

MMA 119108078.

Date In: 19/8/19 09:21	Job description	Date & Time Completed	Done by
Ref No: NA/IMC19014372/144	SAS e-filing		
Veh No: SGX 8773R	E-mail (within 3hrs, AIC 2hrs)		
DOA: 16/8/19 13:45	I-Motor Claim Form	MT/1058445-001	20/8/19 08:55
(D) TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Participants: Vch No: 11K33333 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 repolar.

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

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

100-443887-100

1) Apply for 'Transit-out Allowance () / Courtesy Car ()			
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2) OC Check / Post Repair Inspection	()m		
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1) Upload Resurvey Photo (Repair Cost > \$3000)	()				
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[The following section contains extremely faint, illegible text, likely bleed-through from the reverse side of the page.]

Date/Time	Actions
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1

1

Page 1 of 1

WA 1906789.

1) AIC: Accident Reporting	(\$50)		
2) DA: Damage Assessment	(\$100);	INC (\$50)	\$0.20

3) TP : Towing Fee	\$400.00	
4) BT : Follow-Through Survey	\$120.00	

5) 1 st Follow-Through Survey (Resurvey)	530
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6) TR: Re-inspection	575
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7) N1 : Idau DA + SMRT Survey	\$160
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* Checked by (Name In Chinese):

*N5: Courtesy Call / Tip / Auto + more	310	1000
*N6: Repair Co-ordination		

Editors' Comments:	*N7: Post Repair Inspection	33	
	*N8: DV / Collect Excess Coordination	33	

TP (Nil) : TP (Kyn INC) against INC	520
	30

9) 14121 1080 Moon		Free Charged	
Invoice dated			

Invoice dated	Fee charged	EX-100-100
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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	19/08/2019 09:21
Date Of Accident	16/08/2019 13:45
Exact Location Of Accident	ALONG SPRINGSIDE RD NEAR AHMAD IBRAHIM MOSQUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8773R
Insured/Policyholder	
Name Of Registered Owner	ZUARIAH BTE AHMAD
NRIC No	S0110168D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97981166
Alternative Phone No	OFFICE-97981166

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	5038938916-09
Cover Note Number	-

Driver

Name of Driver	ZUARIAH BTE AHMAD
NRIC No	S0110168D
Date Of Birth	06/01/1949
Occupation	INDOOR
Date Of Driving Pass	13/12/1968
Driving Experience	50 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97981166
Fax Number	
Contact Number	OFFICE-97981166
Email Address	NOEMAIL

Address	47 JLN PERGAM
Postcode	488323
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	COLLIDED INTO PARKED VEHICLE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190816/2119

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	UNKNOWN
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:

17/8/19

Driver's Signature
(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A hand-drawn sketch map on grid paper. At the top, a horizontal line represents a boundary. Below this line, on the left, are two labels: 'A) SGX 8773R' and 'B) UNKNOWN PICKUP'. To the right of these labels is a rectangular box containing the text 'AHMAD IBRAHIM MOSQUE'. Below the mosque box and the labels is a horizontal row of seven small rectangular blocks, each containing a letter: 'P', 'P', 'A', 'B', 'A', 'A', 'A'. Below this row is another horizontal line. Below that line, on the left, is a small rectangular block containing the letter 'A'. At the bottom of the sketch is a horizontal line labeled 'SPRING SIDE ROAD'. To the right of the mosque box, there are three vertical lines, with the text 'SIMEENTH ROAD' written vertically along them.

REFER TO POLICE REPORT T/20190816/2119

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

G4MMC SketchPlatform V3

Date & Time:

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

Photo X07. Zuhair 7/7

ACCIDENT STATEMENT

ACCIDENT DATE: (16/08/2019) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: ALONG SPRINGSIDE ROAD NEAR AHMAD IBRAHIM (mosque)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGX 8793R
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5038938916-09
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hilux
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: STANDING HUSBAND to mosque
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: ZAH ZAHIRAH BTE AHMAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S01101680 CONTACT: 99981166
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ARDUA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (06/01/1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13/12/1968

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: UNKNOWN PICKUP MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = zuariah_ahmad@yahoo.com.sg
VIDEO



**SINGAPORE
POLICE FORCE**



T/20190816/2119

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20190816/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2019 18:40	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: ZUARIAH BTE AHMAD			Address: 47 JALAN PERGAM SINGAPORE 488323		
ID Type / ID No.: NRIC NO / S0110168D			Contact No.: Home/Office: Mobile: 97981166		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 70	Date of Birth: 06/01/1949	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2019 13:45	Type of Location: Straight Road
Location: Along Road 1 SPRINGSIDE ROAD				
Near Ahmad Ibrahim mosque				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX8773R	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX8773R	NTUC Income Insurance Co-Operative Limited	5038938916-09	11/09/2018	10/09/2019



**SINGAPORE
POLICE FORCE**



T/20190816/2119

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20190816/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZUARIAH BTE AHMAD	ID No.	S0110168D
Related Vehicle	SGX8773R (Car)	Contact No.	97981166
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	NIL

Brief Details.

On the 16/08/2019 at around 1345hrs, I had drop my husband at the nearby mosque and was looking for a place to parked. While looking, I had accidentally graze a pick-up truck. However due to the heavy traffic, I could not stop my vehicle then. I made a check on my vehicle and found it to be damage. At that point in time, I also had fetched my husband. I was panicking through out that moment and could only think of getting my vehicle examine. I then went to the workshop to have it looked at. After which, I immediately went back to the said area to locate pick up truck, however the said mentioned vehicle was no longer there. I do not have its vehicle number. The only thing I recall was the pick-up truck was white in colour.



**SINGAPORE
POLICE FORCE**



T/20190816/2119

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190816/2119

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:

G /

Sr Staff Sgt DZULHILMI BIN OMAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

16/08/2019 18:40

Classification Of Case:

Authentication Stamp

NP168

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S038938916-09

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGX8773R**
 Chassis Number : JTEGH23B100024383
2. Name of Policyholder : ZUARIAH BTE AHMAD
3. Effective Date of Insurance : 11 Sep 2018
4. Expiry Date of Insurance : 10 Sep 2019
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZUARIAH BTE AHMAD
NAMED DRIVER (1)	: MUHD BIN ABDUL RAHMAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DIRECT SALES (00000607759)
 Date of Issue : 02 Aug 2018 16:25 hrs
 Reprint : 02 Aug 2018 16:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1058445

Policy No.	3038938916-09	Vehicle No.	SGX8773R	GST Registration No.	
Certificate No.					
Policyholder Name	ZUARIAH BTE AHMAD			Policyholder NRIC	S0110168D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97981166	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	20/08/2019 08:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	16/08/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SPRINGSIDE RD NEAR AHMAD IBRAHIM MOSQUE				
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	47 JALAN PERGAM	Address 2	SINGAPORE 488323	Address 3	
Address 4		Address Type	Singapore address	Post Code	488323
Unit No.		Related Policy Number	3038938916-10		
01 Driver Info					
Driver Name	ZUARIAH BTE AHMAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0110168D	Driver DOB	06/01/1949
Register Date of Driver License	01/01/1970	Driver Age	70	Driving Experience	49
Contact No.(Mobile)	97981166	Contact No.(Office)		Contact No.(Home)	
Address 1	47 JALAN PERGAM	Address 2	SINGAPORE 488323	Address 3	
Address 4		Address Type	Singapore address	Post Code	488323
Unit No.					
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-MD	Insured Name	ZUARIAH BTE AHMAD	Insured NRIC	S0110168D
Contact No.(Mobile)	97981166	Contact No.(Home)	85451154	Contact No.(Office)	NIL
Email Address	Zuariah_ahmad@yahoo.com.sg	TP Vehicle Number	SGX8773R	Vehicle Number	UNKNOWN
Claim Description	SGX8773R / UNKNOWN ON 16 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault		
Insured No.	Yes	Insured Option	Income to assign workshop	GIA report	Received
Date Registered				Claim Close Date	20/08/2019 08:54
Report Taken By	LIEW SHAN HUI			Date Received	20/08/2019 08:54
Print AK letter					OD Excess Collected by Workshop
Save Submit					

Attachment

Accident No.	MT/1058445	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/08/2019 08:55
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal

Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:55	SAS	Normal	SAS 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:55	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:55	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:55	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:55	Photos	Normal	Photos 2019-8-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:54	Photos	Normal	Photos 2019-8-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:54	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:54	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 08:54	Photos	Normal	Photos 2019-8-20	

Video List

Uploaded By/Date	Folder Date	File Name	Source
Display in New Window Scan and uploading			

ASS. REC. BY:

REF:

Independent Damages Assessment

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)

Centre

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govn. Property () b) Road Work Object ()
(Eg: signboard, barrier, tree etc)
- 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: SGX8773P Yr Regn: 11/09/2007

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

Make & Model: Toyota Picnic c.c. 1998

Colour Blue Transmission Type: Auto / Manual

Eng/No: - Sp. Reading: 222252

C/No: JTEGH23B100024383

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: 205/60 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

Rear

R/Bal. 5 mm

L/Bal. 5 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. 19.08.2014

Time: 0930

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:

Condition (CON)

(1) Item (2) Bent (3) Dented (4) Cracked (5) Cut (6) Scratched
(7) Deformed (8) Shiled (9) Buckled (10) Struck (11) Necessary (12) Missing
(13) Torn (14) Unthreaded (15) Not Working

MOTOR CAR (LH)

ACTION (AC)

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

Aug 2002

Left Portion

NAC	INC	Item	CON	AC	Qty
1255	995326	Frt LH Door	DD	✓	
1256	995140	Frt LH Door Protector	BT	✓	
1257	995104	Frt LH Door Hinge	BT	✓	2
1258	995142	Frt LH Door Wing Mirror	OUT	✓	
1259	995102	Frt LH Door Garnish			
1260	991593	Frt LH Door Glass Outer Moulding	DIS	✓	
1261	991588	Frt LH Door Glass Inner Moulding	DIS	✓	
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator	DIS	✓	
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber	DD	✓	
1266	991636	Frt LH Door Outer Handle	CRA	✓	
1267	991607	Frt LH Door Inner Handle			
1268	991625	Frt LH Door Lock w/Key			
1269	991624	Frt LH Door Lock	JM	✓	
1270	991562	Frt LH Door Central Lock			
1271	991675	Frt LH Door Switch			
1272	991617	Frt LH Door Inner Trim Board	CRA	✓	
1273	991568	Frt LH Door Checker	BT	✓	
1274	991575	Frt LH Door Felt			
1275	991688	Frt LH Door Wire Harness			
1276	991683	Frt LH Door Window Glass Pillar			
1277	991640	Frt LH Door Outer Pillar	DD	✓	
1278	991613	Frt LH Door Inner Pillar	DD	✓	
1279	991646	Frt LH Door Pillar Inner Garnish			
1280	990554	Centre Pillar LH			
1281	990542	Centre Inner Pillar LH			
1282	990517	Centre Pillar Upper Garnish LH			
1283	990564	Centre Pillar Lower Garnish LH			
1284	991670	Frt LH Door Step Garnish			
1285	994052	Rocker Panel LH			
1286	994049	Rocker Panel Inner Panel LH			
1287	994046	Rocker Panel Garnish LH			
1288	994055	Rocker Panel Outer Side Skirt LH			
1004	991300	Frt Bumper	BT	✓	
1006	991325	Frt Bumper Bracket	NEC	✓	
1007	991462	Frt Bumper Side Retainer	DIS	✓	
1008	991433	Frt Bumper Reinforcement			
1009	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1020	995153	Frt LH Headlamp Assy	CRA	✓	
1031	995088	Frt LH Side Lamp			
1096	995070	Frt LH Fender Quarter Glass	BT	✓	
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
		Frt LH Fender Inner shield	CRA	✓	

Vehicle No: SGX 8773 R

NAC	INC	Item	CON	AC	Qty
1289	995156	Rear LH Door			
1290	993282	Rear LH Door Protector	SCR	✓	
1291	995194	Rear LH Door Hinge			
1292	993228	Rear LH Door Garnish			
1293	993278	Rear LH Door Glass Outer Moulding			
1294	993231	Rear LH Door Glass Inner Moulding			
1295	995190	Rear LH Door Glass			
1296	993238	Rear LH Door Glass Regulator			
1297	995192	Rear LH Door Glass Regulator Motor			
1298	993294	Rear LH Door Rubber			
1299	993275	Rear LH Door Outer Handle			
1300	993250	Rear LH Door Inner Handle			
1301	993261	Rear LH Door Lock			
1302	993256	Rear LH Door Inner Trim Board			
1303	993218	Rear LH Door Checker			
1304	993230	Rear LH Door Glass Channel			
1305	993242	Rear LH Door Glass Triangle Garnish			
1306	993285	Rear LH Door 1/4 Glass			
1307	993288	Rear LH Door 1/4 Glass Rubber			
1308	993287	Rear LH Door 1/4 Glass Pillar			
1309	993305	Rear LH Door Step Garnish			
1310	993309	Rear LH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
992958		Rear Bumper			
992976		Rear Bumper Bracket			
993068		Rear Bumper Side Retainer			
993045		Rear Bumper Reinforcement			
993077		Rear Bumper Sponge			
993040		Rear Bumper Protector			
993026		Rear Bumper Moulding			
993023		Rear Bumper Lower Spoiler			
993851		Rear LH Taillamp			
993436		Rear LH Fender	SCR	✓	
993449		Rear LH Fender Protector			
990247		Sticker			
		Frt W/Screen LH frame	DD	✓	

No of Items: 23

Assessor: *ju*

> Back to OneMotoring

M.V. \$52,000

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	168D
Vehicle Details	
Vehicle No.:	SGX8773R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PICNIC AUTO W/O ROOF RACK
Primary Colour:	Blue
Manufacturing Year:	2007
Engine No.:	1AZ5669890
Chassis No.:	JTEGH23B100024383
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$24,702.00
Original Registration Date:	11 Sep 2007
First Registration Date:	11 Sep 2007
Transfer Count:	0
Actual ARF Paid:	\$27,173.00 - 50% = <u>13586.5</u>
Intended PARF Rebate Details	
PARF Eligibility:	<u>Forfeited</u>
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2027 - 10yrs / 8yrs
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	<u>\$50,972.00</u> +
COE Rebate Amount:	\$40,942.00
Total Rebate Amount:	\$40,942.00

The information contained herein is correct as at 19 Aug 2019

8yrs - 96mm

- 48000
13586
61586

61,586
- 40,942
20,644

OK

6820 - few
5570

— X — 6,500

Claim Handling

Task Transfer Exit

Accident MT/1058445

LOS SAL SUB

Policy No.	5038938916-09	Vehicle No.	SGX8773R	GST Registration No.	
Certificate No.					
Policyholder Name	ZUARIAH BTE AHMAD			Policyholder NRIC	S0110168D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97981166	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/08/2019 08:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	16/08/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ALONG SPRINGSIDE RD NEAR AHMAD IBRAHIM MOSQUE				

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	47 JALAN PERGAM	Address 2	SINGAPORE 488323	Address 3	
Address 4		Address Type	Singapore address	Post Code	488323
Unit No.		Related Policy Number	5038938916-10		

OI Driver Info

Driver Name	ZUARIAH BTE AHMAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0110168D	Driver DOB	06/01/1949
Register Date of Driver License	01/01/1970	Driver Age	70	Driving Experience	49
Contact No.(Mobile)	97981166	Contact No.(Office)		Contact No.(Home)	
Address 1	47 JALAN PERGAM	Address 2	SINGAPORE 488323	Address 3	
Address 4		Address Type	Singapore address	Post Code	488323
Unit No.					
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
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimie Bin Mantau

LOS SAL SUB

Claim Type	OD-MD	Insured Name	ZUARIAH BTE AHMAD	Insured NRIC	S0110168D
Contact No.(Mobile)	97981166	Contact No. (Home)	65451154	Contact No. (Office)	NIL
Email Address	zuariah_ahmad@yahoo.com.sg	OI Vehicle Number	SGX8773R	TP Vehicle Number	UNKNOWN
Claim Description	SGX8773R / UNKNOWN ON 16 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop Specialisation	☒ Yes ☐ No	Preferred Repair Option	☐ Income to assign workshop ☐ Insured Liability report ☐ Fully at Resolved		
Date Registered	20/08/2019 08:56	Claim Close Date		Date Received	20/08/2019 09:25
Report Taken By	LIEW SHAN HUI	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 Attachment

Vehicle Info

Vehicle Make

TOYOTA

Date of Registration

11/09/2007

Towing Required *

☒ Yes

☐ No

Type of Tender *

Own Damage

IDAC/Workshop Name

NATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value(\$)

Vehicle Model

PICNIC

Classis No.

JTEGH238100024383

Vehicle in IDAC *

☒ Yes

☐ No

Assessor Name *

AH PIN

IDAC/Workshop Location

S1 UB1 AVENUE 1 #01-25 PAYA

Total Loss *

☐ Yes

☒ No

Scrape Value(\$)

Engine Capcity

Parallel Import *

☐ Yes

☒ No

Survey Current Status

Economical Repair Value(\$)

Remark

REMARK:NO OF REPAIR DAY:8 DAYS.1X FRT LH DOOR GLASS INNER MOULDING - REPLACE.1X FRT LH DOOR LOCK - REPLACE.1X FRT LH DOOR INNER TRIM BOARD - REPLACE.1X FRT LH DOOR OUTER PILLAR - REPLACE.1X FRT LH DOOR INNER PILLAR - REPAIR.1X FRT LH FENDER QUARTER GLASS - REPLACE.1X FRT WINDSCREEN LH FRAME - REPAIR.1X FRT LH HEADLAMP MOUTING BRACKET - UNCONFIRM.

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

No.	Part No.	Description	Qty *	Repair Code *	
1	23300201	DOOR (FRONT LEFT)	1	Replace	X
2	23305301	DOOR PROTECTOR (FRONT LEFT)	1	Replace	X
3	23303001	DOOR HINGE (BOTTOM) (FRONT LEFT)	1	Replace	X
4	23303101	DOOR HINGE (UPPER) (FRONT LEFT)	1	Replace	X
5	23306701	DOOR VIEW MIRROR (FRONT LEFT)	1	Replace	X
6	23302201	DOOR GLASS OUTER MOULDING (FRONT LEFT)	1	Replace	X
7	23302001	DOOR GLASS (FRONT LEFT)	1	Unconfirm	X
8	23302401	DOOR GLASS REGULATOR (FRONT LEFT)	1	Replace	X
9	23302501	DOOR GLASS REGULATOR MOTOR (FRONT LEFT)	1	Unconfirm	X
10	23306101	DOOR RUBBER (FRONT LEFT)	1	Replace	X
11	23302801	DOOR HANDLE (OUTER) (FRONT LEFT)	1	Replace	X
12	23302701	DOOR HANDLE (INNER) (FRONT LEFT)	1	Unconfirm	X
13	23301601	DOOR CHECKER (FRONT LEFT)	1	Replace	X
14	16000101	BUMPER (FRONT)	1	Replace	X
15	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
16	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
17	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
18	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm	X
19	27700101	HEAD LAMP (LEFT)	1	Replace	X
20	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
21	23300203	DOOR (REAR LEFT)	1	Repair	X
22	25400102	FENDER (FRONT LEFT)	1	Replace	X
23	25400801	FENDER INNER PANEL (FRONT LEFT)	1	Repair	X
24	25401201	FENDER LAMP (FRONT LEFT)	1	Replace	X
25	454009	WIPER PANEL GARNISH	1	Replace	X
26	25400105	FENDER (REAR LEFT)	1	Repair	X
27	14902201	BONNET HINGE (LEFT)	1	Unconfirm	X

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: SGX 87732 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: BODY FIX

Collection Date: 21/08 Time: 1230 with Keys: Yes / No

Tow Truck No: YU62307 Tow Man: JASON NRIC: S70185400

Signature: [Signature] 85339175

For office use

Attended by: ROSINDA

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: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Wednesday, 21 August 2019 10:42 AM
To: 'Autopoint'
Cc: LKK Paya Ubi
Subject: Vehicle SGX8773R, OD Claim no: MT/1058445-001, DOA: 16/08/2019

Importance: High

Dear AMK Autopoint

Excess \$600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to tow away the vehicle and update owner Ms Zuariah at 97981166 for 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/051/1058445-001/ZBM

21 Aug 2019

AMK AUTOPOINT PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A

#01-22 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1058445-001

REPAIR OF VEHICLE NUMBER: SGX8773R

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

Award Date: 21 Aug 2019

Make: TOYOTA

Model: PICNIC

Estimated Repair Days: 7

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 Zuraimee 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
www.income.com.sg



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



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