

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119100007

Date In: 31/7/19 09:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19013401/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJM 5249E	I-Motor Claim Form	MT11055934 <sup>001</sup>	11/8/19 09:12
TPA: 30/7/19 10:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsr		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: 680 589Z	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 repaler.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 110111 67884610)	Date: ( )	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	Action

NA1905786

Claimant's Particulars:	Invoice / Information Check:	Amount (\$)	Refund (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$3		
	*NG: Repair Co-ordination \$10	10.00	
	*NT: Post Repair Inspection \$25		
	*NR: DV / Collect Excess Coordination \$3		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	31/07/2019 09:18
Date Of Accident	30/07/2019 10:40
Exact Location Of Accident	JUNC OF YIO CHU KANG & HOUGANG AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5249E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO SAY TING
NRIC No	S1309652Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97366911
Alternative Phone No	OFFICE-97366911

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5106692367
Cover Note Number	-

### Driver

Name of Driver	FOO SAY TING
NRIC No	S1309652Z
Date Of Birth	08/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97366911
Fax Number	
Contact Number	OFFICE-97366911
EMail Address	NOEMAIL

Address	BLK 479 PASIR RIS DR 4 #10-447
Postcode	510479
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : UNKNOWN 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
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

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD589Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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.:

Diagram illustrating a road layout with two vehicles, A and B, and a third vehicle A in a side lane.

Vehicle A is shown in a side lane, with an arrow indicating its path towards the main road.

Vehicle B is shown in the main road, with an arrow indicating its path towards the intersection.

Labels:

- Huangang Ave 2
- Yao chu Kang Rd

Vehicle A is labeled A = SJM 5249.

Vehicle B is labeled B = GBD 5897.

Please Refer to Police Report

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/20190730/7027

1 of 4

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

Report No. T/20190730/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2019 19:55		Vide Report No.: G/20190730/0058		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: FOO SAY TING			Address: APT BLK 479 PASIR RIS DRIVE 4 #10-447 SINGAPORE 510479		
ID Type / ID No.: NRIC NO / S1309652Z			Contact No.: Home/Office: Mobile: 97366911		
Nationality: SINGAPORE CITIZEN			Email: ronnyfoost@gmail.com		
Sex: Male	Age: 61	Date of Birth: 08/06/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES PERSON			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2019 10:40	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD589Z	Lorry	MITSUBISHI	FUSO 10 foot lorry	Blue	Slightly Damaged	3
SJM5249E	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD589Z	NTUC Income Insurance Co-Operative Limited	5106692367	20/01/2019	20/01/2020



**SINGAPORE  
POLICE FORCE**



T/20190730/7027

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

2 of 4

Report No. T/20190730/7027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM5249E	NTUC Income Insurance Co-Operative Limited	5106692367	02/01/2019	06/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OGERESON S/O KANAIYA UNKURA		ID No.	S1488054B
Related Vehicle	GBD589Z (Lorry)		Contact No.	63632320
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight
Driver				
Name	FOO SAY TING		ID No.	S1309652Z
Related Vehicle	SJM5249E (Car)		Contact No.	97366911
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.

I was driving at the cross junction from Yio Chu Kang Road to Hougang Avenue 2.

The traffic light was green, and I was waiting for oncoming traffic to clear before making a right turn. Unfortunately, I did not see an oncoming lorry in time and when I turned right, the front of my car collided with the side of the lorry.

I got out of my car to check on the passengers in the lorry, and called them an Ambulance to make sure they were alright.  
At the same time, I called my car insurance agent who came down to check on the situation, and he also called traffic police for further assistance.





**SINGAPORE  
POLICE FORCE**



T/20190730/7027

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

3 of 4

Report No. T/20190730/7027

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190730/7027

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

4 of 4

Report No. T/20190730/7027

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
30/07/2019 19:55

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1309652Z



Name  
FOO SAY TING

符之丁

Race  
CHINESE

Date of birth  
08-06-1958

Country of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

FOO SAY TING

Birth Date: 08 Jun 1958  
Issue Date: 27 May 2003

000514674D



4669456



NRIC No. S1309652Z



Date of issue  
18-01-2011

Address  
APT BLK 479 PASIR RIS DRIVE 4  
#10-447  
SINGAPORE 510479


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

PASS DATE

which unladen does not exceed

NP 428A

Licence No. S1309652Z



Hello, NAC\_PAYA\_UBI\_800601

• Change Language

• Change Password

• Log Out

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106692367		FOO SAY TING	S13096522	GPC	drive CLASSIC	SJM5249E	SJM5249E	02/01/2019	06/01/2020



## Claim Handling

Accident MT/1055934

Policy No.	5106692367	Vehicle No.	SJM5249E	GST Registration No.
Certificate No.				
Policyholder Name	FOO SAY TJNG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97366911	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

## ▼ Accident Details

Report Date	01/08/2019 09:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/07/2019	Time of Accident hh:mm	10:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF YIO CHU KANG & HOUGANG AVE 2			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 479 #10-447	Address 2	PASIR RIS DRIVE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106692367	

## ▼ OI Driver Info

Driver Name	FOO SAY TJNG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1309652Z	Driver DOB
Register Date of Driver License	01/04/1984	Driver Age	61	Driving Experience
Contact No.(Mobile)	97366911	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 479 #10-447	Address 2	PASIR RIS DRIVE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

## Declaration

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

Claim 001

New

Claim Type *	OD-MD	Insured Name	FOO SAY
Contact No.(Mobile)	97366911	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SJM5249E
Claim Description	SJM5249E / GBD589Z ON 30 Jul 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/08/2019 09:08
Print AK letter			LIEW SHAN HUI

## Attachment

Accident No.	MT/1055934	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/08/2019 09:12

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:12	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2019 09:08	Photos	Normal	Photos 2

## Video List

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



ASSIGNMENT (IDAC)

COE Expired: 6 Jan 2024

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:
  - a) Motorcar ( )
  - 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: SJM 5249 E Vc Regn: 7 Jan 2009  
 Type: Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / M/PV / Truck / Trailer or  
 Make & Model: Toyota Camry C.C. 1998  
 Colour: Grey Transmission Type: Auto / Manual  
 Eng/No: \_\_\_\_\_ Sp. Reading: 138478  
 C/No: MR053BK4107038323  
 Gen. Cond. Good / Fair / Poor / Burnt or  
 Steering: Intake / Jammed / Leaked / Burnt or  
 Brake: Intake / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  

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

 Parallel Import: Yes / No Towed-In: Yes / No  
 Repair Type: LS / L.B.I Towing Required: Yes / No  
 No of Repair Days: 8 Vehicle in Idac: Yes / No  
 D.O.I. 31/7/2019 Time: 10.50am

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:



### Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	MIS	/	
1002	991887	Frt Number Plate Base	MIS	/	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR	/	
1005	992341	Frt Bumper Clips	NEC	/	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement	DIS	/	2
1009	991318	Frt Bumper Beam	DID	/	
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector	CRA	/	
1012	991420	Frt Bumper <del>Lower</del> Tow Eye Cover	CUT	/	
1013	991363	Frt Bumper Grille	CRA	/	
1014	991301	Frt Bumper Moulding	LH CRA	/	2
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	CRA	/	
1018	991355	Frt RH Bumper Fog Lamp Cover	CRA	/	
1019	995079	Frt LH Bumper Fog Lamp	CRA	/	
1020	995080	Frt RH Bumper Fog Lamp	CRA	/	
1021	991793	Frt Grille	CRA	/	
1022	991328	Frt Grille Emblem	MIS	/	
1023	991799	Frt Grille Chrome Moulding	CRA	/	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	/	
1026	992025	Frt Support Panel Top Garnish Cover	CRA	/	
1027	992416	Horn	CUT	/	2
1028	991277	Frt Brace Panel	BT	/	
1029	995153	Frt LH Headlamp Assy	CRA	/	
1030	991821	Frt R/L Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BUC	/	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	IM	/	
1036	990285	Bonnet Insulator	BT	/	
1037	990273	Bonnet Hinge	BT	/	2
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber	CUT	/	
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	DD	/	
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom	BT	/	
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct	CRA	/	
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust 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			

## Vehicle No:

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			
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			
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			
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Emblem			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield			
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			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Emblem			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
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			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			
		Frt RH Door			
		Air Con Gas Hose			
		Reflector LH & RH			



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	652Z
<b>Vehicle Details</b>	
Vehicle No.:	SJM5249E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1AZE122445
Chassis No.:	MR053BK4107038323
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$25,403.00
Original Registration Date:	07 Jan 2009
First Registration Date:	07 Jan 2009
Transfer Count:	2
Actual ARF Paid:	\$25,403.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	06 Jan 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$15,668.00
COE Rebate Amount:	\$13,873.00
<b>Total Rebate Amount:</b>	<b>\$13,873.00</b>
<b>Message</b>	
Please note that the 5-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 30 Jul 2019

OK



## Claim Handling

Task Transfer Exit

LOS SAC SUB

## Accident MT/1055934

Policy No.	5106692367	Vehicle No.	SJM5249E	GST Registration No.	
Certificate No.					
Policyholder Name	FOO SAY TING			Policyholder NRIC	S1309652Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97366911	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

**Accident Details**

Report Date	01/08/2019 09:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	30/07/2019	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNC OF YIO CHU KANG & HOUGANG AVE 2				

## 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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 479 #10-447	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510479
Address 4		Address Type	Singapore address	Post Code	510479
Unit No.		Related Policy Number	5106692367		

## OI Driver Info

Driver Name	FOO SAY TING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1309652Z	Driver DOB	08/06/1958
Register Date of Driver License	01/04/1984	Driver Age	61	Driving Experience	35
Contact No.(Mobile)	97366911	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 479 #10-447	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510479
Address 4		Address Type	Singapore address	Post Code	510479
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Modification History

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	FOO SAY TING	Insured NRIC	S1309652Z
Contact No.(Mobile)	97366911	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJM5249E	TP Vehicle Number	GBD589Z
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SJM5249E / GBD589Z ON 30 Jul 2019			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	01/08/2019 09:13	Claim Close Date		Date Received	01/08/2019 10:48
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letterOD Excess Collected by  
Workshop

Modification History

## Special Claim Creation Approval

Approval

Reason

Remarks

damage assessment Attachment

## Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	CAMRY	Engine Capacity	
Date of Registration	07/01/2009	Classis No.	MR053BK4107038323		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value (\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAYS:8 DAYS.1X FRT GRILLE CHROME MOULDING - REPLACE. 1X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE.1X AIRCON SUCTION PIPE - REPLAC  
SUCTION HOSE - UNCONFIRM.1X AIRCON LIQUID PIPE - UNCONFIRM.1X AIRDUCT - REPLACE.1X AIR CLEANER - UNCONFIRM.1X FRT LH FENDER EMBLEM - REPLACE.1X FRT RH FEN  
REPLACE.2X AIRCON CONDENSER SIDE AIR DEFLECTOR LH & RH - REPLACE.

Remark

Remark for  
Supplementary

## Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root					
Not Applicable	1	112023	AIR CON CONDENSER	1	Replace
ABS	2	112060	AIR CON FAN	1	Unconfirm
ABSORBER	3	112044	AIR CON DISCHARGE PIPE	1	Replace
ACCELERATOR	4	112043	AIR CON DISCHARGE HOSE	1	Unconfirm
ACTUATOR	5	344001	RADIATOR	1	Replace
ADVERTISEMENT STICKER	6	344005	RADIATOR COWLING	1	Unconfirm
AIR BAG	7	344008	RADIATOR FAN	1	Unconfirm
AIR BLOWER	8	344011	RADIATOR FAN CLUTCH	1	Unconfirm
AIR BOX	9	32200101	NUMBER PLATE (FRONT)	1	Replace
AIR CHAMBER BOX	10	32200201	NUMBER PLATE BASE (FRONT)	1	Replace
AIR CLEANER	11	16000101	BUMPER (FRONT)	1	Replace
AIR COMPRESSOR	12	16002401	BUMPER CLIPS (FRONT)	6	Replace
AIR CON	13	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace
AIR CON (VAN)	14	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace
AIR COOLER	15	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
AIR DISTRIBUTOR	16	16005901	BUMPER SPONGE (FRONT)	1	Replace
AIR FILTER	17	16006701	BUMPER TOWING COVER (FRONT)	1	Replace
AIR FLOW	18	16003201	BUMPER GRILLE (FRONT)	1	Replace
AIR GRILLE	19	16004202	BUMPER MOULDING (FRONT LEFT)	1	Replace
AIR HORN	20	16004203	BUMPER MOULDING (FRONT RIGHT)	1	Replace
AIR INTAKE	21	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace
AIR RESONATOR BOX	22	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace
AIR THROTTLE BODY AND SENSOR	23	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace
ALARM	24	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace
ALTERNATOR	25	27100101	GRILLE (FRONT)	1	Replace
ALUMINIUM PANEL - SIDE	26	27100801	GRILLE EMBLEM (FRONT)	1	Replace
AMPLIFIER	27	41300101	SUPPORT PANEL (FRONT)	1	Replace
ANTENNA	28	28500101	HORN (LEFT)	1	Replace
ANTI ROLL					
APRON					
ARCH					
ARM REST					
ASH TRAY					
AUTO CLUTCH					
AUTO COOLER PIPE					
AUTO CRUISE MOTOR					
AUTO TRANSMISSION					
AXLE					
BACK REST (MC)					
BACK SEAT					
BALANCER					
BATTERY					

29	28500102	HORN (RIGHT)	<input type="text" value="1"/>	Replace
30	15600101	BRACE PANEL (FRONT)	<input type="text" value="1"/>	Replace
31	27700101	HEAD LAMP (LEFT)	<input type="text" value="1"/>	Replace
32	149001	BONNET	<input type="text" value="1"/>	Replace
33	14903401	BONNET LOCK (LOWER )	<input type="text" value="1"/>	Replace
34	149029	BONNET INSULATOR	<input type="text" value="1"/>	Replace
35	14902201	BONNET HINGE (LEFT)	<input type="text" value="1"/>	Replace
36	14902202	BONNET HINGE (RIGHT)	<input type="text" value="1"/>	Replace
37	149043	BONNET RUBBER (LONG)	<input type="text" value="1"/>	Replace
38	34402802	RADIATOR HOSE (TOP)	<input type="text" value="1"/>	Replace
39	34402801	RADIATOR HOSE (BOTTOM)	<input type="text" value="1"/>	Unconfirm
40	344007	RADIATOR EXPANSION TANK	<input type="text" value="1"/>	Unconfirm
41	141001	BATTERY	<input type="text" value="1"/>	Unconfirm
42	454012	WIPER WASHER TANK	<input type="text" value="1"/>	Replace
43	454014	WIPER WASHER TANK MOTOR	<input type="text" value="1"/>	Unconfirm
44	243014	ENGINE LOWER COVER	<input type="text" value="1"/>	Replace
45	25400102	FENDER (FRONT LEFT)	<input type="text" value="1"/>	Replace
46	25400103	FENDER (FRONT RIGHT)	<input type="text" value="1"/>	Replace
47	25400801	FENDER INNER PANEL (FRONT LEFT)	<input type="text" value="1"/>	Repair
48	25400901	FENDER INNER SHIELD (FRONT LEFT)	<input type="text" value="1"/>	Replace
49	25400902	FENDER INNER SHIELD (FRONT RIGHT)	<input type="text" value="1"/>	Replace
50	454009	WIPER PANEL GARNISH	<input type="text" value="1"/>	Unconfirm
51	23300202	DOOR (FRONT RIGHT)	<input type="text" value="1"/>	Repair
52	11001301	AIR CLEANER HOSE (BOTTOM)	<input type="text" value="1"/>	Unconfirm
53	11001303	AIR CLEANER HOSE (TOP)	<input type="text" value="1"/>	Unconfirm

Save Submit





NATIONAL ASSESSMENT CENTRE SERVICES  
(LKK GROUP)

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



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJM 5249E Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

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

Workshop Collection of Vehicle

Workshop: SU Brother

Collection Date: 02/08/19 Time: 0900 with Keys: Yes / No

Tow Truck No: YN85192 Tow Man: Mahliana NRIC: 6943512B

Signature: [Signature] 92775707

*For office use*

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

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

Workshop Return of Vehicle

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

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

\* Tow In / Drive In

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

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

*For office use*

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

Owner Collection of Vehicle

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

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

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

*For office use*

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

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

## LKK Paya Ubi

---

**From:** Ng Hak Joo <hakjoo.ng@income.com.sg>  
**Sent:** Thursday, 1 August 2019 4:18 PM  
**To:** Su Brothers  
**Cc:** LKK Paya Ubi  
**Subject:** MT/1055934-001, REPAIR OF VEHICLE NUMBER: SJM5249E

Dear SB

Please tow this vehicle from Idac and contact owner Mr Foo Say Ting at 97366911 when the repair is done, excess \$642.

Our Ref: MT/CA/OD/051/1055934-001/NHJ

01 Aug 2019

SU BROTHERS MOTOR WORKSHOP

BLK 5034 #01-341/3

AMK IND PARK 2

SINGAPORE 569537

Dear Sir

**CLAIM NUMBER: MT/1055934-001**

**REPAIR OF VEHICLE NUMBER: SJM5249E**

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 Aug 2019

Make: TOYOTA

Model: CAMRY

Estimated Repair Days: 8

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 Ng Hak Joo at 64307890 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

**Ng Hak Joo**

Executive

Motor Insurance

T +65 64307890

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