

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 30/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19007582/13	SAS e-filing		
Veh No: PC8072J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/04/19 2045	i-Motor Claim Form	NT/1042472-001	
OD 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:	Veh No: SJR103K	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-
 Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1903494	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car/ Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	30/04/2019 11:56
Date Of Accident	29/04/2019 20:45
Exact Location Of Accident	KJE(PIE) SLIP RD TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8072J
Insured/Policyholder	
Name Of Registered Owner	AURORA WORLD PTE. LTD.
Co Reg No	201002992D
Email Address	ERICLIMITN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91188517

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108602807
Cover Note Number	

Driver

Name of Driver	MOHAMMED ZULKARNAIN BIN SELAMAT
NRIC No	S8013289A
Date Of Birth	06/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87666479
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 701 WEST COAST RD #02-337
Postcode	120701
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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

I WAS TRAVELLING FROM KJE(PIE) SLIP RD TWDS TUAS ON THE RIGHT LANE OF A2-LANES RD. SUDDENLY INFRT OF MY VEH JAMMED BRAKE AND I HAVE NOT ENOUGH TIME TO STOP AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR1033K	(Avante)
Vehicle Make/Model/Colour		
Details Of Properties		
Vehicle Category	PRIVATE CAR	
Name of Driver	OO CHOON PENG	
NRIC/Passport Number	S7320740A	
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:

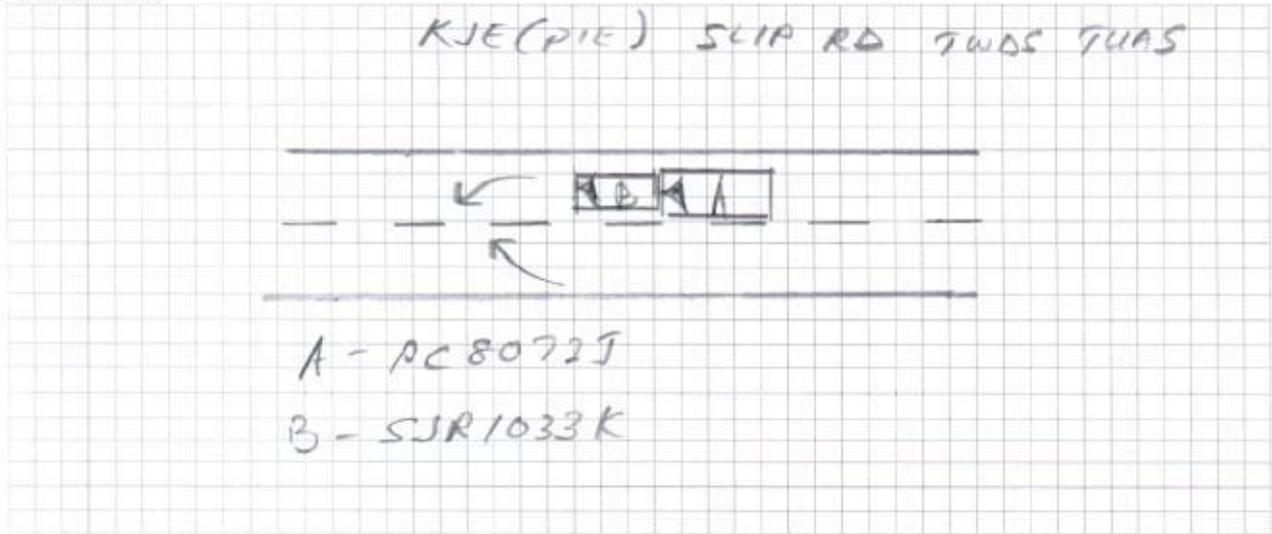
[Handwritten Signature] 30/4/2019

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

[Handwritten Signature] 30/04/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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:

[Signature] 30/4/2019

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

[Signature] 30/04/19

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119055728 Vehicle Registration No: PC8072J
 Name (as shown in NRIC) : MUHAMMAD ZULKARNAM BIN SELAMAT NRIC/FIN/Passport No : S8013289A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 701 WEST COAST RD #02-337 Singapore(120701)
 Contact (Tel) : _____ Mobile No. : 87666479
 Email Address : _____
 Date of Accident : 29/04/19 Time of Accident : 20:45
 Place of Accident : KJE (PIE) SLIP RD TUNAS TUNAS
 Insurance Company: NTUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM REPORTING TO GD CLAIMS



 Policyholder / Driver's Signature
 Date:

[Signature] 30/04/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8013289A



MOHAMMED ZULKARNAIN BIN SELAMAT

Race: MALAY
Date of Birth: 06-05-1980 M
Country of Birth: SINGAPORE

0397847



S8013289A



Resident Driver: B+ Date of issue: 24-06-1992

APT BLK 701 WEST COAST ROAD #02-337
SINGAPORE 120701

NRIC No: S8013289A Date: 03/07/2010 No: 6495875

Land Transport Authority

VOCATIONAL LICENCE



Licence No: S8013289A
Name: MOHAMMED ZULKARNAIN BIN SELAMAT
Issue Date: 19/12/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 576701.

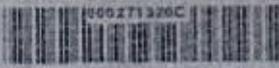
Type	Description	Issue Date
03	BUS VL	19/12/2016
04	BUS ATTENDANT	19/12/2016



REPUBLIC OF SINGAPORE DRIVING LICENCE



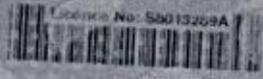
Licence Number: S8013289A
Name: MOHAMMED ZULKARNAIN BIN SELAMAT
Date of Birth: 06 May 1980
Issue Date: 21 Feb 2003



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

Class	Motor Cars and Motor Tractors the weight of which (including load) does not exceed 3500 kilograms	PASS DATE
Class 3		21 Feb 2003

NP 428A



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/04/2019 20:45"/>
Vehicle No. (For Motor)	<input type="text" value="PC8072J"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108602807		AURORA WORLD PTE. LTD.	201002992D	GBS	Comprehensive	PC8072J	PC8072J	05/04/2019	04/04/2020

Continue

Claim Handling

The premium on this policy has not been collected.

Accident MT/1042472

Policy No.	5108602807	Vehicle No.	PC8072J	GST Registration No.
Certificate No.				
Policyholder Name	AURORA WORLD PTE. LTD.			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91188517	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	30/04/2019 18:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/04/2019	Time of Accident hh:mm	20:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	K3E(PIE) SLIP RD TWDS TUAS			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/20
GST Registration No.	201002992D	GST Status Verified	Yes
Modification History	30/04/2019 18:37:39 System changed GST Registered from No to Yes 30/04/2019 18:37:39 System changed GST Registration No. from null to 201002992D 30/04/2019 18:37:39 System changed GST Registration Date from null to 01/02/2018		

Policyholder Mailing Address

Address 1	39A WEST COAST PARK	Address 2	#10-01 THE INFINITI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-05	Related Policy Number	5108602807	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMMED ZULKARNAIN BIN S	Driver NRIC	S8013289A	Driver DOB
Register Date of Driver License	19/12/2016	Driver Age	38	Driving Experience
Contact No.(Mobile)	87666479	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 701	Address 2	WEST COAST ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-337			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	AUROR
Contact No.(Mobile)	93837638	Contact No. (Home)	
Email Address		OI Vehicle Number	PC8072
Claim Description	PC8072J / SJR1033K ON 28 Apr 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Workshop Registered	<input type="radio"/> Yes <input checked="" type="radio"/> No	Received	
			30/04/2019 18:41
			Claim Close Date

Report Taken By

ROSLINDA Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1042472 Claim No. 001
Last Doc. Received Yes No Upload Date 30/04/2019 00:00

- Choose File No file chosen

Table with columns: Clear, Category (Please Select), Confidential (NO)

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, Description. Contains 13 rows of photo attachments.

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name

Display in New Window Scan and uploading

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorcar ()
 - b) M/cycle ()
 - c) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govn. Property ()
(E.g. 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: PC 8072J Yr Regn: 5 Apr / 2019
 Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or
 Make & Model: Toyota Hiace Commuter Turbo C.C. 2982
 Colour: White Transmission Type: Auto / Manual
 Eng/No: _____ Sp. Reading: 3753
 C/No: JTFST 22 P 0000 38972
 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: 195 R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	<u>8</u> mm	R/Bal.	<u>8</u> mm
L/Bal.	<u>8</u> mm	L/Bal.	<u>8</u> mm

 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: 7 Vehicle in Idac: Yes / No
 D.O.I. 2/5/2019 Time: 9.20am

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:

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/1042472

Policy No.	5108602807	Vehicle No.	PC8072J	GST Registration No.	201002992D
Certificate No.					
Policyholder Name	AURORA WORLD PTE. LTD.			Policyholder NRIC	201002992D
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91188517	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	0	Private Hire	No

Accident Details

Report Date	30/04/2019 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/04/2019	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	KJE(PIE) SLIP RD TWDS TUAS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2018
GST Registration No.	201002992D	GST Status Verified	Yes
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Policyholder Mailing Address

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Address 4		Address Type	Singapore address	Post Code	127712
Unit No.	03-05	Related Policy Number	5108602807		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMED ZULKARNAIN BIN S	Driver NRIC	S8013289A	Driver DOB	06/05/1980
Register Date of Driver License	19/12/2016	Driver Age	38	Driving Experience	2
Contact No.(Mobile)	87666479	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 701	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120701
Address 4		Address Type	Singapore address	Post Code	120701
Unit No.	#02-337				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	AURORA WORLD PTE. LTD.	Insured NRIC	201002992D
Contact No.(Mobile)	93837638	Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	PC8072J	TP Vehicle Number	SJR1033K
Claim Description	PC8072J / SJR1033K ON 28 Apr 2019			Name of Preferred Workshop	TICK HAI
Preferred Workshop Contact No. (Home)		Insured Liability report		Fully at Reelbed	
Preferred Repair Option		Preferred Workshop (refer below)		Date Registered	02/05/2019 08:33
Claim Close Date		Workshop Repairer	ROSLINDA	Date Received	02/05/2019 14:1
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	TOYOTA	Vehicle Model	HIACE COMMUTER BUS (P)	Engine Capacity	1.51
Date of Registration	05/04/2019	Classis No.	JTFST22P000038972		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	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(\$)	

NO OF REPAIR: 7 DAYS:FRT BUMPER LOWER GRILLE-REPLACE,FRT BUMPER TOW EYE COVER-REPLACE,AIRCON LIQUID PIPE-REPLACE,2X AIRCON CONDENSER AIR DEFLECTOR-REPLACE,WINDSCREEN WASHER TANK-REPLACE,TURBO COOLER-REPLACE,

Remark

Remark for Supplementary

Damage Listing

No.	Part No.	Description	Qty *	Repair Code *
1	32200101	NUMBER PLATE (FRONT)	1	Replace
2	16000101	BUMPER (FRONT)	1	Replace
3	16002401	BUMPER CLIPS (FRONT)	8	Replace
4	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace
5	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace
6	16001001	BUMPER BEAM (FRONT)	1	Replace
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
8	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace
9	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace
10	27100101	GRILLE (FRONT)	1	Replace
11	27100801	GRILLE EMBLEM (FRONT)	1	Replace
12	15600101	BRACE PANEL (FRONT)	1	Replace
13	112023	AIR CDN CONDENSER	1	Replace
14	344001	RADIATOR	1	Replace
15	344005	RADIATOR COWLING	1	Unconfirm
16	344008	RADIATOR FAN	1	Unconfirm
17	21300101	CORNER PANEL (FRONT LEFT)	1	Unconfirm
18	21300102	CORNER PANEL (FRONT RIGHT)	1	Unconfirm
19	27700101	HEAD LAMP (LEFT)	1	Replace
20	27700102	HEAD LAMP (RIGHT)	1	Replace
21	41300101	SUPPORT PANEL (FRONT)	1	Replace
22	149001	BONNET	1	Replace
23	14903401	BONNET LOCK (LOWER)	1	Replace
24	14902201	BONNET HINGE (LEFT)	1	Replace
25	14902202	BONNET HINGE (RIGHT)	1	Replace
26	149016	BONNET EMBLEM	1	Replace
27	41300801	SUPPORT PANEL TOP GARNISH (FRONT)	1	Replace
28	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm

- Find a Part
- 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)

29	344007	RADIATOR EXPANSION TANK	<input type="text" value="1"/>
30	323001	OIL COOLER	<input type="text" value="1"/>
31	112053	AIR CON EVAPORATOR	<input type="text" value="1"/>
32	112003	AIR CON BLOWER	<input type="text" value="1"/>
33	22600102	DASHBOARD (TOP)	<input type="text" value="1"/>

Replace
Unconfirm
Unconfirm
Unconfirm
Unconfirm



Vehicle Movement Form

Vehicle Check-In

Vehicle No: PL80725 Date In: 6/5/2019 Time In: 5:15PM with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

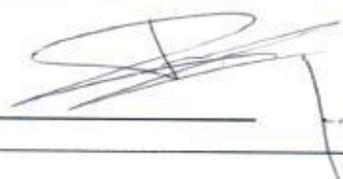
Workshop: Tik Hai Motor and Welding Services

Collection Date: 06/15/19 Time: 1715 with Keys: Yes / No

Tow Truck No: _____ Tow Man: _____ NRIC: 59085091A

Signature: Bertrand COLAS

For office use

Attended by:  KRISHNAMOORTHY

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: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Monday, 6 May 2019 4:54 PM
To: NAC ; Admin Dept
Subject: PC8072J, OD claim no : MT/1042472

Importance: High

Dear IDAC,

Pls release veh to Tick Hai Motor (Ms Connie, tel : 68429089).

Owner has been updated accordingly too.

Regards.

Tan Siew Choo
Senior Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg

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LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Thursday, 2 May 2019 5:11 PM
To: NAC
Subject: PC8072J, OD claim no : MT/1042472

Importance: High

Dear IDAC,

Pls obtain the rental agreement from owner and the contact nos of his preferred wkshop, Tick Hai Motor.

Regards.

Tan Siew Choo
Senior Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg



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Address	BLK 701 WEST COAST RD #02-337
Postcode	120701
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	.
Insurance Company of Driver's Own Vehicle	.

From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Thursday, 2 May 2019 2:58 PM
To: ODsupport <ODsupport@income.com.sg>
Subject: PC8072J MT/1042472-001

Hi

Their preferred workshop Tick Hai Motor.

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

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