTCH

AUTO COOLER PIPE

AUTO CRUISE MOTOR

AUTO TRANSMISSION

AXLE

BACK REST (M/C)

BACK SEAT

BALANCER

BATTERY

BEADING (M/C)

BELT COVER (M/C)

BELT TENSIONER

BODY

BODY (M/C)

BOLT CAP (M/C)

BOLT HEAD COVER (M/C)

BONNET

BOOT

BOX (M/C)

BOX BRACKET (M/C)

31	454012	WIPER WASHER TANK	1	Replace
32	25400103	FENDER (FRONT RIGHT)	1	Replace
33	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm
34	23300202	DOOR (FRONT RIGHT)	1	Repair
35	23300201	DOOR (FRONT LEFT)	1	Repair
36	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace
37	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace
38	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
39	28500101	HORN (LEFT)	1	Unconfirm
40	28500102	HORN (RIGHT)	1	Unconfirm
41	14902201	BONNET HINGE (LEFT)	1	Replace
42	14902202	BONNET HINGE (RIGHT)	1	Replace

Save

Submit

Claim Handling

Accident MT/1038373

Policy No.	5077450862-03	Vehicle No.	SJS3472H	GST Registration No.	
Certificate No.					
Policyholder Name	SHIRLEY TAN LYE KUEN			Policyholder NRIC	S0203513H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92304293	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	02/04/2019 09:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/03/2019	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	EUNOSLINK FLYOVER ON PIE TWDS BEDOK RESERVOIR				

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 897 #09-812	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520897
Address 4		Address Type	Singapore address	Post Code	520897
Unit No.		Related Policy Number	5077450862-03		

O1 Driver Info

Driver Name	Chan Fu Zi Yvonne	Driver Type	Named Driver	Driver DOB	14/04/1988
Unnamed driver Name		Driver NRIC	S8812942C	Driving Experience	11
Register Date of Driver License	10/08/2007	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	92304293	Contact No.(Office)		Address 3	SINGAPORE 520897
Address 1	BLK 897 #09-812	Address 2	TAMPINES STREET 81	Post Code	520897
Address 4		Address Type	Singapore address		
Unit No.	09-812				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Investigation

Claim 002 OD-MD

Claim Case Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	SHIRLEY TAN LYE KUEN	Insured NRIC	S0203
Contact No.(Mobile)	97305001	Contact No.(Home)	67846728	Contact No.(Office)	64181
Email Address	TANLKS@SG.IBM.COM	O1 Vehicle Number	SJS3472H	TP Vehicle Number	SLK72
Claim Description	SJS3472H / SLK7234X ON 31 Mar 2019			Name of Preferred Workshop	
Preferred Workshop	Preferred Repair Option	Preferred Workshop Name	Insured Liability report	Partially at Fault Received	
Contact Finalisation	Yes				
Date Registered	02/04/2019 09:56	Claim Close Date		Date Received	02/04/
Report Taken By		Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment

Attachment

Accident No. MT/1038373 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 02/04/2019 14:53

Path *

Choose File No file chosen

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Message Read

Category *

Confidential

Urgency *

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Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 14:53	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 14:53	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 14:53	Photos	Normal	Photos 2019-4-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 14:51	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 14:51	Photos	Normal	Photos 2019-4-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 14:51	Photos	Normal	Photos 2019-4-2

VICES) on 02 Apr 2019 14:50

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

Photos

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Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

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VICES) on 02 Apr 2019 14:50

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Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:50

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:45

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:45

Photos

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Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
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VICES) on 02 Apr 2019 14:45

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:44

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:44

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:44

Photos

Normal

Photos 2019-4-2

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Photos

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Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 14:44

Photos

Normal

Photos 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 09:54

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 09:51

SAS

Normal

SAS 2019-4-2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER
VICES) on 02 Apr 2019 09:50

Photos

Normal

Photos 2019-4-2



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Apr 2019 09:50

Photos

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Photos 2019-4-2

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Photos 2019-4-2

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Wednesday, 3 April 2019 10:49 AM
To: motorclaims@AbwinM9.com; lindaliao@AbwinM9.com; Yvonne Wong@abwinm9.com;
LKK Paya Ubi
Subject: SJS3472H | MT/1038373 (Awarding Letter to Abwin Service)
Importance: High

Hi IDAC and Abwin Service,

Vehicle is currently with IDAC.

Standard excess of \$600 is applicable.

Please liaise with the driver – Ms Yvonne Chan at tel: 9230 4293 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Executive
Motor Insurance
T +65 6430 7893
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/051/1038373-002/YCL

03 Apr 2019

ABWIN SERVICE PTE. LTD.
8 KAKI BUKIT AVENUE 4
#07-48 PREMIER @ KAKI BUKIT GATE 2
SINGAPORE 415875

Dear Sir

CLAIM NUMBER: MT/1038373-002
REPAIR OF VEHICLE NUMBER: SJS3472H

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

Award Date: 03 Apr 2019

Make: HONDA
Model: FIT
Estimated Repair Days: 8
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits: Not applicable
Excess Applicable: 600
Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



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: SJS 3472H Date In: 03/04/19 Time In: 1:00 PM with Keys: Yes / No

ANG WILLIAM
57917483A

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: ABWIN SERVICE PTE LTD

Collection Date: 3/4/2019 Time: 1300 with Keys: Yes / No

Tow Truck No: _____ Tow Man: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____ 3/4/2019

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: _____