: MWA 119072830. NATIONAL Assessment Centre Services. [wel I Jam'03] . Done by Date & Time Completed Jeb description Date In: 416/19 13:39 SAS c-filing Ref No: NA1 IMC 12099883 E-mail (within Shrs, AIC 2hrs) Veh No SH 2715 R 61.6119 09:28. I-Motor Claim Form DUA -316/19 19:20 I-Motor W/O (Within: OD 2hrs, TP 4hrs) (I) : 1P ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Fax: Tolt Profound Wisp / INC Assign Wisp / QW: ( )/Non-INC ( INC ( Veh No: SLU 4665.C TP Particulars: Tcl: Owner / Driver: ( Cover Type: ( Period: ( Policy No: ( Thua Datet Confirmed by : ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: ( Warranty: YES ( )/NO( Year of Registration: ( Loading : \$1,000 ( )/\$2,000 ( Excess: (\$ Couchaltoipheltere ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY. ) Total Loss Case )/Towed-in( ); Invoice: YES ( Drive-In ( LEMBERS AND SEMENTENESSES OF THE SERVICE OF THE SER 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA19049:73 1) All ! Annident Reporting (530); Claimants Particulars 2) DA | Dameye Assessment (\$100); INC (SAO) 240/243 Driver/Owner: 4) FT : Follow-Through Survey 5) I'l' : Pollow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (wor 10 Jan 200) 6) TR : Re-inspection Damaged Portion: 7) NI 1 Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge); \*NS: Courlesy Car / Tpt Allowanne NG: Repair Co-ordination \*NI: Post Repair Inspection \*NS: DV / Collect Excess Coordination TP (NII) : TP (Kin INC) scalust INC 'at. 1; 9) N12: Idao Mobila Involve dated 31 2/3; Involce dated

4 . pa at 1. 2

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 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

Date Of Accident 03/06/2019 19:20 Exact Location Of Accident SEMBAWANG RD TWDS YISHUN SINGAPORE  DETAILS OF OWN VEHICLE  //ehicle Registration Number SH2715R  //ehicle Registration Number SH2715R  //emisured/Policyholder  Name Of Registered Owner ONG KEOK CHING S0008789J S000878J S0008789J S000878J S0008789J S000878J S0	foresaid.	
Pate of Accident 03/06/2019 19:20 Exact Location Of Accident SEMBAWANG RD TWDS YISHUN SINGAPORE    Pate   Pate   Pate   Pate	many to the second seco	ACCIDENT STATEMENT
Exact Location Of Accident SemBaWANG RD TWDS YISHUN SINGAPORE  DETAILS OF OWN VEHICLE  SH2715R  Insured/Policyholder Name Of Registered Owner NRIC No SO008789J NOEMAIL (LOCAL) +65-82684719 OFFICE-82684719 OFFICE-82684719 OFFICE-82684719 OFFICE-82684719 OFFICE-82684719 OFFICE-82684719  Vehicle Particulars  Manufacturer TOYOTA PRIUS Exact Purpose for which vehicle was being used at more of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Vehicle Category TAXI Insurance Company Name of Insurance Company Name of Insurance Company Policy Number So69632798-04 Cover Note Number - Driver NRIC No S1348430I Date Of Birth Occupation Date Of Birth Occupation Date Of Driving Pass MALE Mobile Number (LOCAL) +65-82684719	Date Of Report	04/06/2019 13:39
Details of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SH2715R  Insured/Policyholder  Name Of Registered Owner None Collegistered Ow	Date Of Accident	03/06/2019 19:20
DETAILS OF OWN VEHICLE  //ehicle Registration Number SH2715R  //shicle Registration Number Name Of Registered Owner Name Of Registered Owner Name Of Registered Owner Name Of Registered Owner No S0008789J NOEMAIL NO	Exact Location Of Accident	SEMBAWANG RD TWDS YISHUN
Mehicle Registration Number  Insured/Policyholder Name Of Registered Owner Name Of Registered Owner Name Of Registered Owner Note	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No S0008789J NOEMAIL Mobile Phone No (LOCAL) +65-82684719 OFFICE-82684719 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at itime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COVEY Note Number COVEY Note Number Driver Name of Nam	D D	ETAILS OF OWN VEHICLE
Name Of Registered Owner  NRIC No  Email Address  NOEMAIL  Mobile Phone No  (LOCAL) +65-82684719  OFFICE-82684719  Vehicle Particulars  Manufacturer  Model  PRIUS  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  TAXI  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number	Vehicle Registration Number	SH2715R
RRIC No S0008789J  MOEMAIL  Mobile Phone No (LOCAL) +65-82684719  Vehicle Particulars  Manufacturer TOYOTA  Model PRIUS  Commercial Address to mich vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category TAXI  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy NO  Policy Number 5069632798-04  Cover Note Number -  Driver  Name of Driver CHUN WAH KEE  S13484301  Date Of Birth 24/08/1959  Occupation OutDoor  Date Of Driving Pass 18/11/2008  Driving Experience MALE  Mobile Number (LOCAL) +65-82684719	Insured/Policyholder	
Email Address MOEMAIL Mobile Phone No (LOCAL) +65-82684719  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Dr	Name Of Registered Owner	ONG KEOK CHING
Mobile Phone No OFFICE-82684719  Vehicle Particulars  Manufacturer TOYOTA Model PRIUS  Exact Purpose for which vehicle was being used at time of accident  No, Please state action to be taken  Vehicle Category TAXI  Insurance Company  Name of Insurance Company  Priest Policy  Policy Number  Cover Note Number  Driver  Name of Driver  NRIC No  S13484301  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  Description  Male  (LOCAL) +65-82684719  TOYOTA  PRIUS  COMMERCIAL  COMMERCIAL  YES  COMMERCIAL  TAXI  INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  S069632798-04  CHUN WAH KEE  NRIC No  S13484301  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  (LOCAL) +65-82684719	NRIC No	S0008789J
Alternative Phone No OFFICE-82684719  Vehicle Particulars  Manufacturer TOYOTA Model PRIUS  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category TAXI  Insurance Company  Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE NO Policy Number 5069632798-04  Cover Note Number 5069632798-04  Cover Note Number CHUN WAH KEE  NRIC No S13484301  Date Of Birth 24/08/1959  Occupation OUTDOOR  Date Of Driving Pass 18/11/2008  Driving Experience 10 YEARS AND 6 MONTHS  MALE Mobile Number (LOCAL) +65-82684719	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer Model PRIUS  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category TAXI  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE NO Policy Number Cover Note Number - Driver Name of Driver	Mobile Phone No	(LOCAL) +65-82684719
Manufacturer TOYOTA Model PRIUS  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category TAXI  Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5069632798-04  Cover Note Number -  Driver  Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Note Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number (LOCAL) +65-82684719	Alternative Phone No	OFFICE-82684719
Model PRIUS  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category TAXI  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number 5069632798-04  Cover Note Number -  Driver  Name of Driver  Name of Driver  Name of Driver  NAME OF Birth 24/08/1959  Occupation OUTDOOR  Date Of Birth OUTDOOR  Date Of Driving Pass 18/11/2008  Driving Experience MALE  Mobile Number (LOCAL) +65-82684719	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  Cover Note Number  -  Driver  Name of Driver  Name of Driver  Name of Driver  Name of Driver  Oate Of Birth  Oate Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Male  Mobile Number  (LOCAL) +65-82684719	Manufacturer	тоуота
Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy  Policy Number  Cover Note Number	Model	PRIUS
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  NO  Type Of Coverage  COMPREHENSIVE  Fleet Policy  Policy Number  Cover Note Number	Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
TAXI	Are you claiming under your own insurance policy for repair to your vehicle?	YES
Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number 5069632798-04 Cover Note Number - Driver  Name of Driver NRIC No S1348430I Date Of Birth 24/08/1959 Occupation Date Of Driving Pass Driving Experience MALE Mobile Number (LOCAL) +65-82684719	If No, Please state action to be taken	
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5069632798-04 Cover Note Number	Vehicle Category	TAXI
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5069632798-04           Cover Note Number         -           Driver           Name of Driver         CHUN WAH KEE           NRIC No         \$1348430I           Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Insurance Company	
Fleet Policy Policy Number 5069632798-04  Cover Note Number - Driver  Name of Driver NRIC No S1348430I Date Of Birth 24/08/1959  Occupation Date Of Driving Pass Driving Experience 10 YEARS AND 6 MONTHS Gender Mobile Number  NO S069632798-04  CHUN WAH KEE S1348430I OUTDOOR S1348430I OUTDOOR DATE OF DRIVING PASS DIVING EXPERIENCE MALE (LOCAL) +65-82684719	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number         5069632798-04           Cover Note Number         -           Driver         CHUN WAH KEE           NRIC No         \$1348430I           Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Type Of Coverage	COMPREHENSIVE
Cover Note Number         -           Driver         CHUN WAH KEE           NRIC No         \$1348430I           Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Fleet Policy	NO
Driver         CHUN WAH KEE           NRIC No         \$1348430I           Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Policy Number	5069632798-04
Name of Driver         CHUN WAH KEE           NRIC No         \$1348430I           Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Cover Note Number	*
NRIC No         \$1348430I           Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Driver	
Date Of Birth         24/08/1959           Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Name of Driver	CHUN WAH KEE
Occupation         OUTDOOR           Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	NRIC No	S1348430I
Date Of Driving Pass         18/11/2008           Driving Experience         10 YEARS AND 6 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Date Of Birth	24/08/1959
Driving Experience 10 YEARS AND 6 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-82684719	Occupation	OUTDOOR
Gender         MALE           Mobile Number         (LOCAL) +65-82684719	Date Of Driving Pass	18/11/2008
Mobile Number (LOCAL) +65-82684719	Driving Experience	10 YEARS AND 6 MONTHS
	Gender	MALE
Fax Number	Mobile Number	(LOCAL) +65-82684719
	Fax Number	

NOEMAIL

Address

BLK 672B KLANG LANE #06-79

Postcode

212672

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PAID DRIVER

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

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)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

I WAS TRAVELLING ALONG SEMBAWANG RD TWDS YISHUN ON THE CENTRE LANE, VEH B (BEARING NO SLU4665C) WHICH WAS INFRONT OF ME SUDDENLY BRAKE, I MANAGE TO STOP BUT DUE TO RAINING DAY, ROAD SURFACE WAS WET, AS A RESULT, MY VEH CANNOT STOP IN TIME AND HIT ONTO THE VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLU4665C

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)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLL7450H

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)

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	t <sub>o</sub>	statement	
		,		
		/		
		/		

## DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

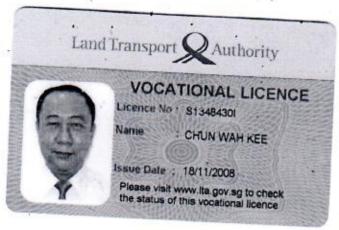
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC ShirtchPlanForm\_V3

5







## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor | vehicles with unladen weight =< 2500kg

NP 428A

return to LTA, 10 Sin Ming Drive, Singapore 575701. Description

TAXI VL

Type

02

Authority (LTA). It must be surrendered to LTA on request. If found, please Issue Date

18/11/2008





This card is not transferable and is the property of the Land Transport



<b>eBao</b> Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	· Chang	ge Password	· Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Dat	te of Accident		03/06/2019	13:35	
	Vehicle No.(For Motor)	SH271	5R		Cer	rtificate Number	1			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5069632798- 04		ONG KEOK CHING	500087893	GYT	Comprehensive	SH2715R	SH2715R	14/01/2019	13/01/2020
					Continu					

Claim Handling Accident MT/1047568						
Policy No.	5069632798-04	Vehicle No.	SH2715R		GST Registration No.	
Certificate No.						
Policyholder Name	ONG KEOK CHING				Policyholder NRIC	50000
Product Code	Taxi Insurance	Cover Type	Comprehensive		Loading	0
Contact No.(Mobile) Email Address	NA	Contact No.(Office)			Contact No.(Home)	
KFK.	a No. Vac	Special Remark			eCode	No. Y
NCD Protection	» No Yes	TCA	No Yes		eCode Reason	
<b>▽</b> Accident Details	No	NCD Entitlement(%)	0		Private Hire	No
Report Date	04/06/2019 14:55	Accident Report Within 24 hrs	Yes		Accident Type	Chain
Date of Accident	03/06/2019	Time of Accident hh:mm	19:20		Country of Accident	Singa
Reporting Centre		Orange Force			ICM No.	1000
Accident Location	SEMBAWANG RD TWDS YISHUN					
♥ Excess						
Own damage Excess	1,000.00	Additional Excess			Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	1,000.00	Outside Singapore TP Excess				
<ul> <li>♥ Benefits</li> <li>♥ GST Registered Information</li> </ul>	e1.00					
GST Registered Information	No		V-2-2-2-2	marketana.		
GST Registration No.	- 140		GST Regis GST Statu	tration Date	120-1	
Modification History			037 31810	Verified.	Yes	
Policyholder Mailing Ad	dress					
Address 1	BLK 49 #13-118	Address 2	DORSET ROAD		Address 3	amo
Address 4		Address Type	Singapore address		Post Code	SING/ 21004
Unit No.		Related Policy Number	5069632798-04			21004
▽ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	CHUN WAH KEE	Driver NRIC	\$1348430[		Driver DOB	24/08
Register Date of Driver License	18/11/2008	Driver Age	59		Driving Experience	10
Contact No.(Mobile)	82684719	Contact No.(Office)			Contact No.(Home)	88
Address 1	BLK 6728 #06-79	Address 2	KLANG LANE		Address 3	SINGA
Address 4 Unit No.		Address Type	Singapore address		Post Code	21267
Does he own a Singapore	96-79					
Registered car?	Yes » No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 ma	TWO TAY IN W.	11.792998411982			
Reading?	0 mg	Any injury?	Yes . No			
Modification History						
Claim 002 New						
HAR HAR						
Claim Type *				OD-MD	▼ Insured ONG KEOK CHING	
Contact No.(Mobile)				96251213	No. 62938587	
				target and the second s	(Home)	
Email Address					Vehicle SH2715R Number	
Claim Description				SH2715R / SLU4665C ON 3 Ju	111111111111111111111111111111111111111	
Preferred				prier 13kl / Scoroosc die 3 30	11 5073	
Workshop Bonuks No. Finalisation Yes	Profesered Profesered Fully at Fault	GIA Beesland				
Finalisation Tes Date Registered	▼ Repair Income to assign workshop	report Received			Claim	
				06/06/2019 09:27	Close	
Report Taken By				LIEW SHAN HUI		
8					F2	
Print AK letter						
			Save Submit			
Attachment						
V						

Claim No.

MT/1047568

Clear

Clear

Clear

Clear

Last Doc. Received

Choose File No file chosen

Uploaded By/Date

● Yes □ No

Upload Date

06/06/2019 09:28

Please Select

Please Select

Please Select

Please Select

Urgency \*

▼ Normal

▼ Normal

▼ Normal

▼ Normal

\* NO

• NO

Y NO

\* NO

	file chosen			Clear	Please Select		NO:		Normal	
hoose File No	file chosen			Clear	Please Select	•	NO		Normal	
ssage Read						-		185		
Attachment I	List									
Attachment		Uploaded By/Date	Category	8	Urgency			Descrip	otion	
13	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o SAS		Normal			SAS 201	9-6-6	
the view	NAC_PAYA_UBI_8	000601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o NRIC/ Driving License		Normal		NRIC/ D	iving Lic	ense 2019-6	5-6
	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o Photos		Normal		P	hotos 20	19-6-6	
	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o Photos		Normal		р	hotos 20	19-6-6	
	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o Photos		Normal		P	hotos 20	19-6-6	
	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o Photos		Normal		P	hotos 20	19-6-6	
-	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o Photos		Normal		Р	hotos 20	19-6-6	
	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:28	ES) o Photos		Normal		p	hatos 20	19-6-6	
	NAC_PAYA_UBI_B	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:27	ES) o Photos		Normal		P	hotos 20	19-6-6	
13	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:27	ES) 0 Photos		Normal		P	hotos 20	19-6-6	
1	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:27	ES) o Photos		Normal		P	hotos 20	19-6-6	
6	NAC_PAYA_UBI_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:27	ES) 0 Photos		Normal		P	notos 20	19-6-6	
	NAC_PAYA_UBI_B	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:27	ES) o Photos		Normal		р	notos 20	19-6-6	
13	NAC_PAYA_UB1_8	00601( NATIONAL ASSESSMENT CENTRE SERVIC 06 Jun 2019 09:27	ES) o Photos		Normal		Pi	notos 20	19-6-6	

File Name

Folder Date

# ASSIGNMENT (IDAC)

ty CSO- Nature of Accident			By Assessor- I) Vehicle Information
) Vehicle hit Vehic <mark>le;</mark>	2) Vehicle hit ??		Veh Ho. SH 2715 R VEROME 14Jan 2015
a) Motorcai ( ):	a) Pedestnan	( )	Type: M.Car / M.Cycle / Bus / Van / Lorr (Taxi /) rime Mover / Min/
b) falloycle ( )	b) Animal	( )	/ Truck / Trailer or
c) Piksytile ( )			Make & Model Toyotafrius Tax; (PARM 10P)
) Vehicle hit Road Side Objects:			Make & Model Toyotafins Tax; (Febru Tep) Colon Black Yellow Harrison Type (Allo) Manual
a) Govin Properly ( )	b) Read Work Object	( )	Eng/No Sp.Reading No Disp
(bg significant), beinger, income)	c) Private Property	( )	CALC DTDKN 364 601907562
) Vehicle drop into drain		( )	Gen. Cond. Good / Poor / Burnt or
) Damage due to Act of God:			Steering Norde / Jammed / Leaked / Burnt or
a) Fallen Object ( )	b) Flood	( )	Brake: words / Jammed / Leaked / Burnt or
c) Other,			Modi: Nit (S/Rim) / STD A/Rim: or
) Parked & Found Damaged;			Tyre Size: F: 195/65R15-Ryidanz
a) Vandalism ( )	b) Hil by Moving Object	( )	Tyre Size: F: 195/65R15-Ryidanz R:
) Theft Case			BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen: ( )	b) Damage lound	( )	TOYOTYOKO OF As above.
	when recovered.		Front Rear
) Fire			R/Bal. 7 mm R/Bal. 7 mm
a) Whilst driving ( ).	b) Parked	( )	L/Bal. 7 mm L/Bal. 7 mm
		1	
) Accident date more than 24hrs		( )	Parallel Import Yes (No) Towed-In: (es)/ No
			Repair Type: (LS) / LB.I Towing Required: (S) / No
Remarks for internal information			No of Repair Days: Vehicle in Idac: Ves / No
			D.O.L 6/6/2019 Time: 9,45 am
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			By Assessor- 2) Comments
			Damages not due to recent accident.
			2) Damages do not seem hit onto:
Remarks to appear in Works Order	& Assessment report		a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
) Potential Total Loss ( )	CONTRACTOR OF THE PROPERTY OF THE		e.Animal ( ) I.Govm Object ( ) g.Road Work Object ( )
2) SRS Light on ( )			h.Private Property.( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
B) ABS Light on ( )			Vehicle does not seem damaged as a result of:
distribution of the state of th			
2-4-11-12-1			The state of the s
			e.Moving Object ( ) 1.Stolen ( ) g.Stolen & Recovered ( )
			Time Started Time completed
			0) CSO
			2) ASS

3) Entire Operation Completed Time:

ACTIONLIACI
(I)Replace(\(\frac{1}{2}\)) (E)Replace(\(\frac{1}{2}\)) (SyCheck (F)
(4)Nor Consistont &FC)

NAC	INC	Vehicle No: SH 2	100	3177	-
1071	992205		CO	Y A	Qt
1072	994011	V 210 A 21 A 21			
1073			-	-	
1074	995053 995052	The state of the s	100	1	
-				17	
1075	990159				
1076	990160				
1077	992688		1	1	
1078	992669	The state of the s			
1079	994431	Power Steering Cooler Pipe			1
1080	992692	Power Steering Hose			
1081	990010	Land American Secure of Parist			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy		-	
1084	991005	Engine Top Cover	1	1	
1085	991011	Engine Under Cover		17	-
1086	990946	Engine Mounting		-	-
1087	990949	Engine Mounting Frt		-	-
1088	990950	Engine Mounting LH	-	-	-
1089	990952	Engine Mounting RH	-	1	-
1090	990951	Engine Mounting Rear	-	-	-
1091	992234	Gear Box Mounting			-
1092		Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member		-	-
1094	990728		-	-	-
1095	991863			-	-
1096		Frt LH Fender	DO	D	
1097	995072		VV		-
1098		Fit LH Fender Enblow.	KEC	1	-
1099	995148	Frt LH Fender P. OLOGO	1100	-	-
1100	991740	Frt LH Fender Inner Shield	CRA	100	-
1101	995179		1		-
102	995170	Frt LH Wheel Rim	1		
103	994025	Frt LH Rim Cover	18	-	-
104	995065	Frt LH Tyre		-	-
105	995071	Frt RH Fender	Bic	>	
106	991739	Frt RH Fender Inner Panel	-		-
107		Frt RH Fender Ewlem .	WEC	-	-
108		Frt RH Fender			-
109	991740	Frt Rd4 Fender Inner Shield	CRA	1	-
110	991884	Frt RH Mudflap	201		
111	992087	Frt RH Wheel Rim -		-	
112	994025	Frt RH Rim Cover			
113	995065	Fit RH Tyre	-		-
114	992093	Frt Windscreen Glass	-	2	-
115	992117	Frt Windscreen Rubber			-
116	992108	Frt Windscreen Moulding			
117	992098	Frt Windscreen Sealant			
113	991019	ERP Bracket			
119	991020	ERP Unit			
120	992140	Frt Wiper Arm			
121	992142	Frt Wiper Blade	7.7		
122	995045	Wiper Panel Garnish LKR	West Inc.	7	5
123	991126	Firewall Panel	-	-	-
124		Dashboard Assy			-
125		Glove Box Cover	-	-	-
126	THE RESERVE TO ASSESSMENT AND ADDRESS.	Glove Box Compartment	-	-	-
127		Steering Wheel Airbag	-		-
128		Steering Wheel Airbag Sensor		-	-
129		Dashboard Airbag			
130		Dashboard Airbag Sensor			
131	THE RESERVE OF THE PARTY OF THE			-	
132	Charles and American Company	Airbag Control Unit			
		Fit Driver Seat			
	THE RESERVE ASSESSED.	Frt RH Seat Belt Assy			
		Frt Passenger Scat			
	995182	Frt LH Seat Belt Assy			
136	THE RESERVE OF THE PARTY OF THE	Sticker			
		THE LAT DOOR -	SCR	K	,
		a AH w -	CP	RI	
			-		
	1	mission AirBleeder	-	77	11.00
*****	THE SHAPE SHAPE SHAPE	- 140V	ar will	-	50 G

NAC		NC	Hem !	CO	NA	व	Ōi:
1001			Frt Number Plate	CRA	-	-	2.4
1002	- Commercial	188	The state of the s	CRE	4.1	1	
1003		188	The state of the s	144	+	1	
1004	-	130	Will mean and a second control of the control of th	DD	-	7	
1005		234	The state of the s	NE	1	7	6
1006		132	The state of the s	1	1	+	7
1007	-	146	The state of the s	013	1	+	2
1008	-	143	- STATISTICAL CONTINUES	00	1	1	
1009		1318		10.0		1	
1010	99	146	Frt Bumper Sponge	ERA	1	+	
1011	99	42	Frt Bumper Lover Garnish		10	1	
1012	33	1421	Fit Bumper low Ete Caver	MIS	L	7	2
1013	39	1000	Frt Bumper Grille	CRF	11	7	
1014		1301		1000	1		
1015	99	407	Frt Bumper Lower Spoils Grile	CRE	1	+	
1016	99	438	Frt Bumper Sensor Fra house	RP	17	7	
1017	99	1.00	Fit LH Bumper Fog Lamp Cover		T	T	
1018	99	355	Frt RH Bumper Fog Lamp Cover	L		T	
1019	995	075	Frt LH Bumper Fog Lamp	CRA		T	
1020	995	080	Frt RH Bumper Fog Lamp		0		
1021			Fri Grille		18		
1022	991	328	Frt Grille Emblem			I	
	991	799	Frt Grille Chrome Moulding			I	
1024	991	222	Frt Apron Panel			I	18
1025	992	013	Fri Support Panel	81	1	1	
THE REAL PROPERTY.	992	025	Frt Support Panel Top Garnish Cover	DIS	1	1	
1027	992	416	Hom	- 70	12		
1029	005	157	Frt Brace Panel		17		
1030	993	122	Frt LH Headlamp Assy	CRA	-	1	
1031	000	021	Frt RH Headlamp Assy Fr: LH Side Lamp	CRA	1	1	
1032	995	089	Frt RH Side Lamp		4.0	-	
1033	990	248	Bonnet	0.	1	-	-
1034			Bonnet Emblem	Bus	-	-	-
1035	990	287	Bonnet Lock	0-7-	-	-	-
1036	990	285	Bonnet Insulator	BT	7	-	-
1037	990	273	Bonnet Hinge	BT	-	-	5
1038	990	261	Bonnet Damper Lock Cation	101	17	-	$\exists$
1039	990	305	Bonnet Rubber	-	7	-	-
1040	990	252	Bonnet Cable		-	-	
1041	990	311	Bonnet Stand		-	-	-
1042	990	119	Air Con Condenser	00	1	-	-
1043	990	122	Air Con Fan Assy	2.7	17		1
1044	990	134	Air Con Suction Pipe (Low Prescure)	-	7	-	T
1045	330	1118	Air Con Suction Hose		-	-	-
1046	990		Air Con Discharge Pipe (High Pressure)		7		
1047	990	114	Air Con Discharge Hose	1			
1048	990	149	Air Con Liquid Pipe		9	-	
1049	995		Air Con Receiver Drier		1		
1051	995		Air Con Compressor Assy				1
Or Comment of the Com			Air Con Belt Radiator				
and the second	9991	179	Radiator	DD	1		
	992	749	Radiator Cowling		7		
	992		Radiator Fan Assy		7		
HOME TO BE A	-	Held Did Col	Radiator Fan Clutch		7		7
	9927	- balancoid	Radiator Hose Top			1	
- The State of the			Radiator Hose Bottom				
	9927		Radiator Expansion Tank	Security			
	9901		Air Duct	-			1
1060	9900	70	Air Cleaner Assy		100		
	9900		Air Cleaner Hose				
1061	9900	A A STREET	Air Cleaner Resonator				1
1061	David Co.		Frt Exhaust Manifold			-	1
1061 1062 1063	9917		Frt Exhaust Manifold Cover	******			1
1061 1062 1063 1064	9917		The state of the s				
1061 1062 1063 1064 1065	9917	54	Fit Exhaust Manifold Sensor (Owners)	-	-		1
1061 1062 1063 1064 1065 1066	9917 9910 9917	54 14	Fit Exhaust Manifold Sensor (Oxygen) Front Exhaust Pine		-		
061 062 063 064 065 066 067	9917 9910 9917 9902	54 14 19	Fri Exhaust Manifold Sensor (Oxygon) Front Exhaust Pipe Battery				
061 062 063 064 065 066 067 068	9917 9910 9917 9902 9902	54 14 19 24 1	Fri Exhaust Manifold Sensor (Oxygon) Front Exhaust Pipe Battery Battery Cover				Total Control
1061 1062 1063 1064 1065 1066 1066 1068 1068	9917 9910 9917 9902	54   14   19   24   23	Fri Exhaust Manifold Sensor (Oxygon) Front Exhaust Pipe Battery				

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: /ehicle Details	8789J
/ehicle No.:	SH2715R
/ehicle to be Exported:	No
ntended Deregistration Date:	07 Jun 2019
/ehicle Make:	ТОУОТА
/ehicle Model:	PRIUS TAXI (YELLOW TOP)
Primary Colour:	Black
econdary Colour:	Yellow
Manufacturing Year:	2014
ingine No.:	2ZRR754870
Chassis No.:	JTDKN36U601907562
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920,00
Original Registration Date:	14 Jan 2015
irst Registration Date:	14 Jan 2015
ransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jan 2023
PARF Rebate Ampunt: ntended COE Rebate Details	\$6,066.00
COE Expiry Date:	13 Jan 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,486.00
COE Rebate Amount:	\$23,615.00
Total Rebate Amount: Message	\$29,681.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 04 Jun 2019

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# **Enquire Transfer Fee**

Vehicle Details	
/ehicle No. ;	SH2715R
/ehicle Type :	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1 :	Air-Con (Taxi)
Vehicle Scheme :	Taxi (Individual)
Vehicle Make :	TOYOTA
Vehicle Model :	PRIUS TAXI (YELLOW TOP)
Chassis No. :	JTDKN36U601907562
Propellant:	Petrol-Electric
Engine No. :	2ZRR754870
Motor No.:	3JMR754870
Engine Capacity :	1798 cc
Power Rating :	60.0 kW
Maximum Power Output :	100.0 kW (134 bhp)
Maximum Laden Weight:	
Unladen Weight :	1370 kg
Year Of Manufacture :	2014
Original Registration Date :	14 Jan 2015
Lifespan Expiry Date :	13 Jan 2023
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid :	\$52,486.00
COE Expiry Date :	13 Jan 2023
Road Tax Expiry Date :	13 Jul 2019
PARF Eligibility Expiry Date :	13 Jan 2023
Inspection Due Date :	13 Jul 2019
Intended Transfer Date :	07 Jun 2019
CO2 Emission :	92.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$30,000.00
CO Emission :	
HC Emission :	
NOx Emission :	
PM Emission :	-

The current road tax expiry is 13 Jul 2019. You may renew the road tax from 14 Apr 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 13 Jul 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 14 Jul 2019 to 13 Jan 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	hill.	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	510.00	ii ii	510.00
Total Amount Payable : Message			535.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

From 18 Feb 2019, the Government has further reduced the annual special tax by \$100 and \$850 for diesel and diesel-hybrid cars and taxis respectively. The Government will also grant road tax rebates for diesel and diesel-hybrid buses and goods vehicles for a 3-year period from 1 Aug 2019. The current enquiry result does not include the revised special tax reduction and road tax rebate commencing 1 Aug 2019. Please refer to the Press Release for more information.

You may print this page for reference.

#### Claim Handling · Task Transfer · Exit Accident MT/1047568 LOS SAL SUB Policy No. 5069632798-04 Vehicle No. SH2715R GST Registration No. Certificate No. Policyholder Name ONG KEOK CHING Policyholder NRIC 500087893 Product Code Tax) Insurance Cover Type Comprehensive Loading 0 Contact No.(Mobile) NA Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No \* KFK . No Yes TCA eCode Reason NCD Protection No NCD Entitlement(%) Private Hire No Accident Details Accident Report Within 24 Report Date 04/06/2019 14:55 Yes Accident Type Chain Collision Date of Accident 03/06/2019 Time of Accident hh:mm 19:20 Country of Accident Singapore Reporting Centre NATIONAL ASSESSMENT CENTR Orange Force No ICM No. Accident Location SEMBAWANG RD TWDS YISHUN **▽** Excess Own damage Excess 1,000.00 Additional Excess Windscreen Excess 100.00 Outside Singapore OD Unnamed Driver Excess Third Party Excess Outside Singapore TP Excess 1.000.00 ▽ Benefits GST Registered Information GST Registered No **GST Registration Date** GST Registration No. GST Status Verified Yes Modification History Address 1 BLK 49 #13-118 Address 2 DORSET ROAD Address 3 SINGAPORE 210049 Address Type Singapore address Post Code 210049 Link No. Related Policy Number 5069632798-04 ☑ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name CHUN WAH KEE Driver NRIC S1348430I Driver DOB 24/08/1959 Register Date of Driver 18/11/2008 Driver Age 59 Driving Experience 10 Contact No.(Mobile) 82684719 Contact No.(Office) Contact No.(Home) Address 1 BLK 6728 #06-79 Address 2 KLANG LANE Address 3 SINGAPORE 212672 Address 4 Address Type Singapore address Post Code 212672 Unit No. 06-79 Does he own a Singapore Yes . No Driver Vehicle No. Driver Insurer Company Registered car? **▽** Declaration Breathalyser or Blood Test 0 mg Any injury? Yes . No Modification History ✓ Investigation Claim 002 OD-MD LOS SAL SUB Claim Type OD-MD Insured Name ONG KEOK CHING Insured NRIC 500087891 Contact No. (Office) Contact No. (Home) Contact No.(Mobile) 96251213 62938587 Email Address OI Vehicle Number SH2715R TP Vehicle Number SLU4665C Claim Description Name of Preferred 0 Workshop SH2715R / SLU4665C ON 3 Jun 2019 Preferred Preferered Income to Insured at CAbility Regulved assign report Beauter Realisation Repair Option assign workshop report Date Registered 06/06/2019 09:30 Claim Close Date Date Received 06/06/2019 00:00 Total Loss but Repaired Report Taken By Workshop Repairer LIEW SHAN HUI OD Excess Collected by Workshop Print AK letter Modification History Approval Reason

Remarks

damage assessment Attachment

icle Make	TOYOTA	Vehicle Model	OTHERS	Engine Capcity	1798
of stration	14/01/2015	Classis No.	JTDKN36U601907562		
ired *	● Yes □ No	Vehicle in IDAC *	● Yes ◎ No	Parallel Import *	O Yes ® No
of Tender	Own Damage	Assessor Name *	SIMON	Survey Current Status	
/Workshop e	NATIONAL ASSESSMENT CENT	TDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
screen & Labour		Total Loss *	☐ Yes ® No		
et (\$)		Scrape Value(\$)		Economical Repair Value(\$)	
ark	AIRCON SUCTION PIPE - UNC	:8 DAYS.1X FRT BUMPER LOWER GARNIS ONFIRM.1X AIRCON LIQUID PIPE - UNCO TRM.1X EMISSION AIR BLEEDER - REPLA	H - UNCONFIRM.1X FRT BUMPER LOWER NFIRM.1X FRT LH FENDER EMBLEM - REPL CE.	GRILLE - REPLACE.1X FRT SUPPORT PA ACE.1X FRT RH FENDER EMBLEM - RE	NEL TOP GARNISH COVER - REPLACE.1X PLACE.1X INVENTER ASSY - UNCONFIRM

Remark for Supplementary

V	Damage	Listing
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a Part	No.	Part No.	Description	Qty .	Repair Code	•
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	•
ABS	2	32200201	NUMBER PLATE BASE (PRONT)	1	Replace	
ABSORBER	3	16000101		-		•
ACCELERATOR	- 41		BUMPER (FRONT)	1	Replace	
ACTUATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	•
ADVERTISEMENT STICKER AIR BAG	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	•
AIR BLOWER	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	*
AIR BÓX	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	•
AIR CHAMBER BOX	8	16005901	BUMPER SPONGE (FRONT)	1	Replace	*
AIR CLEANER	9	16006701	BUMPER TOWING COVER (FRONT)			•
AIR COMPRESSOR				2	Replace	
AIR CON (VAN)	10	16003201	BUMPER GRILLE (FRONT)	1	Replace	•
AIR COOLER	11	16002601	BUMPER EMBLEM (FRONT)	1	Replace	
AIR DISTRIBUTOR	12	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace	•
AIR FILTER	13	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	•
AIR FLOW	14	41300101	SUPPORT PANEL (FRONT)	1		•
AIR GRILLE AIR HORN					Replace	
AIR INTAKE	15	28500101	HORN (LEFT)	1	Unconfirm	•
AIR RESONATOR BOX	16	28500102	HORN (RIGHT)	1	Unconfirm	
AIR THROTTLE BODY AND SENSOR	17	15600101	BRACE PANEL (FRONT)	1	Unconfirm	5.7
ALARM	18	27700101	HEAD LAMP (LEFT)	1	Replace	-3
ALTERNATOR ALUMINIUM PANEL - SIDE	19	27700102	HEAD LAMP (RIGHT)	1	Replace	•
AMPLIFIER	20	37700101	SIDE LAMP (FRONT LEFT)	1	Unconfirm	•
ANTENNA						-
ANTIROLL	21	37700102	SIDE LAMP (FRONT RIGHT)	1	Unconfirm	*.
APRON	22	149001	BONNET	1	Replace	
ARCH	23	14903401	BONNET LOCK (LOWER )	1	Replace	
ARM REST ASH TRAY	24	149029	BONNET INSULATOR	1	Unconfirm	
AUTO CLUTCH	25	14902201	BONNET HINGE (LEFT)	1	Replace	•
AUTO COOLER PIPE	26	14902202	BONNET HINGE (RIGHT)	1		•
AUTO CRUISE MOTOR					Replace	
AUTO TRANSMISSION	27	149037	BONNET LOCK CATCH	1	Unconfirm	•
BACK REST (M/C)	28	149043	BONNET RUBBER (LONG)	1	Unconfirm	•
BACK SEAT	29	112023	AIR CON CONDENSER	1	Replace	•
BALANCER	30	112060	AIR CON FAN	1	Unconfirm	•
BATTERY	31	112044	AIR CON DISCHARGE PIPE	1	Unconfirm	
BEADING (MIC)	32	344001	RADIATOR	1	Replace	•
BELT COVER (M/C) BELT TENSIONER	33	344005				•
BODY			RADIATOR COWLING	1	Unconfirm	
BODY (M/C)	34	344008	RADIATOR FAN	1	Unconfirm	
BOLT CAP (MVC)	35	344011	RADIATOR FAN CLUTCH	1	Unconfirm	
BOLT HEAD COVER (M/C)	36	454012	WIPER WASHER TANK	1	Unconfirm	
BONNET	37	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	•
BOX (M/C)		243014				•
BOX BRACKET (M/C)	38		ENGINE LOWER COVER	1	Unconfirm	
BOX CARRIER (M/C)	39	25400102	FENDER (FRONT LEFT)	1	Repair	•
BOX DOOR	40	25400103	FENDER (FRONT RIGHT)	1	Replace	*
BOX STICKER (M/C)	41	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	
BRACE PANEL	42	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	
	43	454009	WIPER PANEL GARNISH	2	Unconfirm	•

# Claim Handling (damage assessment Claim Task MT/1047568 / Claim 002 OD-MD)

44 23300201 45 23300202 DOOR (FRONT LEFT)
DOOR (FRONT RIGHT)

1

Repair

X

Save Submit



# NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)

ASSESSMENT CENTRE

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

# Vehicle Movement Form

ehicle Check-In SH 27/5R ehicle No:	Date In:	Time In: with Keys	: Yes/N6
chicle No:		For Office use	
	15-5-0	Attended by:	
Wastehan Collection of Vehicle	50		
Vorkshop: Vorkshop:	30		
Vorkshop:	7.0	with Keys: Yes/No NRIC: 692	921 J
Collection Date: W 6 101	Time:	692 BU 36	09303
Tow Truck No: 4 No 8 La	Tow Man:	NRIC:	
Cm			
Signature:			
For office use			
Attended by:		Approved by:	
Allenaea oy			
Workshop Return of Vehicle			
Workshop:			
Returned Date:	Time:	with Key: Yes / No	
* Tow In / Drive In	:	NRIC:	
Tow Man / Workshop Represent		For office use	
Signature:			
		Attended by:	
Owner Collection of Vehicle			
Collection Date:	Time:	with Key: Yes / No	
Collection Date:		NIDIC	
Owner:		NRIC:	
Signature:			
For office use			
Attended by:		Approved by:	
Attended by:			

# **LKK Paya Ubi**

From:

Yap Chee Ling <CheeLing.Yap@income.com.sg>

Sent:

Monday, 10 June 2019 4:02 PM

To:

Lee Sheng; Ms Lee (Lee Sheng Auto); LKK Paya Ubi

Subject:

SH2715R | MT/1047568 (Awarding Letter to Lee Sheng)

Importance:

High

Hi IDAC and Lee Sheng,

Vehicle is currently in IDAC.

Excess of \$1,000 is applicable.

Please liaise with the relief driver - Mr CHUN WAH KEE at tel: 8268 4719 on the necessary.

Thank you.

# Yap Chee Ling (Ms)

Executive Motor Insurance T+65 6430 7893 www.income.com.sg











At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers



Our Ref: MT/CA/OD/051/1047568-002/YCL

10 Jun 2019

LEE SHENG AUTO PTE. LTD.

1 KAKI BUKIT AVENUE 6

BLK C #01-58 AUTOBAY @ KAKI BUKIT
SINGAPORE 417883

Dear Sir

CLAIM NUMBER: MT/1047568-002

REPAIR OF VEHICLE NUMBER: SH2715R

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

Award Date: 10 Jun 2019

Make: TOYOTA

Model: OTHERS

Estimated Repair Days: 12

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits: Not applicable Excess Applicable: 1,000

Please note that supplementary items will not be allowed.

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

Yours sincerely

Jenny Pe

Deputy Vice President Motor Insurance

#### Disclaimer

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

# LKK Paya Ubi

From:

Yap Chee Ling <CheeLing.Yap@income.com.sg>

Sent:

Monday, 10 June 2019 4:03 PM

To:

LKK Paya Ubi

Subject:

FW: SH2715R | MT/1047568 (Awarding Letter to Lee Sheng)

Importance:

High

Hi Shanhui,

The driver claimed that he had handed his towing receipt to IDAC.

Please confirm and forward to me so that we can do the reimbursement at our end.

Thank you.

## Yap Chee Ling (Ms)

Executive
Motor Insurance
T+65 6430 7893
www.income.com.sg











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From: Yap Chee Ling

Sent: Monday, 10 June 2019 4:02 PM

To: 'Lee Sheng' <leesheng@singnet.com.sg>; 'Ms Lee (Lee Sheng Auto)' <ekchen\_lee@leeshengauto.com.sg>; 'LKK Paya

Ubi' <rspu@lkkauto.com>

Subject: SH2715R | MT/1047568 (Awarding Letter to Lee Sheng)

Importance: High

Hi IDAC and Lee Sheng,

Vehicle is currently in IDAC.

Excess of \$1,000 is applicable.

Please liaise with the relief driver - Mr CHUN WAH KEE at tel: 8268 4719 on the necessary.

Thank you.

#### Yap Chee Ling (Ms)

Executive

Motor Insurance

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Deputy Vice President Motor Insurance

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Online Service Booking: www.toyota.com.sg

Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462

7.1 (12.00.000)			3803 Document D 04/0 Veh Reg No	20 Sin Ming Lane 38038527 #03-51 Midview City Singapore 573968 Work: 63375117  /eh Reg No Kilometers WIP No Order N			order No/I	Trading Privat	
Chassis	NOTES AND ADDRESS OF THE PARTY	Engine No	14/01/201	5 SH2715R Terms	297825 Service Engine		15608 ehicle In	65/cash Collected (	/SH2715R
JTDKN	36U6019075	52 2ZRF	2754870	00 F	rancis Cher T	S 04/	06/2019 12	.21 04/06	5/2019 12.21
L Cd			Job/Parts De	scription		Qty	Unit Price	Disc %	Amount
1 2	TW (ONLY )		NG CHARGES WORKSHOP)						80.00
	bmonths	r 10,000 km (whi	orised workshop to m chever comes first) to	aintain your Toyota. o enjoy warranty ben	Service your Toyota eve efits. Conditions apply.	ry			
	Borneo Motor 6 months o For & on behalf o Borneo Motor	r 10,000 km (whi	orised workshop to m chever comes first) to Customer's Sig lease acknowledge re	nature	efits. Conditions apply. Change Summa		Total		80.00