

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MA119083586**

Date In: 27/6/19-12/19	Job description	Date & Time Completed	Done by
Ref No: MA11NC1901392/024	SAS e-filing		
Veh No: JLS1M10	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 27/6/19-05/05	i-Motor Claim Form	MA11050830-001	27/6/19 12/19
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **imc42143** 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%. P: 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 (\$)	Am't (\$)
		Est Bill	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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat 2/3:	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	27/06/2019 12:17
Date Of Accident	27/06/2019 09:05
Exact Location Of Accident	KPE (ECP) AFTER TAMPINES RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1421U
Insured/Policyholder	
Name Of Registered Owner	PHUA SENG MENG
NRIC No	S7114871H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97627456
Alternative Phone No	OFFICE-97627456

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 A
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	5095452784-01
Cover Note Number	

Driver

Name of Driver	PHUA MUAY KIAH
NRIC No	S0344910F
Date Of Birth	04/12/1947
Occupation	INDOOR
Date Of Driving Pass	01/09/1969
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96956669
Fax Number	
Contact Number	OFFICE-96956669
E-Mail Address	NOEMAIL

Address	BLK 201C PUNGGOL FIELD #07-254
Postcode	823201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : KEE LEE CHOO GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190627/2046.

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	SMC4214D
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) 2

Passenger 1 NAME: ;

GENDER: ;

DETAILS OF INJURED PERSON 1

Name KEE LEE CHOO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS1421U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.:



**SINGAPORE
POLICE FORCE**



T/20190627/2046

1 of 3

Report No. T/20190627/2046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2019 11:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: PHUA MUAY KIAH		Address: APT BLK 201C PUNGGOL FIELD #07-254 SINGAPORE 823201	
ID Type / ID No.: NRIC NO / S0344910F		Contact No.:	Mobile: 96956669
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 71	Date of Birth: 04/12/1947	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/06/2019 09:05	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY BEFORE THE TUNNEL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS1421U	Car				Slightly Damaged	2
SMC4214D	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	PHUA MUAY KIAH	ID No.	S0344910F
Related Vehicle	NIL	Contact No.	96956669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SAHRI BIN SEEBLI	ID No.	S7311390C
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY CAR ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE RIGHT LANE. SUDDENLY THE CAR INFRONT JAMMED BRAKED AND STOPPED . I COULDNT STOP IN TIME AND COLLIDED AT THE BACK OF THE VEHICLE.

MY WIFE WAS TRAVELLING WITH ME, SHE WAS BROUGHT OVER TO THE HOSPITAL.

BOTH OUR CARS WERE SLIGHTLY DAMAGE. WE EXCHANGED PARTICULARS AND WAITED FOR THE POLICE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190627/2046

3 of 3

Report No. T/20190627/2046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF
Contact No.: 65476358

Signature Of Informant:

Date/Time:
27/06/2019 11:57

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0344910F



Name
 PHUA MUAY KIAH

潘美佳

Race
 CHINESE

Date of birth
 04-12-1947

Sex
 M

Country of birth
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0344910F

Name
 PHUA MUAY KIAH

Birth Date: 04 Dec 1947

Issue Date: 02 Mar 2004



001145739C



For LKK/NAC Use Only

3453451



NRIC No. S0344910F



Date of issue
 07-01-2004

Address
 APT BLK 201C PUNGGOL FIELD
 #07-254
 SINGAPORE 823201

For LKK/NAC Use Only

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Aug 1968
Class 2A	Motorcycles between 201 cc and 400 cc	13 Aug 1968
Class 2	Motorcycles exceeding 400 cc	13 Aug 1968
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Sep 1960

NP 429A

Licence No: S0344910F



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="27/06/2019 09:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLS1421U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095452784-01		PHUA SENG MENG	S7114871H	GPC	drive CLASSIC	SLS1421U	SLS1421U	01/11/2018	31/10/2019

Policy Information

Policy No.	5095452784-01	Policyholder Name	PHUA SENG MENG	Policyholder NRIC	S7114671H
Certificate No.					
Address	BLK 201C #07-254 PUNGGOL FIELD SINGAPORE 823201				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/09/2018	Effective Date	01/11/2018 00:00	Expiry Date	31/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 201C #07-254	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823201
Address 4		Address Type	Singapore address	Post Code	823201
Unit No.		Related Policy Number	5095452784-01		

Insured Object: SLS1421U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1050830

Policy No.	S095452784-01	Vehicle No.	SLS1421U	GST Registration No.	
Certificate No.					
Policyholder Name	PHUA SENG MENG			Policyholder NRIC	S7114871H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97627456	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TL
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/06/2019 12:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/06/2019	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE (ECP) AFTER TAMPINES RD EXIT				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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 201C #07-254	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823201
Address 4		Address Type	Singapore address	Post Code	823201
Unit No.		Related Policy Number	S095452784-01		

DI Driver Info

Driver Name	PHUA MUAY KIAH	Driver Type	Named Driver	Driver DOB	04/12/1947
Unnamed Driver Name		Driver NRIC	S0344910F	Driving Experience	49
Register Date of Driver License	01/09/1969	Driver Age	71	Contact No.(Home)	0
Contact No.(Mobile)	98956669	Contact No.(Office)	0	Address 3	SINGAPORE 823201
Address 1	BLK 201C	Address 2	PUNGGOL FIELD	Post Code	823201
Address 4		Address Type	Singapore address		
Unit No.	07-254				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-ND	Insured Name	PHUA SENG MENG	Insured NRIC	S7114871H	
Contact No.(Mobile)	97627456	Contact No.(Home)	83129628	Contact No.(Office)		
Email Address		DI Vehicle Number	SLS1421U	TP Vehicle Number	SMC4214D	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLS1421U / SMC4214D ON 27 Jun 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	27/06/2019 12:41	Claim Close Date		Date Received	27/06/2019 00:00	
Report Taken By	Jackson			OD Excess Collected by Workshop		

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1050830	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/06/2019 12:44

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
	Clear Please Select	NO	Normal	

ASS. REC. BY:

REF:

Assessor
Mobile: YES/NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorist ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govn Property ()
(E.g. signpost, 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: SL5 1421 Y Yr Regn: 19 Sep 2013
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Motor
 / Truck / Trailer or
 Make & Model: Toyota Corolla Altis 1.6 C.C. 1598
 Colour: Blue Transmission Type: Auto / Manual
 Eng/No: Sp. Reading
 C/No: MRO53REE10 4165004
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: Nil / S/S/In / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

<u>Front</u>	<u>Rear</u>
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm

 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: 8 Vehicle in Itac: Yes / No
 D.O.I. 27/6/2019 Time: 5.30 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. 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:

MOTOR CAR (Frt)

Front Portion

Vehicle No: **SLS 14214**

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate			
1002	991887	Frt Number Plate Base	MS		
1003	991889	Frt Number Plate Garnish	CR		
1004	991300	Frt Bumper	BR		
1005	992341	Frt Bumper Clips	NEC		6
1006	991325	Frt Bumper Bracket			2
1007	991462	Frt Bumper Side Retainer			2
1008	991433	Frt Bumper Reinforcement	DIS		2
1009	991318	Frt Bumper Beam	DD		
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Emblem	NEC		
1012	991420	Frt Bumper			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding	CR		
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille			
1022	991328	Frt Grille Emblem	CR		
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover	BT		
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	BT		
1030	991821	Frt RH Headlamp Assy	CR		
1031	995088	Frt LH Side Lamp	CR		
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem	BUC		
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator	BT		
1037	990273	Bonnet Ffinge			
1038	990261	Bonnet Damper	BT		2
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	DD		
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)	BT		
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)	DD		
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling	DD		
1054	992742	Radiator Fan Assy	CR		
1055	992745	Radiator Fan Clutch	CR		
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom	BT		
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct	BT		
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Inlet Manifold			
1064	991713	Frt Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray	BT		

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			1
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover	CR		
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	BUC		
1097	995072	Frt LH Fender Inner Panel	BT		R
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	CR		
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender	BUC		
1106	991739	Frt RH Fender Inner Panel	BT		R
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield	CR		
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass	CR		
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding	NEC		
1117	992098	Frt Windscreen Sealant	NEC		
1118	991019	ERP Bracket	NEC		
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish	DIS		
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy	BR		
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag	BUC		
1128	994485	Steering Wheel Airbag Sensor	NEC		
1129	990749	Dashboard Airbag	BUC		
1130	990750	Dashboard Airbag Sensor	NEC		
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy	JM		
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy	JM		
1136	990247	Sticker			
		Frt LH Door	SCR		R
		Frt RH Door	SCR		R

Claim Handling

Task Transfer Exit

LOG SAJ SUB

Accident MT/1050830

Policy No.	5095452784-01	Vehicle No.	SLS1421U	GST Registration No.	
Certificate No.					
Policyholder Name	PHUA SENG MENG	Cover Type	drive CLASSIC	Policyholder NRIC	S7114871H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97627456	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	MCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	27/06/2019 12:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/06/2019	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	KPE (ECP) AFTER TAMPINES RD EXIT				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
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 201C #07-254	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823201
Address 4		Address Type	Singapore address	Post Code	823201
Unit No.		Related Policy Number	5095452784-01		

DI Driver Info

Driver Name	PHUA MUAY KIAH	Driver Type	Named Driver	Driver DOB	04/12/1947
Unnamed driver Name		Driver NRIC	S0344910P	Driving Experience	49
Register Date of Driver License	01/09/1969	Driver Age	71	Contact No.(Home)	0
Contact No.(Mobile)	98956669	Contact No.(Office)	0	Address 3	SINGAPORE 823201
Address 1	BLK 201C	Address 2	PUNGGOL FIELD	Post Code	823201
Address 4		Address Type	Singapore address		
Unit No.	07-254			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraima Bin Mantau

LOG SAJ SUB

Claim Type	OD-MD	Insured Name	PHUA SENG MENG	Insured NRIC	S7114871H
Contact No.(Mobile)	97627456	Contact No.(Home)	63129628	Contact No.(Office)	
Email Address		O1 Vehicle Number	SLS1421U	TP Vehicle Number	SMC4214D
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SLS1421U / SMC4214D ON 27 Jun 2019	Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Income to assign workshop	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	26/06/2019 09:19
Date Registered	27/06/2019 12:45	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
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	19/09/2013	Class No.	MRD53REE104188904		
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 NATIONAL ASSESSMENT CENTR IDAC/Workshop Location 51 UBI AVENUE 1 #01-25 PAYA

Windscreen Parts & Labour Cost Total Loss * Yes No

Market Value(\$) Scrape Value(\$) Economical Repair Value(\$)

REMARK: NO OF REPAIR DAY & DAYS: 1 X FRNT BUMPER EMBLEM - REPLACE, 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - REPLACE, 3 X AIR CON SUCTION HOSE - UNCONFIRM, 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - REPLACE, 1 X AIR CON DISCHARGE HOSE - UNCONFIRM, 1 X AIR CON LIQUID PIPE - UNCONFIRM, 1 X AIR DUCT - REPLACE, 1 X AIR CLEANER ASSY - UNCONFIRM, 1 X ABS PUMP CONTROL UNIT - UNCONFIRM, 1 X FRNT WINDSCREEN MOULDING - REPLACE, 1 X STEERING WHEEL AIRBAG - REPLACE, 1 X STEERING WHEEL AIRBAG SENSOR - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	5	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	X
ADVERTISEMENT STICKER	6	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR BAG	7	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BLOWER	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BOX	9	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR CLEANER	11	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
AIR COMPRESSOR	12	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR CON	13	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
AIR CON (VAN)	14	27100101	GRILLE (FRONT)	1	Replace	X
AIR COOLER	15	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR COOLER	16	28500101	HORN (LEFT)	1	Unconfirm	X
AIR DISTRIBUTOR	17	15600101	BRACE PANEL (FRONT)	1	Replace	X
AIR FILTER	18	27700101	HEAD LAMP (LEFT)	1	Replace	X
AIR FLOW	19	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR GRILLE	20	149001	BONNET	1	Replace	X
AIR HORN	21	14903401	BONNET LOCK (LOWER)	1	Replace	X
AIR INTAKE	22	149029	BONNET INSULATOR	1	Unconfirm	X
AIR RESONATOR BOX	23	14902201	BONNET HINGE (LEFT)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	24	14902202	BONNET HINGE (RIGHT)	1	Replace	X
ALARM	25	149041	BONNET RUBBER (CENTRE)	1	Unconfirm	X
ALTERNATOR	26	112023	AIR CON CONDENSER	1	Replace	X
ALUMINIUM PANEL - SIDE	27	344001	RADIATOR	1	Replace	X
AMPLIFIER	28	344005	RADIATOR COWLING	1	Replace	X
ANTENNA	29	344008	RADIATOR FAN	1	Replace	X
ANTI ROLL	30	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
APRON	31	34402802	RADIATOR HOSE (TOP)	1	Replace	X
ARCH	32	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
ARM REST	33	344007	RADIATOR EXPANSION TANK	1	Replace	X
ASH TRAY	34	110037	AIR CLEANER RESONATOR	1	Unconfirm	X
AUTO CLUTCH	35	2900	INLET MANIFOLD	1	Unconfirm	X
AUTO COOLER PIPE	36	141001	BATTERY	1	Unconfirm	X
AUTO CRUISE MOTOR	37	141005	BATTERY COVER	1	Replace	X
AUTO TRANSMISSION	38	141002	BATTERY BRACKET	1	Replace	X
AXLE	39	124001	ALTERNATOR	1	Unconfirm	X
BACK REST (MC)	40	243014	ENGINE LOWER COVER	1	Replace	X
BACK SEAT	41	25400102	FENDER (FRONT LEFT)	1	Replace	X
BALANCER	42	25400801	FENDER INNER PANEL (FRONT LEFT)	1	Repair	X
BATTERY	43	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
BEADING (MC)	44	25400103	FENDER (FRONT RIGHT)	1	Replace	X
BELT COVER (MC)	45	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
BELT TENSIONER	46	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
BODY	47	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	X
BODY (MC)	48	451020	WINDSCREEN SEALANT	1	Replace	X
BOLT CAP (MC)	49	245001	ERP BRACKET	1	Replace	X
BOLT HEAD COVER (MC)	50	454009	WIPER PANEL GARNISH	1	Replace	X
BONNET	51	22600102	DASHBOARD (TOP)	1	Replace	X
BOOT	52	226002	DASHBOARD AIR BAG	1	Replace	X
BOX (MC)	53	226003	DASHBOARD AIR BAG SENSOR	1	Replace	X
BOX BRACKET (MC)						
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						
BRACE PANEL						
BRAKE						
BRAKE - ABS						
BRAKE (MC)						
BUMPER						
CABIN						
CAMBER						
CAWSHAFT						
CAR AUDIO SYSTEM						
CAR JACK						
CARBURATOR						
CARGO						
CARRIAGE						
CARRIER MOUNTING						
CASTOR						
CATALYTIC CONVERTOR						
CD CHANGER						
CD PLAYER						
CD UNIT (MC)						
CENTRE BOTTOM						
CENTRE BRACKET						
CENTRE CONSOLE						
CENTRE COWLING (MC)						
CENTRE CROSS MEMBER						

54	106007	AIR BAG CONTROL UNIT	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input checked="" type="checkbox"/>
55	36300102	SEAT BELT (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
56	36300101	SEAT BELT (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input checked="" type="checkbox"/>
57	23300201	DOOR (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>
58	23300202	DOOR (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input checked="" type="checkbox"/>

LKK Paya Ubi

From: Zuraimie Bin Mantau <zuraimie.mantau@income.com.sg>
Sent: Monday, 1 July 2019 2:15 PM
To: Chew Goon Motor - Mrs Chew
Cc: LKK Paya Ubi
Subject: Vehicle SLS1421U, OD Claim No: MT/1050830-001, DOA: 27/06/2019

Dear Chew Goon Motor

Excess \$600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to tow away the vehicle and help update owner Mr Phua Seng Meng at 97627456 on the repair status.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1050830-001/ZBM
01 Jul 2019
CHEW GOON MOTOR
BLK 10 AMK IND PARK 2A AVE 5
#01-15,16&17 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1050830-001
REPAIR OF VEHICLE NUMBER: SLS1421U

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

Award Date: 01 Jul 2019
Make: TOYOTA
Model: COROLLA ALTIS
Estimated Repair Days: 14
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits Applicable: N/A
Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimie Bin Mantau at 64307891 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

Thank you

Zuraimee Bin Mantau

Senior Executive

Motor Insurance

T +65 6430 7891

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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: SLS14710 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Chwe Goon

Collection Date: 11/11/19 Time: 1630 with Keys: Yes / No

Tow Truck No: YD5566J Tow Man: GADAY NRIC: G5447493W

Signature: _____
84519838

For office use

Attended by: Jackson

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: _____