

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA 1190584

| | | | |
|----------------------------|--|-----------------------|--------------|
| Date In: 6/1/19-16.14 | Job description | Date & Time Completed | Done by |
| Ref No: 4A/NC 19-07939/C24 | SAS e-filing | | |
| Veh No: 5JR92VP | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 4/1/19-15:00 | i-Motor Claim Form | M-11043190-001 | 6/1/19 17:21 |
| OD: TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Veh No: **BHA369 v** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add. Bill |
|---------------------------------|---|----------------------|------------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| Dat. 2 / 3: | 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 \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 06/05/2019 16:54 |
| Date Of Accident | 04/05/2019 15:00 |
| Exact Location Of Accident | MANDAI RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJR9172P |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN LIAN PUAY MICHAEL |
| NRIC No | S1780669F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96196800 |
| Alternative Phone No | OFFICE-96196800 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5101718464 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | TAN KIET HILL (CHEN JISHAN) |
| NRIC No | S7316623C |
| Date Of Birth | 12/05/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/06/1993 |
| Driving Experience | 25 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90778739 |
| Fax Number | |
| Contact Number | OFFICE-90778739 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 411A FERVALE ROAD #05-84 |
| Postcode | 791411 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | WET |

Other Information

| | |
|---|-----------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | BHA3692 (PRIVATE CAR) |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190506/2097.

Attachment(s)

| | |
|---|-----------------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH TRAFFIC POLICE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | BHA3692 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ2041S

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) 1

SKETCH PLAN

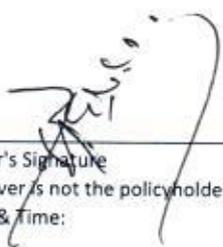
IMPORTANT NOTICE

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:

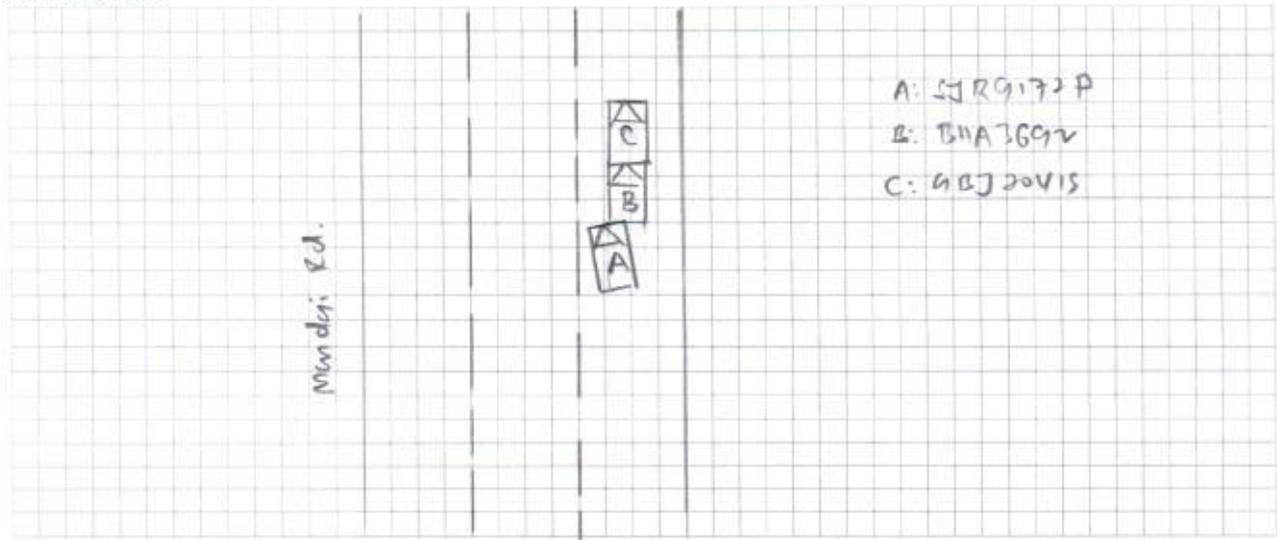


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2190506/2022.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190506/2097

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20190506/2097

CONTINUATION OF REPORT

Brief Details.

On 04/05/2019 at about 1500hrs, I was driving a vehicle bearing registration SJR9172P along Mandai Road. I was on the first lane with 3 lane road and I saw one vehicle bearing registration BHA3692 was at the first lane. However, I was not aware that the vehicle got into an accident. The vehicle was stationary and didn't turn on his hazard light and I was unable stop in time and swerved my vehicle to the left and hitting onto BHA3692 rear bumper. The impact of the accident that caused BHA3692 moved forward and collided onto GBJ2041S again which earlier the vehicle had an accident.

During the accident the traffic police was attending a case of accident between BHA3692 and GBJ2041S. The Traffic Police then advised me to lodge a police report and the officer also seized my in car- camera SD card.

I wish to state that no one was injured during the accident.



**SINGAPORE
POLICE FORCE**



T/20190506/2097

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20190506/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

F /
Sgt 2 TAN WEI REN 

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp

NP168

Signature Of Informant:



Date/Time:

06/05/2019 15:53

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7316623C



Name
**TAN KIET HILL
(CHEN JISHAN)**
陳 极 山

Race
CHINESE

Date of birth Sex
12-05-1973 M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7316623C**
Name
**TAN KIET HILL
(CHEN JISHAN)**

Birth Date **12 May 1973**
Issue Date **14 Nov 2003**

000995396H



Land Transport Authority

VOCATIONAL LICENCE

License No : **S7316623C**
Name : **TAN KIET HILL**
Issue Date : **17/6/2017**

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



3439619

NRIC No. **S7316623C**

Date of issue
17-11-2003

APT BLK 411A FERVALE ROAD #05-04
SINGAPORE 791411
NRIC No: **S7316623C** Date: **06/05/2011** No: **6752714**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

| CLASS | DESCRIPTION | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 CC | 13 Oct 1989 |
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor-vehicles <= 2500 kg | 23 Jan 1993 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 16 Mar 2011 |
| Class 5 | Motor vehicles > 7200 kg not constructed to carry any load | 27 Apr 2011 |

S/No. 9000146444

S7316623C

NP 420A

License No: S7316623C

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 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 02 | TAXI VL | 05/03/2014 |



Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.
 Date of Accident

Vehicle No. (For Motor)
 Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5101718464 | | TAN LIAN PUAY MICHAEL | S1780669F | GPC | drive CLASSIC | SJR9172P | SJR9172P | 26/05/2018 | 20/07/2019 |

Continue

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|-----------------------|----------------------------------|------------------|
| Policy No. | 5101718464 | Policyholder Name | TAN LIAN PUAY MICHAEL | Policyholder NRIC | S1780669F |
| Certificate No. | | | | | |
| Address | BLK 763 #06-236 PASIR RIS STREET 71 SINGAPORE 510763 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 25/06/2018 | Effective Date | 26/06/2018 00:00 | Expiry Date | 20/07/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | Young/Inexperience Driver Excess | |
| Agent | UNIQUE RESOURCES PTE LTD | Agent Tel. | 62507950 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | BLK 763 #06-236 | Address 2 | PASIR RIS STREET 71 | Address 3 | SINGAPORE 510763 |
| Address 4 | | Address Type | Singapore address | Post Code | 510763 |
| Unit No. | | Related Policy Number | 5108017415 | | |

Insured Object: SJR9172P

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1 | 12/10/2018 00:00 | Basic Information Endorsement | Entry Rejected | Thank you for giving us the opportunity to serve you. We confirm that from 12 Oct 2018, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$343.95 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. |
| 2 | 12/10/2018 00:00 | Basic Information Endorsement | Endorsement Take Effective | update excess Thank you for giving us the opportunity to serve you. We confirm that from 12 Oct 2018, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward under Private Hire Usage. 2. An excess of S\$2,000.00 is imposed under Section 1 of this Policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this Policy. 4. The Policy does not |

Claim Handling

Exit

Accident MT/1043190

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|-----------------|
| Policy No. | S101719454 | Vehicle No. | S1R9172P | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TAN LIAN PUAY MICHAEL | | | Policyholder NRIC | S1780669F |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96196800 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| 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 | Yes |
| Accident Details | | | | | |
| Report Date | 06/05/2019 17:19 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 04/05/2019 | Time of Accident (h:mm) | 15:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MANDAI RD | | | | |
| Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 500.00 | Outside Singapore OD Excess | 3,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | BLK 763 #06-236 | Address 2 | PASIR RIS STREET 71 | Address 3 | SINGAPORE 510763 |
| Address 4 | | Address Type | Singapore address | Post Code | 510763 |
| Unit No. | | Related Policy Number | S108017415 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|--------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | TAN KIET HILL (CHEN JISHAN) | Driver NRIC | S7316623C | Driver DOB | 12/05/1973 |
| Register Date of Driver License | 23/06/1992 | Driver Age | 45 | Driving Experience | 25 |
| Contact No.(Mobile) | 90778739 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 411A | Address 2 | FERNVALE ROAD | Address 3 | CORAL SPRING |
| Address 4 | SINGAPORE 791411 | Address Type | Singapore address | Post Code | 791411 |
| Unit No. | 05-84 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 **New**

| | | | | | |
|---|----------------------------------|-------------------------|---------------------------|---------------------------------|------------------|
| Claim Type * | OD-MD | Insured Name | TAN LIAN PUAY MICHAEL | Insured NRIC | S1780669F |
| Contact No.(Mobile) | 96196800 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | S1R9172P | TP Vehicle Number | BHA3692 |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | S1R9172P / BHA3692 ON 4 May 2019 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Income to assign workshop | GIA report | Received |
| Date Registered | 06/05/2019 17:21 | Claim Close Date | | Date Received | 06/05/2019 00:00 |
| Report Taken By | Jackson | | | OD Excess Collected by Workshop | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1043190 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/05/2019 17:22 |

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|--|-----------------------|---------|--------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:22 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:22 | SAS | Normal | SAS 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 May 2019 17:21 | Photos | Normal | Photos 2019-5-6 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |

> Back to OneMotoring

D.O.A. = 4/5/2019
Bal = 2.5 mths.

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|--------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 0669F |
| Vehicle Details | |
| Vehicle No.: | SJR9172P |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 09 May 2019 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | COROLLA ALTIS 1.6 AUTO |
| Primary Colour: | White |
| Manufacturing Year: | 2009 |
| Engine No.: | 3ZZ4911201 |
| Chassis No.: | MR053ZEE106149518 |
| Maximum Power Output: | 80.0 kW (107 bhp) |
| Open Market Value: | \$17,500.00 |
| Original Registration Date: | 21 Jul 2009 |
| First Registration Date: | 21 Jul 2009 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$17,500.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 20 Jul 2019 ✓ |
| PARF Rebate Amount: | \$8,750.00 // |
| Intended COE Rebate Details | |
| COE Expiry Date: | 20 Jul 2019 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| QP Paid: | \$11,690.00 |
| COE Rebate Amount: | \$229.00 |
| Total Rebate Amount: | \$8,979.00 |

The information contained herein is correct as at 07 May 2019

OK

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 (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: SJR 972P Yr Regn: 21 Jul 2009
 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: White Transmission Type: Auto / Manual
 Eng/No: _____ Sp. Reading: 181927
 C/No: MR 053 ZEE 10 6149578
 Gen. Cond: Good Fair / Poor / Burnt or
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195 / 65 R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
 Front Rear
 R/Bal. 7 mm R/Bal. 6 mm
 L/Bal. 7 mm L/Bal. 6 mm
 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: 9 Vehicle in Idac: Yes / No
 D.O.I. 7/5/2019 Time: 2.45pm

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](#)

Accident MT/1043190

[LOD](#) [SAL](#) [SUB](#)

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5101718464 | Vehicle No. | S1R9172P | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TAN LIAN PUAY MICHAEL | | | Policyholder NRIC | S1780669F |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96196800 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| 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 | Yes |

Accident Details

| | | | | | |
|-------------------|---------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date | 06/05/2019 17:19 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 04/05/2019 | Time of Accident hh:mm | 15:00 | Country of Accident | Singapore |
| Reporting Centre | NATIONAL ASSESSMENT CENTR | Orange Force | No | ICM No. | |
| Accident Location | MANDAI RD | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 500.00 | 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 763 #06-238 | Address 2 | PASIR RIS STREET 71 | Address 3 | SINGAPORE S10763 |
| Address 4 | | Address Type | Singapore address | Post Code | S10763 |
| Unit No. | | Related Policy Number | S108017415 | | |

O1 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|--------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 12/06/1973 |
| Unnamed driver Name | TAN KIET HILL (CHEN JISHAN) | Driver NRIC | S7316623C | Driving Experience | 25 |
| Register Date of Driver License | 23/06/1993 | Driver Age | 45 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 90778739 | Contact No.(Office) | 0 | Address 3 | CORAL SPRING |
| Address 1 | BLK 411A | Address 2 | PERNALE ROAD | Post Code | 791411 |
| Address 4 | SINGAPORE 791411 | Address Type | Singapore address | | |
| Unit No. | 05-84 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

[LOD](#) [SAL](#) [SUB](#)

| | | | | | |
|---|----------------------------------|-------------------------|---------------------------|---------------------------------|------------------|
| Claim Type | OD-MD | Insured Name | TAN LIAN PUAY MICHAEL | Insured NRIC | S1780669F |
| Contact No.(Mobile) | 96196800 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | O1 Vehicle Number | S1R9172P | TP Vehicle Number | BHA3692 |
| Claimant Type | | Type of Benefit | | | |
| Claimant Name | | Claimant NRIC | | | |
| Claimant Address | | | | | |
| Claim Description | S1R9172P / BHA3692 ON 4 May 2019 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability | Fully at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Income to assign workshop | GIA report | Received |
| Date Registered | 06/05/2019 17:23 | Claim Close Date | | Date Received | 06/05/2019 00:00 |
| Report Taken By | Jackson | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> 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 Capacity | |
| Date of Registration | 21/07/2009 | Classis No. | MR0532EE106149518 | | |
| 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 * Assessor Name * Survey Current Status

IDAC/Workshop Name IDAC/Workshop Location Total Loss * Yes No

Windscreen Parts & Labour Cost Scrap Value(\$) Economical Repair Value(\$)

Market Value(\$)

Remark

Remark for Supplementary

Damage Listing

| Find a Part | No. | Part No. | Description | Qty * | Repair Code * | |
|------------------------------|-----|----------|-------------------------------------|-------|---------------|---|
| roof | 1 | 1600101 | BUMPER (FRONT) | 1 | Replace | X |
| Not Applicable | 2 | 16002401 | BUMPER CLIPS (FRONT) | 6 | Replace | X |
| ABS | 3 | 16005101 | BUMPER RETAINER (FRONT LEFT) | 1 | Replace | X |
| ABSORBER | 4 | 16005102 | BUMPER RETAINER (FRONT RIGHT) | 1 | Replace | X |
| ACCELERATOR | 5 | 16005001 | BUMPER REINFORCEMENT (FRONT) | 1 | Unconfirm | X |
| ACTUATOR | 6 | 16002601 | BUMPER EMBLEM (FRONT) | 1 | Replace | X |
| ADVERTISEMENT STICKER | 7 | 16003201 | BUMPER GRILLE (FRONT) | 1 | Unconfirm | X |
| AIR BAG | 8 | 16002901 | BUMPER FOG LAMP COVER (FRONT LEFT) | 1 | Unconfirm | X |
| AIR BLOWER | 9 | 16002902 | BUMPER FOG LAMP COVER (FRONT RIGHT) | 1 | Replace | X |
| AIR BOX | 10 | 16002701 | BUMPER FOG LAMP (FRONT LEFT) | 1 | Unconfirm | X |
| AIR CHAMBER BOX | 11 | 16002702 | BUMPER FOG LAMP (FRONT RIGHT) | 1 | Replace | X |
| AIR CLEANER | 12 | 27100101 | GRILLE (FRONT) | 1 | Replace | X |
| AIR COMPRESSOR | 13 | 41300101 | SUPPORT PANEL (FRONT) | 1 | Replace | X |
| AIR CON | 14 | 27700101 | HEAD LAMP (LEFT) | 1 | Replace | X |
| AIR CON (VAN) | 15 | 27700102 | HEAD LAMP (RIGHT) | 1 | Replace | X |
| AIR COOLER | 16 | 149001 | BONNET | 1 | Replace | X |
| AIR DISTRIBUTOR | 17 | 14903401 | BONNET LOCK (LOWER) | 1 | Replace | X |
| AIR FILTER | 18 | 14902201 | BONNET HINGE (LEFT) | 1 | Replace | X |
| AIR FLOW | 19 | 14902202 | BONNET HINGE (RIGHT) | 1 | Replace | X |
| AIR GRILLE | 20 | 112023 | AIR CON CONDENSER | 1 | Unconfirm | X |
| AIR HORN | 21 | 344001 | RADIATOR | 1 | Unconfirm | X |
| AIR INTAKE | 22 | 344005 | RADIATOR COWLING | 1 | Unconfirm | X |
| AIR RESONATOR BOX | 23 | 244006 | RADIATOR FAN | 1 | Unconfirm | X |
| AIR THROTTLE BODY AND SENSOR | 24 | 344011 | RADIATOR FAN CLUTCH | 1 | Unconfirm | X |
| ALARM | 25 | 344007 | RADIATOR EXPANSION TANK | 1 | Replace | X |
| ALTERNATOR | 26 | 454012 | WIPER WASHER TANK | 1 | Replace | X |
| ALUMINIUM PANEL - SIDE | 27 | 454014 | WIPER WASHER TANK MOTOR | 1 | Replace | X |
| AMPLIFIER | 28 | 124001 | ALTERNATOR | 1 | Unconfirm | X |
| ANTENNA | 29 | 25400102 | FENDER (FRONT LEFT) | 1 | Repair | X |
| ANTI ROLL | 30 | 25400103 | FENDER (FRONT RIGHT) | 1 | Replace | X |
| APRON | 31 | 25400802 | FENDER INNER PANEL (FRONT RIGHT) | 1 | Replace | X |
| ARCH | 32 | 25400902 | FENDER INNER SHIELD (FRONT RIGHT) | 1 | Replace | X |
| ARM REST | 33 | 43600102 | TYRE (FRONT RIGHT) | 1 | Unconfirm | X |
| ASH TRAY | 34 | 454009 | WIPER PANEL GARNISH | 1 | Replace | X |
| AUTO CLUTCH | 35 | 23300102 | DOOR (FRONT RIGHT) | 1 | Repair | X |
| AUTO COOLER PIPE | | | | | | |
| AUTO CRUISE MOTOR | | | | | | |
| AUTO TRANSMISSION | | | | | | |
| AXLE | | | | | | |
| BACK REST (MC) | | | | | | |
| BACK SEAT | | | | | | |
| BALANCER | | | | | | |
| BATTERY | | | | | | |
| BEADING (MC) | | | | | | |
| BELT COVER (MC) | | | | | | |
| BELT TENSIONER | | | | | | |
| BODY | | | | | | |
| BODY (MC) | | | | | | |
| BOLT CAP (MC) | | | | | | |
| BOLT HEAD COVER (MC) | | | | | | |
| BONNET | | | | | | |
| BOOT | | | | | | |
| BOX (MC) | | | | | | |

Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 9 May 2019 9:14 AM
To: Chin
Cc: Clarence Richard Anthony; LKK Paya Ubi
Subject: RE: SJR9172P UNDER OD CLAIM: MT/1043190

Dear Ms Chin

We shall award under a global sum of \$3800/-, excess \$2140/- as we have informed owner Mr Michael Tan at 96196800,

Therefore, please tow this vehicle from Idac and contact him when vehicle arrived at your workshop as he will pass you the tow fee of \$60/- upon collection of his vehicle.

Our Ref: MT/CA/OD/051/1043190-001/NHJ

09 May 2019

MODERN AUTOMOTIVE PTE LTD

BLK 3023A #01-61 UBI ROAD 1

SINGAPORE 408717

Dear Sir

CLAIM NUMBER: MT/1043190-001

REPAIR OF VEHICLE NUMBER: SJR9172P

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

Award Date: 09 May 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 Applicable: N/A

Excess Applicable: 2000.00

Please note that supplementary items will not be allowed.

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

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

Ng Hak Joo

Executive

Motor Insurance

T +65 64307890

www.income.com.sg

From: Chin [<mailto:chin@modernautomotive.com.sg>]
Sent: Wednesday, 8 May 2019 4:48 PM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Subject: RE: SJR9172P UNDER OD CLAIM: MT/1043190

Hi Hak Joo

We have went to Idac view the above vehicle and found that we had under quoted the repair. Hence, our revise quotation is \$3800/- (lumpsum) and 7 days of repair.

Sorry for the inconvenience.

Regards,
Grace Chin
Modern Automotive Pte Ltd
Blk 3023-A, Ubi Road 1 #01-61
Singapore 408717

Tel: 6748 4422
Fax: 6747 6720

From: Ng Hak Joo [<mailto:hakjoo.ng@income.com.sg>]
Sent: Wednesday, May 8, 2019 3:45 PM
To: Chin <chin@modernautomotive.com.sg>
Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Subject: SJR9172P UNDER OD CLAIM: MT/1043190
Importance: High

Dear Modern

You have tendered a global sum of only \$1880/-, please Re confirm as there 35 items need to be replaced/ repaired and strictly No Supplementary after awarded.

Please also take note of the below items indicated in the Remark Column:

REMARK:NO OF REPAIR DAY:9 DAYS. 1 X FRT BUMPER TOP RUBBER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR CON CONDENSER SIDE AIR DEFLECTOR - REPLACE. 1 X ABS PUMP CONTROL UNIT - UNCONFIRM. 1 X FRT LH FENDER EMBLEM - REPLACE. 1 X FRT RH FENDER EMBLEM - REPLACE. 1 X FRT RH FENDER TRIANGLE GARNISH - REPLACE. 1 X FRT LIGHTING WIRE HARNESS - UNCONFIRM. 1 X BRAKE PIPE - REPLACE.

You may also view the vehicle at NAC Paya Ubi.

Thank You

Ng Hak Joo
Executive
Motor Insurance
T +65 64307890
www.income.com.sg

 **income**
made different



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in with you

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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: SJR 9172 P Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Moderu

Collection Date: 9/5/19 Time: 11-10 with Keys: Yes / No

Tow Truck No: Y1155403 Tow Man: HO NRIC: 51694879/G

Signature: [Signature] 88691471

For office use

Attended by: ROSKINDA

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: _____