NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA11909 PGV

Date In: 14/3/19 17:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1903/343/K24	SAS e-filing		
Veh No: PC3408H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 11/3/19 - 14:45	i-Motor Claim Form	M7/1053-75-001	14/3/19 17:51
(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: SHC3944 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

NA1905343

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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: Idao 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	12/07/2019 12:40
Date Of Accident	11/07/2019 14:45
Exact Location Of Accident	CHANGI NORTH CRESCENT OPP VICOM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC3408H
Insured/Policyholder	
Name Of Registered Owner	TSW TRANSPORT SERVICES LLP
Co Reg No	T15LL2104C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90067662
Alternative Phone No	OFFICE-90067662
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095488613-01
Cover Note Number	
Driver	
Name of Driver	NG KAM CHENG
NRIC No	S8380954Z
Date Of Birth	17/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91449314
Fax Number	
Contact Number	OFFICE-91449314
EMail Address	NOEMAIL

Address	BLK 468C FERNVALE LINK #18-553
Postcode	793468
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SHC3342H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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**.
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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

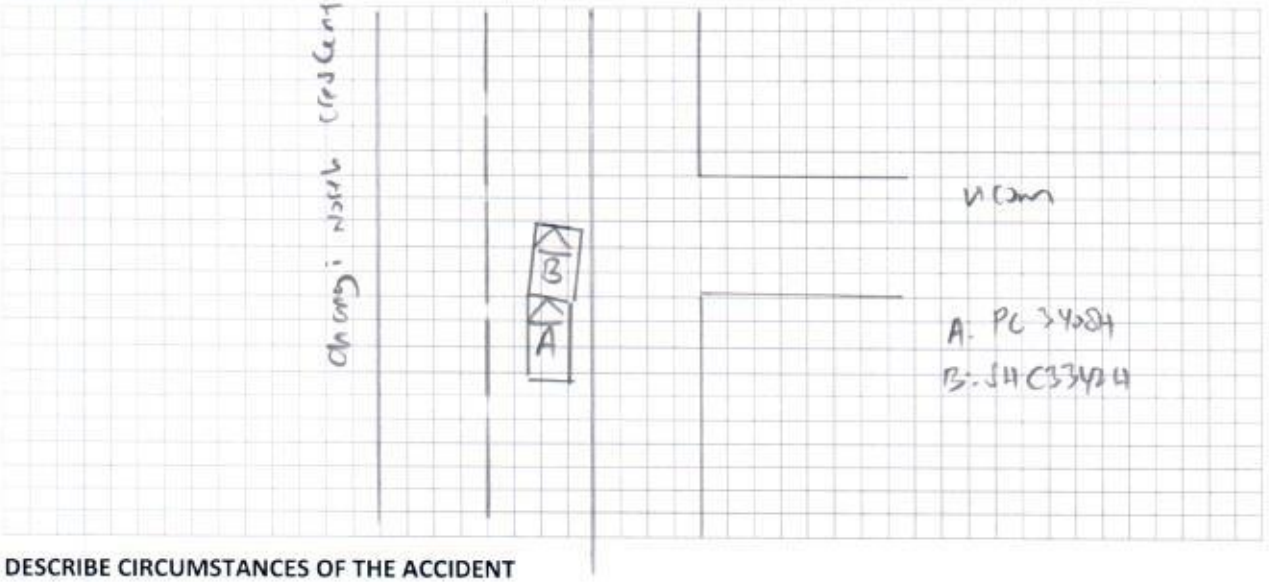
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE, I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED AND MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 7 / 19) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: Changi North Crescent opp Vicom

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: PC3408H
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 3095488613-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL:
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: working
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A) NAME: TSW Transport Services LLP (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: T15LL7104C CONTACT: 90067662
   c) ADDRESS:

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

3. **DRIVER**
   a) NAME: Ng Kum Chong (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8388095Z CONTACT: 91449314
   c) ADDRESS: Blk 466C Fernvale Link #18-533 (791466)

   *d) DATE OF BIRTH: (17 / 3 / 1983) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 7 1/2 / 16
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SHC3392H MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) (__)

email = tswtransportservices@gmail.com

fax =

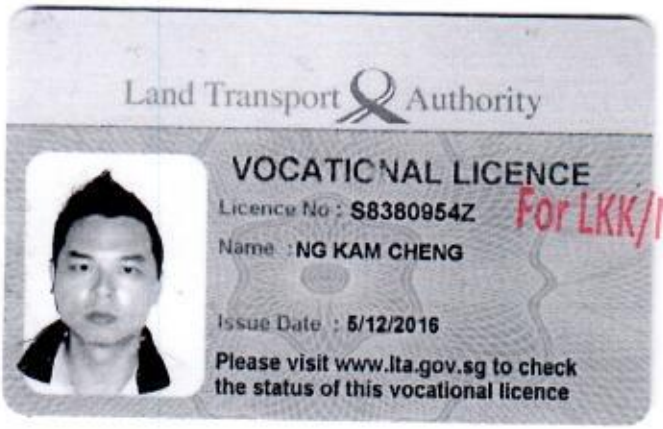
VIDEO = ✓


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8380954Z

Name
NG KAM CHENG
黄 锦 城
Race
CHINESE
Date of birth
17-03-1983
Sex
M
Country of birth
MALAYSIA

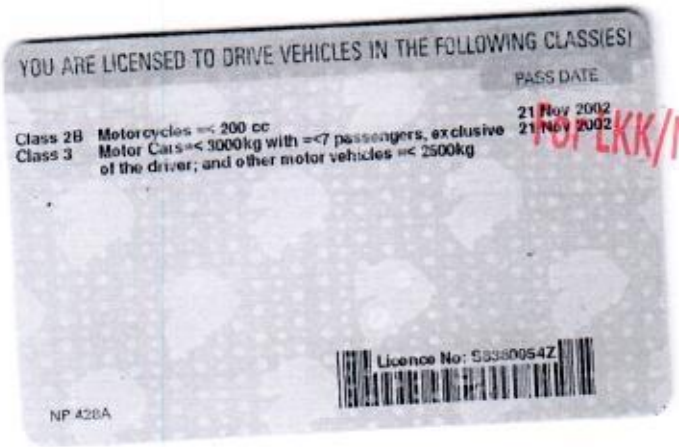

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8380954Z
Name
NG KAM CHENG
Birth Date 17 Mar 1983
Issue Date 03 Nov 2008
0016712716


Land Transport Authority

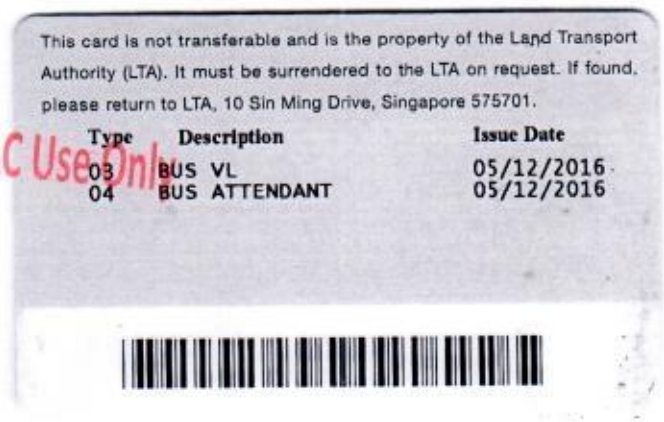
VOCATIONAL LICENCE
Licence No : S8380954Z
Name : NG KAM CHENG
Issue Date : 5/12/2016
Please visit www.lta.gov.sg to check the status of this vocational licence


4788663
NRIC No. S8380954Z
Date of Issue
31-10-2011
APT BLK 468C FERNVALE LINK #18-553
SINGAPORE 793468
NRIC No: S8380954Z Date: 06/01/2017 (R)


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

		PASS DATE
Class 2B	Motorcycles =< 200 cc	21 Nov 2002
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Nov 2002

Licence No: S8380954Z
NP 428A


This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	05/12/2016
04	BUS ATTENDANT	05/12/2016

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) PC3408H

Date of Accident 11/07/2019 14:45

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5095488613-01		TSW TRANSPORT SERVICES LLP	T15LL2104C	GBS	Comprehensive	PC3408H	PC3408H	30/11/2018	29/11/2019

Continue

Policy Information

Policy No.	5095488613-01	Policyholder Name	TSW TRANSPORT SERVICES LLF	Policyholder NRIC	T15LL2104C
Certificate No.					
Address	705 SIMS DRIVE #06-13 SHUN LI INDUSTRIAL COMPLEX SINGAPORE 387384				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/11/2018	Effective Date	30/11/2018 00:00	Expiry Date	29/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	705 SIMS DRIVE	Address 2	#06-13 SHUN LI INDUSTRIAL C	Address 3	SINGAPORE 387384
Address 4		Address Type	Singapore address	Post Code	387384
Unit No.		Related Policy Number	5107372275		

Insured Object: PC3408H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1053075

Policy No.	5095488613-01	Vehicle No.	PC3408H	GST Registration No.	
Certificate No.					
Policyholder Name	TSW TRANSPORT SERVICES LLP			Policyholder NRIC	T15LL2104C
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90067662	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	12/07/2019 12:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/07/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI NORTH CRESCENT OPP VICOM				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2016
GST Registration No.	M90370676A	GST Status Verified	Yes

Modification History

12/07/2019 12:51:04 System changed GST Registered from No to Yes
12/07/2019 12:51:04 System changed GST Registration No. from null to M90370676A
12/07/2019 12:51:04 System changed GST Registration Date from null to 01/02/2016

Policyholder Mailing Address

Address 1	70S SIMS DRIVE	Address 2	#06-13 SHUN LI INDUSTRIAL C	Address 3	SINGAPORE 387384
Address 4		Address Type	Singapore address	Post Code	387384
Unit No.		Related Policy Number	S107372275		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG KAM CHENG	Driver NRIC	S8380954Z	Driver DOB	17/03/1983
Register Date of Driver License	05/12/2016	Driver Age	36	Driving Experience	2
Contact No.(Mobile)	91449314	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 468C	Address 2	FERNVALE LINK	Address 3	FERNVALE LEA
Address 4	SINGAPORE 793468	Address Type	Singapore address	Post Code	793468
Unit No.	18-553				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 **New**

Claim Type *	OD-MO	Insured Name	TSW TRANSPORT SERVICES LLP	Insured NRIC	T15LL2104C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	68421316
Email Address		OI Vehicle Number	PC3408H	TP Vehicle Number	SHC3342H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC3408H / SHC3342H ON 11 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	income to assign workshop	GIA report	Received
Date Registered	12/07/2019 12:51	Claim Close Date		Date Received	12/07/2019 00:00
Report Taken By	Jackson				
☑ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1053075	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	12/07/2019 12:52

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	

Browse...

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	SAS	Normal	SAS 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:52	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:51	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:51	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:51	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:51	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:51	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2019 12:51	Photos	Normal	Photos 2019-7-12		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window Scan and uploading

ASS. REC. BY:

REF:

Assessor Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:

a) Motorcar ( )
b) Mcycle ( )
c) Bicycle ( )

2) Vehicle hit ??

a) Pedestrian ( )
b) Animal ( )

3) Vehicle hit Road Side Objects:

a) Govm Property ( )
(Eg: signboard, lamppost, barricade)
b) Road Work Object ( )
c) Private Property ( )

4) Vehicle drop into drain ( )

5) Damage due to Act of God:

a) Fallen Object ( )
b) Flood ( )
c) Other,

6) Parked & Found Damaged:

a) Vandalism ( )
b) Hit by Moving Object ( )

7) Theft Case

a) Stolen ( )
b) Damage found when recovered ( )

8) Fire

a) Whilst driving ( )
b) Parked ( )

9) Accident date more than 24hrs ( )

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

By Assessor- 1) Vehicle Information

Veh No: PC 3408 H Yr Regn: 28 NOV 2014

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

Make & Model: Toyota Hiace Commuter GL 3.0 c.c: 2982

Colour: White Transmission Type: (Auto) / Manual

Eng/No: Spt.Reading: 232488

C/No: KDH223 0021587

Gen. Cond: (Good) / Fair / Poor / Burnt or

Steering: (Border) / Jammed / Leaked / Burnt or

Brake: (Border) / Jammed / Leaked / Burnt or

Modi: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15

R: —

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

Front		Rear	
R/Bal:	6 mm	R/Bal:	6 mm
L/Bal:	6 mm	L/Bal:	6 mm

Parallel Import: (Yes) / No Towed-In: (Yes) / No

Repair Type: (LS) / I.B.I Towing Required: (Yes) / No

No of Repair Days: 8 Vehicle in Idac: (Yes) / No

D.O.I: 12/7/2019 Time: 2.40pm

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)Unconformed (15)Not Working

VAN / LORRY (Frt)

ACTION (AC)
(1)Replace (✓) (2)Repair(R) (3)Check (?) (4)Not Consistent (NC)

Aug 2005

Front Portion

Vehicle No: PC 3408 H

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	MIS	✓	
1002	991887	Frt Number Plate Base			
1004	991300	Frt Bumper	BR	✓	
2001	991477	Frt Bumper ~~Upper~~ Beam	DD	✓	
2002	991387	Frt Bumper Lower Grille	CRA	✓	
2003	991449	Frt Bumper Side Cover			
2004	991443	Frt Bumper Side Retainer	DIS	✓	2
1006	991325	Frt Bumper Bracket			
1008	991433	Frt Bumper Reinforcement	DD	✓	
2005	991466	Frt Bumper Signal Lamp			
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	CRA	✓	
1022	991328	Frt Grille Emblem			
2006	990247	Frt Grille Sticker			
1023	991799	Frt Grille Chrome Moulding			
2007	991891	Frt ~~Panel~~ Brace Panel	BT	✓	
2008	991874	Frt Lower Panel			
2009	991328	Frt Panel Emblem			
2010	990247	Frt Panel Sticker			
2011	991893	Frt Panel Garnish			
1024	991222	Frt Apron Panel			
2012	991527	Frt Corner Panel			
2013	991532	Frt Corner Panel Signal Lamp			
2014	995245	Frt Signal Lamp LH			
2015	995246	Frt Signal Lamp RH			
1029	995153	Frt LH Headlamp Assy	CRA	✓	
1030	991821	Frt RH Headlamp Assy	CRA	✓	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
2016	992149	Frt Wiper Panel			
2017	995043	Frt Wiper Nozzle			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
2018	992145	Frt Wiper Link			
2019	992148	Frt Wiper Motor			
1122	995045	Wiper Panel Garnish			
1114	992093	Frt Windscreen			
1115	992097	Frt Windscreen Rubber			
1117	992098	Frt Windscreen Sealant			
2020	992114	Frt Windscreen Outer Pillar			
2021	992113	Frt Windscreen Inner Pillar			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
2022	991958	Frt Side Mirror (Big)			
2023	991959	Frt Side Mirror (Small)			
2024	991962	Frt Side Mirror (Round)			
2025	995015	Frt Wing Mirror Stay			
1025	992013	Frt Support Panel	BT	✓	
1033	990248	Bonnet	BUC	✓	
1035	990287	Bonnet Lock	BT	✓	
1037	990273	Bonnet Hinge	BT	✓	2
1039	990305	Bonnet ~~Rubber~~ Emblem	CRA	✓	
1042	990119	Air Con Condenser	DD	✓	
1043	990122	Air Con Fan Assy		?	
1048	990149	Air Con Liquid Pipe	DD	✓	
1049	995066	Air Con Receiver Drier			
1052	995074	Radiator	DD	✓	
1053	992738	Radiator Cowling		?	
1054	992742	Radiator Fan Assy		?	
1056	992758	Radiator Hose Top			
1058	992741	Radiator Expansion Tank			
2026	992596	Oil Cooler			
1079	994431	Power Steering Cooler Pipe			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy		?	
1067	990219	Battery			
1069	990223	Battery Bracket			

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
2027	991500	Frt Cabin Assy			
2028	991501	Frt Cabin Mounting			
2029	991502	Frt Cabin Rear Panel			
1092	991520	Frt LH Chassis Member	BT	R	
1093	991520	Frt RH Chassis Member	BUC	✓	
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
2030	990143	Air Con Evaporator Assy		?	
2031	990106	Air Con Blower		?	
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			
1133	991922	Frt RH Seat Belt Assy			
1135	995182	Frt LH Seat Belt Assy			
1124	990753	Dashboard Assy		?	
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
2035	994966	Frt LH Wheel Guard			
1102	995170	Frt LH Wheel Rim			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
2036	994966	Frt RH Wheel Guard			
1111	992087	Frt RH Wheel Rim			
1113	995065	Frt RH Tyre			
1255	995326	Frt LH Door			
1256	995140	Frt LH Door Protector			
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1272	991617	Frt LH Door Inner Trim Board			
1316	995327	Frt RH Door			
1317	991654	Frt RH Door Protector			
1318	991601	Frt RH Door Hinge			
1319	991685	Frt RH Door Wing Mirror			
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			
1333	991617	Frt RH Door Inner Trim Board			
2037	991644	Frt Door Frt Pillar			
2038	991657	Frt Door Rear Pillar			
2039	992072	Frt Wheel Arch Panel			
2040	992069	Frt Wheel Arch Panel Garnish			
2041	991996	Frt Step Panel			
2042	994498	Frt Step Panel Top Garnish			
2043	994495	Frt Step Panel Inner Garnish			
1073	995053	Wiper Washer Tank			
1136	990247	Sticker			
		Turbo Inter Cooler	DD	✓	
		Air Con Condenser Side Air Deflector	DIS	✓	2

No of Items: _____ Assessor: _____

Claim Handling

Task Transfer · Exit

LOS SAL SUB

Accident MT/1053075

Policy No.	5095488613-01	Vehicle No.	PC3408H	GST Registration No.	M90370676A
Certificate No.					
Policyholder Name	TSW TRANSPORT SERVICES LLP			Policyholder NRIC	T15LL2104C
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90067662	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	12/07/2019 12:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/07/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	4097163
Accident Location	CHANGI NORTH CRESCENT OPP VICOM				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2016
GST Registration No.	M90370676A	GST Status Verified	Yes
Modification History	12/07/2019 12:51:04 System changed GST Registered from No to Yes 12/07/2019 12:51:04 System changed GST Registration No. from null to M90370676A 12/07/2019 12:51:04 System changed GST Registration Date from null to 01/02/2016		

Policyholder Mailing Address

Address 1	705 SIMS DRIVE	Address 2	#06-13 SHUN LI INDUSTRIAL C	Address 3	SINGAPORE 387384
Address 4		Address Type	Singapore address	Post Code	387384
Unit No.		Related Policy Number	5107372275		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG KAM CHENG	Driver NRIC	S8380954Z	Driver DOB	17/03/1983
Register Date of Driver License	05/12/2016	Driver Age	36	Driving Experience	2
Contact No.(Mobile)	91449314	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 468C	Address 2	FERNVALE LINK	Address 3	FERNVALE LEA
Address 4	SINGAPORE 793468	Address Type	Singapore address	Post Code	793468
Unit No.	18-553				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	( ) Yes (•) No
Modification History	15/07/2019 09:14 s890621 Modify Orange Force(N-->Y) 15/07/2019 09:14 s890621 Modify ICM No(-->4097163)		

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	TSW TRANSPORT SERVICES LLI	Insured NRIC	T15LL2104C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	68421316
Email Address		OI Vehicle Number	PC3408H	TP Vehicle Number	SHC3342H
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	PC3408H / SHC3342H ON 11 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Prefered Repair Option	income to assign workshop	GIA report	Received
Date Registered	12/07/2019 12:53	Claim Close Date		Date Received	15/07/2019 10:08
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval		Reason	
Remarks			

damage assessment | Activity Handling | Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	HIACE COMMUTER BUS (P)	Engine Capcity	2982
Date of Registration	28/11/2014	Classis No.	KDH2230021587		
Towing Required *	(•) Yes ( ) No	Vehicle in IDAC *	(•) Yes ( ) No	Parallel Import *	(•) Yes ( ) 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 *	○ Yes ◉ No		
Market Value($)		Scrape Value($)		Economical Repair Value($)	

Remark: REMARK:NO OF REPAIR DAY: 8 DAYS. 1 X FRT BUMPER LOWER GRILLE - REPLACE. 1 X AIR CON LIQUID PIPE - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM. 1 X TURBO INTER COOLER - REPLACE. 2 X AIR CON CONDENSER SIDE AIR DEFLECTOR - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part

root

- Not Applicable
- ABS
- ABSORBER
- ACCELERATOR
- ACTUATOR
- ADVERTISEMENT STICKER
- AIR BAG
- AIR BLOWER
- AIR BOX
- AIR CHAMBER BOX
- AIR CLEANER
- AIR COMPRESSOR
- AIR CON
- AIR CON (VAN)
- AIR COOLER
- AIR DISTRIBUTOR
- AIR FILTER
- AIR FLOW
- AIR GRILLE
- AIR HORN
- AIR INTAKE
- AIR RESONATOR BOX
- AIR THROTTLE BODY AND SENSOR
- ALARM
- ALTERNATOR
- ALUMINIUM PANEL - SIDE
- AMPLIFIER
- ANTENNA
- ANTI ROLL
- APRON
- ARCH
- ARM REST
- ASH TRAY
- AUTO CLUTCH
- AUTO COOLER PIPE
- AUTO CRUISE MOTOR
- AUTO TRANSMISSION
- AXLE
- BACK REST (WC)
- BACK SEAT
- BALANCER

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	16000101	BUMPER (FRONT)	1	Replace	X
3	16001001	BUMPER BEAM (FRONT)	1	Replace	X
4	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
5	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
6	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
7	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
8	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
9	27100101	GRILLE (FRONT)	1	Replace	X
10	15600101	BRACE PANEL (FRONT)	1	Replace	X
11	27700101	HEAD LAMP (LEFT)	1	Replace	X
12	27700102	HEAD LAMP (RIGHT)	1	Replace	X
13	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
14	149001	BONNET	1	Replace	X
15	14903402	BONNET LOCK (UPPER)	1	Replace	X
16	14902201	BONNET HINGE (LEFT)	1	Replace	X
17	14902202	BONNET HINGE (RIGHT)	1	Replace	X
18	149016	BONNET EMBLEM	1	Replace	X
19	112023	AIR CON CONDENSER	1	Replace	X
20	112060	AIR CON FAN	1	Unconfirm	X
21	344001	RADIATOR	1	Replace	X
22	344005	RADIATOR COWLING	1	Unconfirm	X
23	344008	RADIATOR FAN	1	Unconfirm	X
24	19600501	CHASSIS MEMBER (FRONT LEFT)	1	Repair	X
25	19600502	CHASSIS MEMBER (FRONT RIGHT)	1	Replace	X
26	112053	AIR CON EVAPORATOR	1	Unconfirm	X
27	112003	AIR CON BLOWER	1	Unconfirm	X
28	22600102	DASHBOARD (TOP)	1	Unconfirm	X

Save Submit

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Monday, 15 July 2019 4:16 PM
To: NAC ; Hock Wah Motor Pte Ltd
Subject: PC3408H, OD Claim : MT/1053075

Importance: High

Dear IDAC and Hock Wah,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear Hock Wah,

OD excess of $2,000/- is applicable, pls assist to liaise with Ms Shirley Ng at tel : 90067662.

We are waiving survey for this case only and it should not be taken as a precedence for future cases.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher together with some photos on after repairs within 14 days after the repair has been done/ finalized with Surveyor to my email.

Regards.

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

Our Ref: MT/CA/OD/051/1053075-001/TSC
15 Jul 2019
HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977
Dear Sir
CLAIM NUMBER: MT/1053075-001
REPAIR OF VEHICLE NUMBER: PC3408H
We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 15 Jul 2019
Make: TOYOTA
Model: HIACE COMMUTER BUS (P)
Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits Applicable: N/A
Excess Applicable: 2000.00
Please note that supplementary items will not be allowed.
If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.
Yours sincerely
Jenny Pe
Deputy Vice President
Motor Insurance

NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NATIONAL ASSESSMENT CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: PC 3408 H Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock Weh.

Collection Date: 15/07/19 Time: 1715. with Keys: Yes / No

Tow Truck No: YR795D. Tow Man: Fabian NRIC: S8106925/E.

Signature: _____ 98328922.

For office use

Attended by: ROSLINDA ***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:*** _____