

NATIONAL Assessment Centre Services (061 1 241 051)

Date In: 03/08/19	Job description	Date & Time Completed	Done by:
Ref No. NA/INC19014899/13	SAS e-filing		
Veh No. PC7013L	E-mail (within 8 hrs, A/C 2hrs)		
D.O.A. 02/08/19 1345	i-Motor Claim Form		
<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> OD </div> 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: SCJ1098Z		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%; F: 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
	NA1906753'

		Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		
		2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:		3) TF : Towing Fee \$40/\$45		
		4) FT : Follow-Through Survey \$120		
Contact No:		5) rT : Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:		6) TR : Re-inspection \$75		
		7) N1 : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OP*		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-		TP (N11) : TP (N:n INC) against INC \$20		
at 1:		9) N12: Idac 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	23/08/2019 12:57
Date Of Accident	22/08/2019 13:45
Exact Location Of Accident	JUNC OF PAYA LEBAR RD TWDS GUILLEMARD/GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7013L
Insured/Policyholder	
Name Of Registered Owner	RAFI'EE BIN ANUAR
NRIC No	S1122652C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81391859
Alternative Phone No	OTHERS-81391859

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	FETCH SCHOOL CHILDREN
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100228292-01
Cover Note Number	

Driver

Name of Driver	RAFI'EE BIN ANUAR
NRIC No	S1122652C
Date Of Birth	27/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81391859
Fax Number	
Contact Number	OTHERS-81391859
Email Address	NOEMAIL

Address	BLK 352 TAMPINES ST 33 #05-492
Postcode	520352
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 - 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?	NO
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190822/2179

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCJ1098Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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:

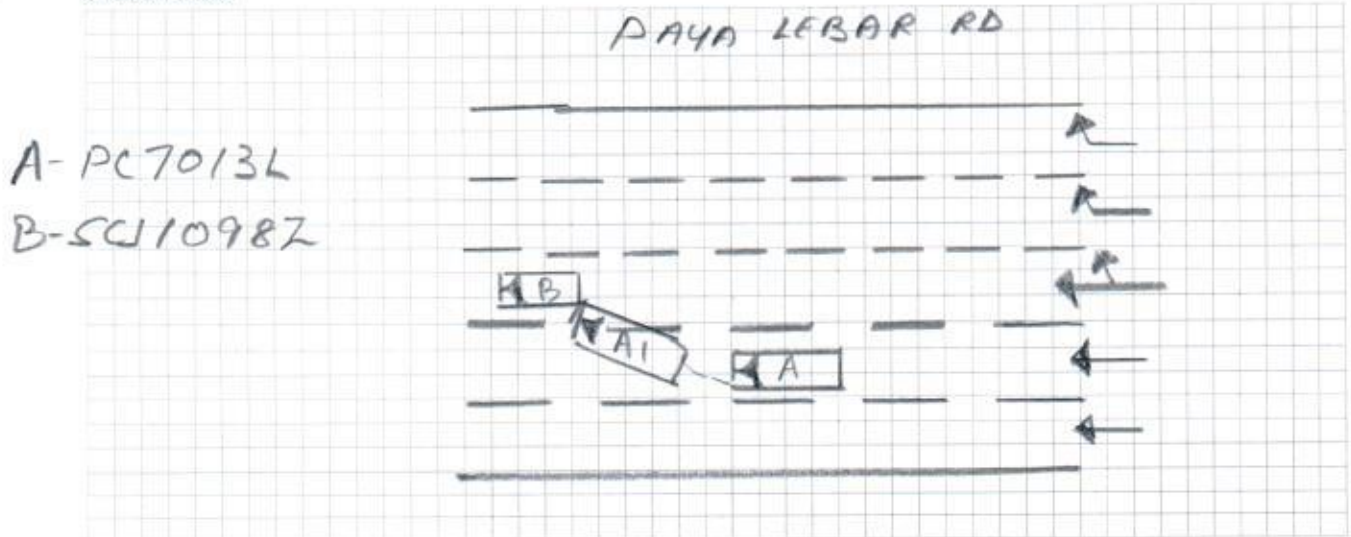
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 22/8/19

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

P/s refer to the police report.

DECLARATION

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

[Signature] 22/08/19
Policyholder's Signature
Date & Time:

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

[Signature] 23/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190822/2179

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190822/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 22:12		Vide Report No.: G/20190822/0114		Station Diary No.: 148	
Informant's Particulars					
Name of Informant: RAFI'EE BIN ANUAR			Address: APT BLK 352 TAMPINES STREET 33 #05-492 SINGAPORE 520352		
ID Type / ID No.: NRIC NO / S1122652C			Contact No.: Home/Office: Mobile: 81391859		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 27/07/1955	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Van Driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/08/2019 13:45	Type of Location: X-Junction
Location: GEYLANG ROAD Junction of Paya Lebar Rd(towards Guillemard Rd) and Geylang Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7013L	Van	TOYOTA	HIACE 3.0 AUTO	Silver	Seriously Damaged	0
SCJ1098Z	Car	MERCEDES BENZ	C180	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC7013L	NTUC Income Insurance Co-Operative Limited	5100228292-01	30/04/2019	29/04/2020



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190822/2179

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAFI'EE BIN ANUAR	ID No.	S1122652C
Related Vehicle	PC7013L (Van)	Contact No.	81391859
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location, I was driving V1 along Paya Lebar Rd. I was driving on lane 2 and believed lane 3 to be clear. As such, I changed lanes and while I was in the 3rd lane, I saw V2 in front of me. I braked but did not managed to stop in time. I collided into the rear of V2.

Police and Ambulance were at scene. The driver of V2 was conveyed to the hospital. I have CCTV on board my vehicle.

V1: PC7013L
V2: SCJ1098Z



**SINGAPORE
POLICE FORCE**



T/20190822/2179

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3



Report No. T/20190822/2179

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 / Sgt 2 NURFAIZ BIN NOORDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2019 22:12
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 93265045	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

ACCIDENT STATEMENT

Page 3 of 19

ACCIDENT DATE: (22 / 08 / 19) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: JUNG OF PAYA LEBAR RD / GUILLEMARD RD & GEYLANG RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC7013L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5100228292-01
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV) VAN LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: FETCH SCHOOL CHILDREN
 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: RAFIEE BIN ANUAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5112652C CONTACT: 81391859
 c) ADDRESS: BLK 352 TAMPINES ST 23 FLOS-492 (520352)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (27 / 02 / 1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/12/2008

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: SCJ1098? 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:

Postcode

Address

ambulance?

Was this injured conveyed to hospital by

YES

YES

SLF5061S

BODY

email =

fax =

LIM SIAK CHUAN

Approximate Age

Name

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

22/08/19

waiting for
police report.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1122652C



Name

RAFI'EE BIN ANUAR

Race

JAVANESE

Date of birth

27-07-1955

Sex

M

Country/Place of birth
SINGAPORE

For LKK/NAC Use Only

6182521



NRIC No. S1122652C



For LKK/NAC Use Only

Date of issue

29-04-2019

Address

APT BLK 352 TAMPINES STREET 33
#05-492
SINGAPORE 520352

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S1122652C



RAFI'EE BIN ANUAR

Issued Date: 27 Jul 1955

Valid Until: 30 Apr 2003

For LKK/NAC Use Only



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles not exceeding 300 cc
Class 2A Motorcycles between 301 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Trailers the weight of which unladen does not exceed 2500 kilograms

Issue Date

09 May 1977

09 May 1977

09 May 1977

07 Apr 1980

For LKK/NAC Use Only

Licence No: S1122652C



MF425A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1122652C

Name: RAFI'EE BIN ANUAR

Issue Date: 3/12/2008

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only



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

Type	Description	Issue Date
03	BUS VL	03/12/2008
02	TAXI VL	23/03/1993
04	BUS ATTENDANT	03/12/2008

For LKK/NAC Use Only



My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/08/2019 13:45"/>
Vehicle No.(For Motor)	<input type="text" value="PC7013L"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100228292-01		RAFI'EE BIN ANUAR	S1122652C	GBS	Comprehensive	PC7013L	PC7013L	30/04/2019	29/04/2020

Continue

Claim Handling

Accident MT/1059271

Policy No.	5100228292-01	Vehicle No.	PC7013L	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	RAFI'EE BIN ANUAR	Cover Type	Comprehensive	Loading
Product Code	BUS INSURANCE	Contact No.(Office)	0	Contact No.(Home)
Contact No.(Mobile)	81391859	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	Private Hire
NCD Protection	No			

Accident Details

Report Date	24/08/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/08/2019	Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF PAYA LEBAR RD TWDS GUILLEMARD/GEYLANG RD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	Driver is Covered?
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00	

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 352 #05-492	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100228292-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	RAFI'EE BIN ANUAR	Driver NRIC	S1122652C	Driving Experience
Register Date of Driver License	03/12/2008	Driver Age	64	Contact No.(Home)
Contact No.(Mobile)	81391859	Contact No.(Office)	0	Address 3
Address 1	BLK 352	Address 2	TAMPINES STREET 33	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#05-492			Driver Insurer Com
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	RAFI'EE
Contact No.(Mobile)	81391859	Contact No. (Home)	678927
Email Address		OI Vehicle Number	PC7013
Claim Description	PC7013L / SC31098Z ON 22 Aug 2019		
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Fully at Fault
Repair Option	Preferred	Income to assign workshop	
Date Registered		GIA report	Received
			24/08/2019 16:33
		Claim Close Date	

ASS. REC. BY:

REF:

Independent + Insurance 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) Govrn. 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

MV = 57,282

PV = 31,915

NIV = 25,361

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 7013 L Yr Regn: 30/04/2018

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

/ Truck / Trailer or _____

Make & Model: Toyota Hiace 3.0 Auto c.c. 2982

Colour Silver. Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 60778

C/No: KDH2010211666

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 Steel Rim.

Tyre Size: F: 195 R15

R: 195 R15

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

TOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mm

Rear

R/Bal. 6 mmL/Bal. 6 mmParallel Import: Yes / (No)

Towed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / NoNo of Repair Days: 26Vehicle in Idac: Yes / NoD.O.I. 26/08/2019Time: 09.00

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. Govrn 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:

01 SUN PIN Q

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	652C
Vehicle Details	
Vehicle No.:	PC7013L
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 AUTO
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2670025
Chassis No.:	KDH2010211666
Maximum Power Output:	-
Open Market Value:	\$38,239.00
Original Registration Date:	30 Apr 2018
First Registration Date:	30 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$1,912.00 - 50% = 956 X
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$36,859.00
COE Rebate Amount:	\$31,975.00
Total Rebate Amount:	\$31,975.00

The information contained herein is correct as at 26 Aug 2019

6500/yr.
 CoE left = 8yrs 8mth
 $6500 \times 8\text{yrs } 8\text{mth} = 56,326$
 $56,326 + 956$
 $MV = 57,282$
 $PV = 31,975$
 $NV = 25,307$

OK

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	PC7013L
Vehicle Type :	D20 - Private Hire Bus/Coach/Minibus
Vehicle Attachment 1 :	Air-Conditioned
Vehicle Scheme :	Bus Carrying School Children
Vehicle Make :	TOYOTA
Vehicle Model :	HIACE 3.0 AUTO
Chassis No. :	KDH2010211666
Propellant :	Diesel
Engine No. :	1KD2670025
Engine Capacity :	2982 cc
Maximum Power Output :	-
Maximum Laden Weight :	3255 kg
Unladen Weight :	1800 kg
Year Of Manufacture :	2016
Original Registration Date :	30 Apr 2018
Lifespan Expiry Date :	29 Apr 2038
COE Category :	C - Goods Vehicle & Bus
Quota Premium :	\$36,859.00
COE Expiry Date :	29 Apr 2028
Road Tax Expiry Date :	29 Oct 2019
Inspection Due Date :	29 Apr 2020
Intended Transfer Date :	23 Aug 2019
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

The current road tax expiry is 29 Oct 2019. You may renew the road tax from 30 Jul 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 29 Oct 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

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

Amount Payable (From 30 Oct 2019 to 29 Apr 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	0.00	-	0.00
Total Amount Payable :			25.00

Amount Payable (From 30 Oct 2019 to 29 Oct 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00

Claim Handling

Task TransferExit

Accident MT/1059271

LOS SAL SUB

Policy No.	5100228292-01	Vehicle No.	PC7013L	GST Registration No.	
Certificate No.					
Policyholder Name	RAFI'EE BIN ANUAR			Policyholder NRIC	S1122652C
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81391859	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(%)	20	Private Hire	No

Accident Details

Report Date	24/08/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/08/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNC OF PAYA LEBAR RD TWDS GUILLEMARD/GEYLANG RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00		

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 352 #05-492	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520352
Address 4		Address Type	Singapore address	Post Code	520352
Unit No.		Related Policy Number	5100228292-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	RAFI'EE BIN ANUAR	Driver NRIC	S1122652C	Driver DOB	27/07/1955
Register Date of Driver License	03/12/2008	Driver Age	64	Driving Experience	10
Contact No.(Mobile)	81391859	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 352	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520352
Address 4		Address Type	Singapore address	Post Code	520352
Unit No.	#05-492				
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					

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	RAFI'EE BIN ANUAR	Insured NRIC	S1122652
Contact No.(Mobile)	81391859	Contact No. (Home)	67892740	Contact No. (Office)	
Email Address		OI Vehicle Number	PC7013L	TP Vehicle Number	SCJ1098Z
Claim Description	PC7013L / SCJ1098Z ON 22 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Realisation	Yes	Preferred Repair Option	income to assign workshop	Insured Eligibility report	Fully at Resolved
Date Registered	24/08/2019 16:33	Claim Close Date		Date Received	27/08/201
Report Taken By	RDSLINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	
Modification History	27/08/2019 09:18 s069588 Modify Claim Type(OD-MX-->OD-MD)				

Special Claim Creation Approval

ApprovalReason

Remarks

damage assessmentAttachment

Vehicle Info

Vehicle MakeTOYOTA

Date of Registration30/04/2018

Towing Required *

☒ Yes ☐ No

Type of Tender *

Own Damage

IDAC/Workshop NameNATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value(\$)

Vehicle ModelHIACE COMMUTER BUS (D)

Classis No.KDH2010211666

Vehicle in IDAC *

☒ Yes ☐ No

Assessor Name *OI SUN PIN

IDAC/Workshop Location51 UBI AVENUE 1 #01-25 PAYA

Total Loss *

☐ Yes ☒ No

Scrape Value(\$)

Engine Capacity1.41

Parallel Import *

☐ Yes ☒ No

Survey Current Status

Economical Repair Value(\$)

NO OF REPAIR:06 DAYS:FRT GRILLE CHROME MOULDING-UNCONFIRM,AIR CLEANER-REPLACE,FRT RH DOOR LOCK-REPLACE,FRT RH DOOR FRT PILLAR-REPAIR,FRT STEP P/LIGHTING WIRE HARNESS-REPLACE

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Coc
root					
Not Applicable	1	21300102	CORNER PANEL (FRONT RIGHT)	<div>1</div>	<div>Replace</div>
ABS	2	27700102	HEAD LAMP (RIGHT)	<div>1</div>	<div>Replace</div>
ABSORBER	3	41300101	SUPPORT PANEL (FRONT)	<div>1</div>	<div>Repair</div>
ACCELERATOR	4	149001	BONNET	<div>1</div>	<div>Replace</div>
ACTUATOR	5	14903401	BONNET LOCK (LOWER)	<div>1</div>	<div>Unconfirm</div>
ADVERTISEMENT STICKER	6	149016	BONNET EMBLEM	<div>1</div>	<div>Replace</div>
AIR BAG	7	112023	AIR CON CONDENSER	<div>1</div>	<div>Unconfirm</div>
AIR BLOWER	8	344001	RADIATOR	<div>1</div>	<div>Unconfirm</div>
AIR BOX	9	25400103	FENDER (FRONT RIGHT)	<div>1</div>	<div>Replace</div>
AIR CHAMBER BOX	10	25400802	FENDER INNER PANEL (FRONT RIGHT)	<div>1</div>	<div>Repair</div>
AIR CLEANER	11	25400902	FENDER INNER SHIELD (FRONT RIGHT)	<div>1</div>	<div>Unconfirm</div>
AIR COMPRESSOR	12	23300202	DOOR (FRONT RIGHT)	<div>1</div>	<div>Replace</div>
AIR CON	13	23303002	DOOR HINGE (BOTTOM) (FRONT RIGHT)	<div>1</div>	<div>Unconfirm</div>
AIR CON (VAN)	14	23303102	DOOR HINGE (UPPER) (FRONT RIGHT)	<div>1</div>	<div>Unconfirm</div>
AIR COOLER	15	16000101	BUMPER (FRONT)	<div>1</div>	<div>Replace</div>
AIR DISTRIBUTOR	16	16005901	BUMPER SPONGE (FRONT)	<div>1</div>	<div>Replace</div>
AIR FILTER	17	16002401	BUMPER CLIPS (FRONT)	<div>6</div>	<div>Replace</div>
AIR FLOW	18	16005001	BUMPER REINFORCEMENT (FRONT)	<div>1</div>	<div>Replace</div>
AIR GRILLE	19	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	<div>1</div>	<div>Unconfirm</div>
AIR HORN	20	27100101	GRILLE (FRONT)	<div>1</div>	<div>Replace</div>
AIR INTAKE	21	23302402	DOOR GLASS REGULATOR (FRONT RIGHT)	<div>1</div>	<div>Unconfirm</div>
AIR RESONATOR BOX	22	23306102	DOOR RUBBER (FRONT RIGHT)	<div>1</div>	<div>Unconfirm</div>
AIR THROTTLE BODY AND SENSOR					
ALARM					
ALTERNATOR					
ALUMINIUM PANEL - SIDE					
AMPLIFIER					
ANTENNA					
ANTI ROLL					
APRON					

SaveSubmit



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: PC703L Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock wah.

Collection Date: 29/08/19 Time: 1130 with Keys: Yes / No

Tow Truck No: YP19510 Tow Man: Tabien NRIC: 8806924

Signature: _____

For office use

Attended by: Jackson

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

Model: HIACE COMMUTER BUS (D)

Estimated Repair Days: 5

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

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