NATIONAL Assessment Centre Services. (ref 1 Jan'09) MMA 119048727.

		Job description	Date & Time Completed	Done by
Date In:	15/4/19 13:38	SAS e-filing		
Ref No:	MA/INC19006639/h4. (C)	E-mail (within 8hrs, AIC 2hrs)		
Veh No:	SKW 7724Y	I-Motor Claim Form	MT/1040252-001	15/4/19 18:03.
D.O.A:	15/4/19 09:20.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
(OD) / TP / Reporting Only		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBG 6231A. INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

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

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

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

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

General Remarks:

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

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

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

Remarks: (INC hotline: [illegible])	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

MA1903504

Claimant's Particulars :

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

1st. 1:

2nd. 2 / 3:

Invoice Preparation Checklist		Amt ($) (To INC)	(Y) Amt ($) Wkshop
1) AR : Accident Reporting ($10);		30.00	
2) DA : Damage Assessment ($100);	INC ($80)	80.00	
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idas DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10	10.00	
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idas Mobile	30		
Invoice dated	*Fee Charged*		[illegible]
Invoice dated	*Fee Charged*	[illegible]	

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 witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	15/04/2019 13:38
Date Of Accident	15/04/2019 09:20
Exact Location Of Accident	AYE TWDS TUAS B4 CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW7724Y
Insured/Policyholder	
Name Of Registered Owner	CHIANG KHENG SIANG
NRIC No	S1391593H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97950895
Alternative Phone No	OFFICE-97950895
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5084988184-02
Cover Note Number	-
Driver	
Name of Driver	CHIANG KHENG SIANG
NRIC No	S1391593H
Date Of Birth	05/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97950895
Fax Number	
Contact Number	OFFICE-97950895
EMail Address	NOEMAIL

Address	BLK 176A EDGEFIELD PLAINS #07-158
Postcode	821176
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TRAVELLING ALONG AYE TWDS TUAS BEFORE CLEMENTI AVE 6 EXIT ON THE SECOND LANE, SUDDENLY VEH B CUT INTO MY LANE, CAUSING I CANNOT STOP IN TIME, AS THE RESULT, MY VEH LEFT FRONT HIT ONTO THE VEH B REAR RIGHT PORTION.

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	GBG6231A Hiace Commuter
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

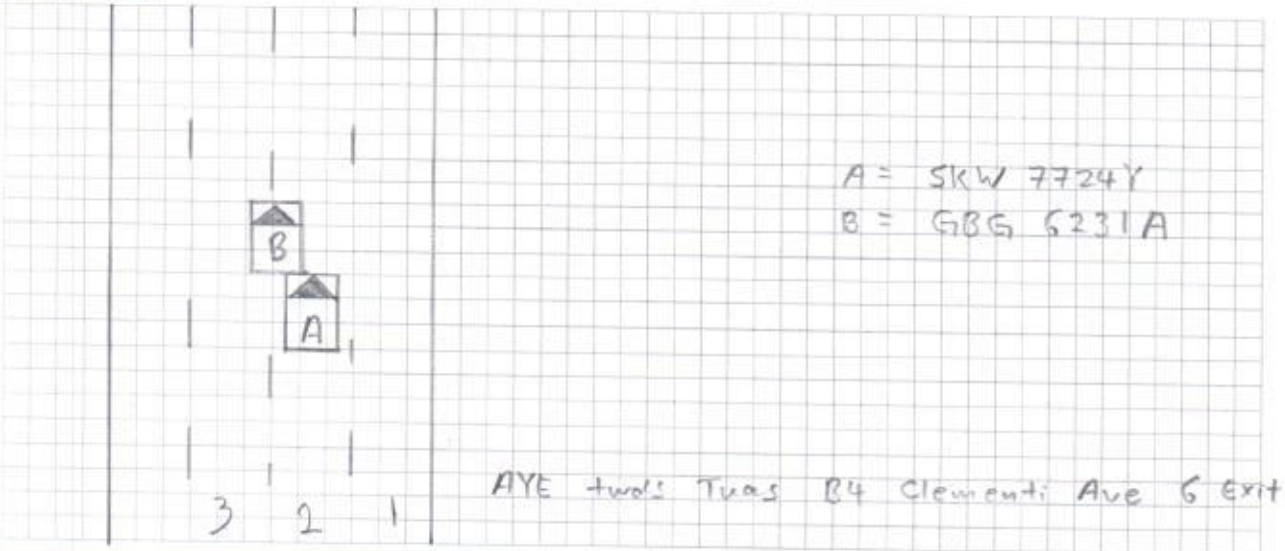
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

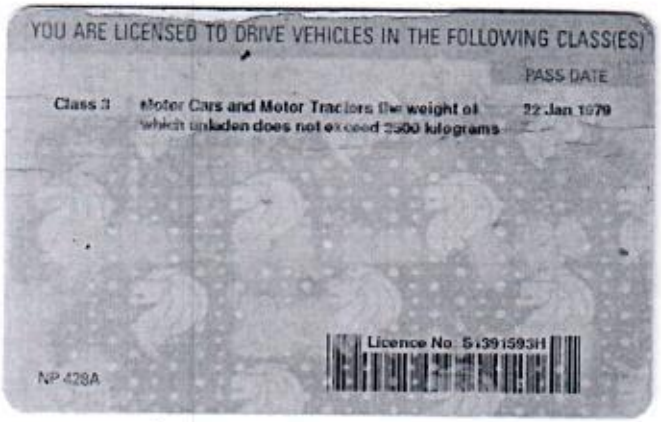
DECLARATION

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.:


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S1391593H
Name
CHIANG KHENG SIANG
Birth Date 05 May 1959
Issue Date 16 Jun 2003
000569279J


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1391593H
Name
CHIANG KHENG SIANG
章庆祥
Race
CHINESE
Date of Birth
05-05-1959
Sex
M
Country of Birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms
22 Jan 1979
Licence No. S1391593H
NP 428A


0390454
NRIC No. S1391593H
Blood Group
A+
Date of Issue
19-06-1992
APT BLK 176A EDGEFIELD PLAINS #07-158
SINGAPORE 821176
NRIC No: S1391593H
Date: 25-01-2002
No: 4158253

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SKW7724Y
Date of Accident 15/04/2019 13:35
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5084988184-02		CHIANG KHENG SIANG	S1391593H	GPC	drivo CLASSIC	SKW7724Y	SKW7724Y	11/07/2018	10/07/2019

Continue

Claim Handling

Accident MT/1040252

Policy No.	5084988184-02	Vehicle No.	SKW7724Y	GST Registration No.	
Certificate No.					
Policyholder Name	CHIANG KHENG SIANG			Policyholder NRIC	S1391
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97950895	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	15/04/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	15/04/2019	Time of Accident hh:mm	09:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS TUAS B4 CLEMENTI AVE 6 EXIT				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 176A #07-158	Address 2	EDGEFIELD PLAINS	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	82117
Unit No.		Related Policy Number	5084988184-02		

OI Driver Info

Driver Name	CHIANG KHENG SIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1391593H	Driver DOB	05/05/
Register Date of Driver License	22/01/1979	Driver Age	59	Driving Experience	40
Contact No.(Mobile)	97950895	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 176A #07-158	Address 2	EDGEFIELD PLAINS	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	82117
Unit No.					
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	CHIANG KHENG SIANG
Contact No.(Mobile)	97950895	Contact No. (Home)	63872737
Email Address	chiangksmichael@gmail.com	OI Vehicle Number	SKW7724Y
Claim Description	SKW7724Y / GBG6231A ON 15 Apr 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contract No.	0		
Finalisation	Yes	Preferred Repair Option	income to assign workshop
GIA report	Received		
Date Registered	15/04/2019 18:02	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1040252	Claim No.	001

(15.03.19)

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:

a) Motorcar ( )

b) Mcycle ( )

c) Bicycle ( )

2) Vehicle hit ??

a) Pedestrian ( )

b) Animal ( )

3) Vehicle hit Road Side Objects:

a) Govm Property ( ) (Eg: signboard, barrier, tree etc)

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

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ( )

2) SRS Light on ( )

3) ABS Light on ( )

By Assessor- 1) Vehicle Information

Veh No: SKW 7724 Y Yr Regn: 16 Nov 2015

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

Make & Model: Toyota Corolla Altis 1.6 c.c 1598

Colour: Grey Transmission Type: (Auto) / Manual

Eng/No: Sp.Reading: 125941

C/No: MR053 REH10 4537884

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

Steering: (Border) / Jammed / Leaked / Burnt or

Brake: (Border) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55 R16

R: ——"

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm

Parallel Import: Yes / (No)

Repair Type: (I.S) / I.B.I

No of Repair Days: 6

D.O.I. 15/4/2019

Towed-In: (Yes) / No

Towing Required: (Yes) / No

Vehicle in Idac: (Yes) / No

Time: 3.20pm

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.Govm 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:		

(1)New (2)Painted (3)Oiled (4)Cowled (5)Cut (6)Stranded (07)Deformed
(96)Shifted (09)Pitched (10)Broken (11)Necessary (12)Missing (13)Torn
(14)Unconformed (15)Wax Washing

MOTOR CAR (Frt)

ACTION(IAC)
(1)Replace (√) (2)Repair (C) (3)Check (T)
(4)Not Confirmed (NC)

Aug 1999

Front Portion

Vehicle No: SKW7724Y

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate			
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR	✓	
1005	992341	Frt Bumper Clips	NEC	✓	6
1006	991325	Frt Bumper Bracket		?	
1007	991462	Frt Bumper Side Retainer	CRA	✓	
1008	991433	Frt Bumper Reinforcement		?	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CRA	✓	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	CRT	✓	
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp	BR	✓	
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	CRA	✓	
1022	991328	Frt Grille Emblem	NEC	✓	
1023	991799	Frt Grille Chrome Moulding		?	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	✓	
1026	992025	Frt Support Panel Top Garnish Cover		?	
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	BR	✓	
1030	991821	Frt RH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BUC	✓	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	JM	✓	
1036	990285	Bonnet Insulator		?	
1037	990273	Bonnet Hinge		?	
1038	990261	Bonnet Damper	BT	✓	2
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable		?	
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser		?	
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)		?	
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)		?	
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		?	
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy	CRA	✓	
1061	990056	Air Cleaner Hose		?	
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold	CRA	✓	
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		?	

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box		↑	
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
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	BUC	✓	
1097	995072	Frt LH Fender Inner Panel	BUC	✓	
1098	995147	Frt LH Fender ~~Lamp~~ Emblem	NEC	✓	
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	BR	✓	
1101	995179	Frt LH Fender Triangle Garnish	BT	✓	
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre		?	
1105	995071	Frt RH Fender	CCR	R	
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender ~~Lamp~~ Emblem	NEC	✓	
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	BT	✓	
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		?	
		Frt LH Door.	SCR	R	
		Front Wire Harness		?	

No of Items: _____ Assessor: _____

Claim Handling

Task Transfer · Exit

LOS SAL SUB

Accident MT/1040252

Policy No.	5084988184-02	Vehicle No.	SKW7724Y	GST Registration No.	
Certificate No.					
Policyholder Name	CHIANG KHENG SIANG			Policyholder NRIC	S1391593H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97950895	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	15/04/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/04/2019	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	AYE TWDS TUAS B4 CLEMENTI AVE 6 EXIT				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 176A #07-158	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 821176
Address 4		Address Type	Singapore address	Post Code	821176
Unit No.		Related Policy Number	5084988184-02		

OI Driver Info

Driver Name	CHIANG KHENG SIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1391593H	Driver DOB	05/05/1959
Register Date of Driver License	22/01/1979	Driver Age	59	Driving Experience	40
Contact No.(Mobile)	97950895	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 176A #07-158	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 821176
Address 4		Address Type	Singapore address	Post Code	821176
Unit No.					
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
Modification History			

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

LOS SAL SUB

Claim Type	OD-MD	Insured Name	CHIANG KHENG SIANG	Insured NRIC	S1391593H
Contact No.(Mobile)	97950895	Contact No. (Home)	63872737	Contact No. (Office)	67508554
Email Address	chiangksmichael@gmail.com	OI Vehicle Number	SKW7724Y	TP Vehicle Number	GBG6231A
Claim Description	SKW7724Y / GBG6231A ON 15 Apr 2019			Name of Preferred Workshop	0
Preferred Workshop	0				
Consent to Repair	Yes	Preferered Repair Option	income to assign workshop	Insured GIA Liability report	Partially at Fault received
Date Registered	15/04/2019 18:07	Claim Close Date		Date Received	16/04/2019 10:17
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	TOYOTA	Vehicle Model	COROLLA ALTIS	Engine Capcity	
Date of Registration	16/11/2015	Classis No.	MR053REH104537884		
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: REMARK:NO OF REPAIR DAYS:6 DAYS.1X FRT GRILLE CHROME MOULDING - UNCONFIRM.1X FRT SUPPORT PANEL TOP GARNISH COVER - UNONFIRM.1X AIRCON SUCTION PIPE(LOW PRESSURE) - UNCONFIRM.1X AIRDUCT - REPLACE.1X AIR CLEANER - UNCONFIRM.1X FRT LH FENDER EMBLEM - REPLACE.1X FRT LH FENDER TRIANGLE GARNISH - REPLACE.1X FRT RH FENDER EMBLEM - REPLACE.1X ECU - UNCONFIRM.1X FRT WIRE HARNESS - UNCONFIRM.

Remark for Supplementary

Damage Listing

Find a Part

roof
- 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

No.	Part No.	Description	Qty *	Repair Code *	
1	16000101	BUMPER (FRONT)	1	Replace	X
2	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
3	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	X
4	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Unconfirm	X
5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
8	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
9	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	X
10	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace	X
11	27100101	GRILLE (FRONT)	1	Replace	X
12	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
13	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
14	27700101	HEAD LAMP (LEFT)	1	Replace	X
15	149001	BONNET	1	Replace	X
16	14903401	BONNET LOCK (LOWER)	1	Replace	X
17	149029	BONNET INSULATOR	1	Unconfirm	X
18	14902201	BONNET HINGE (LEFT)	1	Replace	X
19	14902202	BONNET HINGE (RIGHT)	1	Replace	X
20	149043	BONNET RUBBER (LONG)	1	Unconfirm	X
21	112023	AIR CON CONDENSER	1	Unconfirm	X
22	112044	AIR CON DISCHARGE PIPE	1	Unconfirm	X
23	344001	RADIATOR	1	Unconfirm	X
24	110037	AIR CLEANER RESONATOR	1	Replace	X
25	141001	BATTERY	1	Unconfirm	X
26	141005	BATTERY COVER	1	Unconfirm	X
27	141002	BATTERY BRACKET	1	Unconfirm	X
28	141007	BATTERY TRAY	1	Unconfirm	X
29	243014	ENGINE LOWER COVER	1	Unconfirm	X
30	19600501	CHASSIS MEMBER (FRONT LEFT)	1	Unconfirm	X
31	25400102	FENDER (FRONT LEFT)	1	Replace	X
32	25400801	FENDER INNER PANEL (FRONT LEFT)	1	Replace	X
33	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
34	43600101	TYRE (FRONT LEFT)	1	Unconfirm	X
35	25400103	FENDER (FRONT RIGHT)	1	Repair	X
36	454009	WIPER PANEL GARNISH	1	Replace	X
37	23300201	DOOR (FRONT LEFT)	1	Repair	X
38	26600101	FUSE BOX (BOTTOM)	1	Unconfirm	X
39	26600102	FUSE BOX (CENTRE)	1	Unconfirm	X

Save Submit

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: SKW 7734Y Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock Wah motor

Collection Date: 16/4/19 Time: 1725 with Keys: Yes / No

Tow Truck No: YH 1388C Tow Man: Ong Eng Beng NRIC: S7048447I

Signature: _____

For office use

Attended by: Shan Hui ***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: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Tuesday, 16 April 2019 4:20 PM
To: LKK Paya Ubi; Hock Wah Motor Pte Ltd
Subject: SKW7724Y | MT/1040252 (Awarding Letter to Hock Wah)

Importance: High

Hi IDAC and Hock Wah,

Vehicle is currently in IDAC.

Excess of $2,000 is applicable.

Please liaise with the owner – Mr Chiang Kheng Siang at tel: 9795 0895 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg

Our Ref: MT/CA/OD/051/1040252-001/YCL

16 Apr 2019

HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1040252-001
REPAIR OF VEHICLE NUMBER: SKW7724Y

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

Award Date: 16 Apr 2019
Make: TOYOTA

Model: COROLLA ALTIS
Estimated Repair Days: 5
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits: not applicable
Excess Applicable: 2,000
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
