

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 13/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008387/013	SAS e-filing		
Veh No: SKC309P	E-mail (w/In 8hrs, A/C 2hrs)		
DOA: 11/05/19 2020	i-Motor Claim Form	MT/1044148-001	
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: STONE BARRICADE 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

NA/19035/4

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	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	13/05/2019 11:20
Date Of Accident	11/05/2019 20:30
Exact Location Of Accident	PIE TWDS TUAS AFTER ENG NEO EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC309P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN GUIZHEN CHERYL
NRIC No	S8801844C
Email Address	CHERYL1988@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92272006
Alternative Phone No	OTHERS-92272006

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097200180
Cover Note Number	

### Driver

Name of Driver	TAN GUIZHEN CHERYL
NRIC No	S8801844C
Date Of Birth	28/01/1988
Occupation	INDOOR
Date Of Driving Pass	24/04/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92272006
Fax Number	
Contact Number	OTHERS-92272006
Email Address	CHERYL1988@GMAIL.COM

Address	BLK 265C PUNGGOL WAY #03-344
Postcode	823265
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
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)	2
Passenger 1	NAME: : CALEB FERNANDO GENDER: : MALE

#### 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 STRAIGHT ALONG PIE TWDS TUAS AFTER ENG NEO EXIT ON THE EXTREME RIGHT LANE. THERE WAS A MOTORCYCLE RIDE TOO NEAR TO MY VEH SO I DRIVE MORE TO MY RIGHT AND ACCIDENTALLY MY VEH HIT ONTO THE STONE BARRICADE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	STONE BARRICADE
Vehicle Category	NA/UNKNOWN
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.
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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: 13 May 19

Driver's Signature

(If driver is not the policyholder)

Date & Time:



13/05/19

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: 13 May 19

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

Portrait photo of a woman.

Licence Number: **S8801844C**

Name: **TAN GUIZHEN CHERYL**

Birth Date: **28 Jan 1988**

Issue Date: **24 Apr 2012**

Barcode: 0020626568

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8801844C**

Portrait photo of a woman.

Name: **TAN GUIZHEN CHERYL**

Race: **CHINESE**

Date of birth: **28-01-1988**

Sex: **F**

Country of birth: **SINGAPORE**

Small circular photo of a man.

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

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg **24 Apr 2012**

NP 423A

Licence No: **S8801844C**

Barcode

4424422

Barcode

NRIC No. **S8801844C**

Portrait photo of a woman.

Date of issue: **04-07-2009**

APT BLK 265C PUNGGOL WAY #03-344  
SINGAPORE 823265

NRIC No: **S8801844C**

Date: **04/11/2015**

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="11/05/2019 20:30"/>
Vehicle No.(For Motor)	<input type="text" value="SKC309P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097200180		TAN GUIZHEN CHERYL	S8801844C	GPC	drivo CLASSIC	SKC309P	SKC309P	06/01/2018	14/07/2019



**TOW JOB WORK ORDER**

GST Reg No. : 19-9806389-N

Co. Reg No. : 199806389N

Contract :

NTUE INCOME INSURANCE

AUTOSWIFT RECOVERY PTE LTD

**PART A: JOB DETAILS**

W/Order No. : T 164125

Service Date 13.5.2019 Time Received 1011

Member / Customer's Name Ms TAN Time Arrived 1040

Membership / NRIC No. \_\_\_\_\_ Time Completed 1125

Contact No. 92272006 Total Mileage 22

Vehicle Registration No. SKC 309 P Car Make / Model CHEVROLET CRUZE

Breakdown Location BLK.1, Sin Ming Ind Est Towed Destination NAC - PAYA UBI

NORMAL TOWING		ADDITIONAL SERVICES	
<input checked="" type="checkbox"/> Straight Towing	#01-111	<input type="checkbox"/> Multi-Storey / Basement Car Park	
<input type="checkbox"/> Straight Towing with King Dolley		<input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link	
<input type="checkbox"/> Flat Bed / Car Carrier		<input checked="" type="checkbox"/> Accident Towing	
<input type="checkbox"/> Flat Bed / Car Carrier with King Dolley		<input type="checkbox"/> Car Ditched / Winched Up / Crane Up	
<input type="checkbox"/> Heavy Goods Vehicle (Class 5 Towing)		<input type="checkbox"/> Dismantle Shaft / Release Brakes	
SURCHARGES / OTHERS		ROADSIDE SERVICES	
<input type="checkbox"/> Sunday / Public Holiday Towing (full day)		<input type="checkbox"/> Jump Start	
<input type="checkbox"/> Midnight Towing (2400hrs to 0700hrs)		<input type="checkbox"/> Tyre Replacement	
<input type="checkbox"/> Call Cancelled / Car Missing		<input type="checkbox"/> Patch Tyre Service	
<input type="checkbox"/> Standby / Waiting Time		<input type="checkbox"/> Repair Tyre & Returned	
Duration : _____		<input type="checkbox"/> Battery Replacement	
<input type="checkbox"/> AA Membership Enrolment / AA Renewal		Battery Receipt No: _____	
<b>REMARKS / COMMENTS BY TOW CREW</b>			
<div> <div>71</div> <div></div> <div>YN1894K</div> </div> <div> <div>Tow Crew ID / Signature</div> <div>Truck No.</div> <div>Operation Officer's Signature</div> </div>			
<b>PART B: MEMBER / CUSTOMER ACKNOWLEDGEMENT</b>			
1 I authorise AutoSwift Recovery Pte Ltd to tow my vehicle to the above-mentioned workshop of my choice. 2 I have been advised to remove all valuables (handphone, laptop, parking coupons, cash cards etc) from the vehicle. 3 I understand that items left behind are at my own risk and that AutoSwift Recovery Pte Ltd will not be held responsible for any losses. 4 I accept that there may be damages to my vehicle arising from the towing operation and I will not hold AutoSwift Recovery liable for the damages. 5 Remarks : _____			
Member / Customer Signature		Date	
<b>PART C: WORKSHOP / AGENT DECLARATION</b>			
1 I hereby represent the company receiving the above mentioned vehicle. 2 AutoSwift Recovery Pte Ltd will not be held responsible for any damages or loss of valuables discovered while the vehicle is in our possession. 3 Remarks : _____			
Workshop's Representative Signature		Date	
Workshop's Stamp			

CUSTOMER COPY

Swift and Safe

**AutoSwift Recovery Pte Ltd**

(A wholly-owned subsidiary of AA Singapore)

Head Office: 535 Kallang Bahru #02-08 GB Point Singapore 339351 Office: 6333 8811 Fax: 6733 5094

Branch Office: 10 Kallang Way Singapore 349215 24 Hours Hotline: 6844 3611 Office: 6389 4261 Fax: 6473 4996

## Claim Handling

Accident MT/1044148

Policy No.	5097200180	Vehicle No.	SKC309P	GST Registration No.
Certificate No.				
Policyholder Name	TAN GUIZHEN CHERYL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92272006	Contact No.(Office)	0	Contact No.(Home)
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(%)	50	Private Hire

## ▼ Accident Details

Report Date	13/05/2019 12:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/05/2019	Time of Accident hh:mm	20:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS TUAS AFTER ENG NEO EXIT			

## ▼ Excess

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

## ▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 265C #03-344	Address 2	PUNGGOL WAY	Address 3
Address 4	SINGAPORE 823265	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S054288242-06	

## ▼ OI Driver Info

Driver Name	TAN GUIZHEN CHERYL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8801844C	Driver DOB
Register Date of Driver License	24/04/2012	Driver Age	31	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 265C	Address 2	PUNGGOL WAY	Address 3
Address 4	SINGAPORE 823265	Address Type	Singapore address	Post Code
Unit No.	#03-344			
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	TAN GU
Contact No.(Mobile)	92272006	Contact No. (Home)	
Email Address	CHERYL1988@GMAIL.COM	OI Vehicle Number	SKC309
Claim Description	SKC309P / STONE BARRICADE ON 11 May 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Preferred	Income to assign workshop	
Finalisation	Yes	GIA report	Received
Date Registered	13/05/2019 12:16	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	



Print AK letter

Save Submit

## Attachment

Accident No. MT/1044148 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 13/05/2019 00:00

Path \*

Choose File No file chosen

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Message Read

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Category \*

Confidential

Please Select

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:16	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:16	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:14	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 12:14	Photos	Normal	Photos



Video List

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: ( ) 2) Vehicle hit ?? ( )
- a) Motorcar ( ) a) Pedestrian ( )
- b) M/cycle ( ) b) Animal ( )
- c) Bicycle ( )
- 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 informationRemarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ( )
- 2) SRS Light on ( )
- 3) ABS Light on ( )

By Assessor- 1) Vehicle Information

Veh No: SK C 309 P Yr Regn: 15 Jul 2011

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

Make & Model: Chevrolet Cruze 1.6L 1098

Colour: Red Transmission Type: Auto / Manual

Eng/No: \_\_\_\_\_ Sp. Reading: 107P26

C/No: KL1JA69E9BK 064141

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: 215/50 R17

R: \_\_\_\_\_

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

Front		Rear
R/Bal. <u>5</u>	mm	R/Bal. <u>6</u> mm
L/Bal. <u>5</u>	mm	L/Bal. <u>6</u> mm

Parallel Import: Yes No

Repair Type: LS / I.B.I

No of Repair Days: 8

D.O.I. 13/5/19

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 3.40 pm

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:



Condition (CON)

(01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched  
(07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary (12) Missing  
(13) Torn (14) Unconfirmed (15) Not Working

**MOTOR CAR (RH)**

ACTION (AC)

(1) Replace (✓) (2) Repair (X) (3) Check (?)  
(4) Not Constant (NC)

Aug 2005

1723

**Right Portion**

Vehicle No: **SKC 309 P**

NAC	INC	Item	CON	AC	Qty
1316	995327	Frt RH Door	DD	R	
1317	991654	Frt RH Door Protector			
1318	991601	Frt RH Door Hinge			
1319	991685	Frt RH Door Wing Mirror			
1320	991583	Frt RH Door Garnish			
1321	991639	Frt RH Door Glass Outer Moulding			
1322	991588	Frt RH Door Glass Inner Moulding			
1323	991584	Frt RH Door Glass			
1324	991595	Frt RH Door Glass Regulator			
1325	991596	Frt RH Door Glass Regulator Motor			
1326	991662	Frt RH Door Rubber			
1327	991636	Frt RH Door Outer Handle			
1328	991607	Frt RH Door Inner Handle			
1329	991625	Frt RH Door Lock w/Key			
1330	991624	Frt RH Door Lock			
1331	991562	Frt RH Door Central Lock			
1332	991675	Frt RH Door Switch			
1333	991617	Frt RH Door Inner Trim Board			
1334	991568	Frt RH Door Checker			
1335	991575	Frt RH Door Felt			
1336	991688	Frt RH Door Wire Harness			
1337	991683	Frt RH Door Window Glass Pillar			
1338	991640	Frt RH Door Outer Pillar			
1339	991613	Frt RH Door Inner Pillar			
1340	991646	Frt RH Door Pillar Inner Garnish			
1341	990554	Centre Pillar RH			
1342	990543	Centre Inner Pillar RH			
1343	990518	Centre Pillar Upper Garnish RH			
1344	990565	Centre Pillar Lower Garnish RH			
1345	991670	Frt RH Door Step Garnish			
1346	994058	Rocker Panel RH			
1347	994049	Rocker Panel Inner Panel RH			
1348	994047	Rocker Panel Garnish RH	CRA		
1349	994055	Rocker Panel Outer Side Skirt RH			
1004	991300	Frt Bumper	?		
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	?		
1008	991433	Frt Bumper Reinforcement			
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler	CUT		
1030	991821	Frt RH Headlamp Assy	?		
1032	995089	Frt RH Side Lamp			
1105	995071	Frt RH Fender	BUC		
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Inner shield	DIS		
		Frt RH Fog Lamp.			
		h h h Cover.			
		h h h Wheel Rim.	CUT		
		h h h Tyre.	IN		708

NAC	INC	Item	CON	AC	Qty
1350	993201	Rear RH Door	DD	R	
1351	993284	Rear RH Door Protector			
1352	995307	Rear RH Door Hinge			
1353	993228	Rear RH Door Garnish			
1354	993278	Rear RH Door Glass Outer Moulding			
1355	993231	Rear RH Door Glass Inner Moulding			
1356	993229	Rear RH Door Glass			
1357	993289	Rear RH Door Glass Regulator			
1358	993240	Rear RH Door Glass Regulator Motor			
1359	993294	Rear RH Door Rubber			
1360	993276	Rear RH Door Outer Handle	an		
1361	993251	Rear RH Door Inner Handle			
1362	993261	Rear RH Door Lock			
1363	993256	Rear RH Door Inner Trim Board			
1364	993218	Rear RH Door Checker			
1365	993230	Rear RH Door Glass Channel			
1366	993242	Rear RH Door Glass Triangle Garnish			
1367	993285	Rear RH Door 1/4 Glass			
1368	993288	Rear RH Door 1/4 Glass Rubber			
1369	993287	Rear RH Door 1/4 Glass Pillar			
1370	993306	Rear RH Door Step Garnish			
1371	993309	Rear RH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1141	992958	Rear Bumper	DD		
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer	?		
1149	993045	Rear Bumper Reinforcement			
1151	993077	Rear Bumper Sponge			
1153	993040	Rear Bumper Protector			
1155	993026	Rear Bumper Moulding			
1157	993023	Rear Bumper Lower Spoiler			
1166	995116	Rear RH Taillamp			
1228	993456	Rear RH Fender	DD R		
1229	993450	Rear RH Fender Inner shield	CUT		
1136	990247	Sticker			

No of Items:

Assessor:



(01)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched  
(07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary  
(12)Missing (13)Torn (14)Unconfirmed (15)Not Working

## ACTION (AC)

(1) Replace (✓)    (2) Repair (X)    (3) Check (?)  
(4) Not Consistent (NC)

Avg 2005

Aug 2005  
242

Vehicle No: SKC 309 P

[illegible]

Original copy



## Claim Handling

## ▼ Accident MT/1044148

Task Transfer Exit

LOS SAL SUB

Policy No.	5097200180	Vehicle No.	SKC309P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN GUIZHEN CHERYL			Policyholder NRIC	S8801844C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92272006	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	13/05/2019 12:11	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/05/2019	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TWDS TUAS AFTER ENG NEO EXIT				

## ▼ Excess

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

## ▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 265C #03-344	Address 2	PUNGGOL WAY	Address 3	PUNGGOL EMERALD
Address 4	SINGAPORE 823265	Address Type	Singapore address	Post Code	823265
Unit No.		Related Policy Number	5054288242-06		

## ▼ OI Driver Info

Driver Name	TAN GUIZHEN CHERYL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8801844C	Driver DOB	28/01/1988
Register Date of Driver License	24/04/2012	Driver Age	31	Driving Experience	7
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 265C	Address 2	PUNGGOL WAY	Address 3	PUNGGOL EMERALD
Address 4	SINGAPORE 823265	Address Type	Singapore address	Post Code	823265
Unit No.	#03-344				
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

Claim Type	OD-MD	Insured Name	TAN GUIZHEN CHERYL	Insured NRIC	S8801844C
Contact No.(Mobile)	92272006	Contact No. (Home)		Contact No. (Office)	
Email Address	CHERYL1988@GMAIL.COM	OI Vehicle Number	SKC309P	TP Vehicle Number	STONE BARRICA
Claim Description	SKC309P / STONE BARRICADE ON 11 May 2019			Name of Preferred Workshop	
Preferred Workshop	<input checked="" type="radio"/> Yes	Preferred Repair Option	income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	13/05/2019 12:16	Claim Close Date		Date Received	14/05/2019 10:11
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
				OD Excess	

Print AK letter

Collected by  
Workshop

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment

Attachment

## Vehicle Info

Vehicle Make	CHEVROLET	Vehicle Model	CRUZE	Engine Capacity	
Date of Registration	15/07/2011	Classis No.	KL1JA69E9BK064141		
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: 08 DAYS. FRT RH WHEEL RIM-REPLACE, FRT RH WHEEL TYRE-REPLACE, REAR RH DOOR OUTER HANDLE-REPLACE, FRT RH ANTI ROLL BAR LINKAGE-UNCONFIRM,

Remark

Remark for  
Supplementary

## Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root					
Not Applicable	1	23300202	DOOR (FRONT RIGHT)	1	Repair
ABS	2	35500902	ROCKER PANEL GARNISH (RIGHT)	1	Replace
ABSORBER	3	16000101	BUMPER (FRONT)	1	Unconfirm
ACCELERATOR	4	16005101	BUMPER RETAINER (FRONT LEFT)	1	Unconfirm
ACTUATOR	5	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Unconfirm
ADVERTISEMENT STICKER	6	16004101	BUMPER LOWER SPOILER (FRONT)	1	Replace
AIR BAG	7	16000102	BUMPER (REAR)	1	Replace
AIR BLOWER	8	16005103	BUMPER RETAINER (REAR LEFT)	1	Unconfirm
AIR BOX	9	16005104	BUMPER RETAINER (REAR RIGHT)	1	Unconfirm
AIR CHAMBER BOX	10	27700102	HEAD LAMP (RIGHT)	1	Unconfirm
AIR CLEANER	11	25400103	FENDER (FRONT RIGHT)	1	Replace
AIR COMPRESSOR	12	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace
AIR CON	13	25700102	FOG LAMP (RIGHT)	1	Unconfirm
AIR CON (VAN)	14	25700302	FOG LAMP COVER (RIGHT)	1	Unconfirm
AIR COOLER	15	23300204	DOOR (REAR RIGHT)	1	Repair
AIR DISTRIBUTOR	16	25400106	FENDER (REAR RIGHT)	1	Repair
AIR FILTER	17	25400904	FENDER INNER SHIELD (REAR RIGHT)	1	Replace
AIR FLOW	18	401028	STEERING RACK & PINION	1	Unconfirm
AIR GRILLE	19	401021	STEERING CROSS MEMBER	1	Unconfirm
AIR HORN	20	36600102	SHOCK ABSORBER (FRONT RIGHT)	1	Unconfirm
AIR INTAKE	21	36600602	SHOCK ABSORBER MOUNTING (FRONT RIGHT)	1	Unconfirm
AIR RESONATOR BOX	22	30000102	KNUCKLE ARM (FRONT RIGHT)	1	Replace
AIR THROTTLE BODY AND SENSOR	23	30000202	KNUCKLE ARM BEARING (FRONT RIGHT)	1	Replace
ALARM	24	30500102	LOWER ARM (FRONT RIGHT)	1	Replace
ALTERNATOR	25	23600102	DRIVE SHAFT (FRONT RIGHT)	1	Unconfirm
ALUMINIUM PANEL - SIDE					
AMPLIFIER					
ANTENNA					
ANTI ROLL					
APRON					
ARCH					
ARM REST					
ASH TRAY					

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

NAC NATIONAL  
ASSESSMENT  
CENTRE

**Vehicle Movement Form**

**Vehicle Check-In**

Vehicle No: SKC309P Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

**Workshop Collection of Vehicle**

Workshop: Body fix Autopoint #04-06

Collection Date: 15/5/19 Time: 1030 with Keys: Yes / No

Tow Truck No: YD55665 Tow Man: GAJAY NRIC: G5447493N

Signature: \_\_\_\_\_ 84519838

*For office use*

Attended by: Shan Hu

Approved by: \_\_\_\_\_

**Workshop Return of Vehicle**

Workshop: \_\_\_\_\_

Returned Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

\* Tow In / Drive In

Tow Man / Workshop Representative: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

**Owner Collection of Vehicle**

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

Owner: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

## LKK Paya Ubi

---

**From:** Ng Hak Joo <hakjoo.ng@income.com.sg>  
**Sent:** Tuesday, 14 May 2019 5:10 PM  
**To:** amkautopoint  
**Cc:** LKK Paya Ubi  
**Subject:** MT/1044148-001, VEHICLE NUMBER: SKC309P

**Importance:** High

Dear AP

Please tow this vehicle from Idac and contact owner Ms Cheryl Tan at 92272006 when the vehicle arrived at you workshop, excess waiver.

Our Ref: MT/CA/OD/051/1044148-001/NHJ

14 May 2019

AMK AUTOPOINT PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A

#01-22 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

**CLAIM NUMBER: MT/1044148-001**

**REPAIR OF VEHICLE NUMBER: SKC309P**

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

Award Date: 14 May 2019

Make: CHEVROLET

Model: CRUZE

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: Excess Waiver

Excess Applicable: 0.00

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](mailto: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](http://www.income.com.sg)





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