Gr in on 26/8/2019 ... 1.50pm.

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA1911053-01

	Job description	Date & Time Completed	Done by
Date In: 23/8/19-16:23			
Ref No: NA/INC1901490021C24	SAS e-filing		
Veh No: SKZ7039B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 22/8/19-22:20	i-Motor Claim Form	MT/1059149-001	23/8/19 16:43
(OD) / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SGG6128D. INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

( ) **Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.**

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

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

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA190659r

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

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 witholding 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 16:23
Date Of Accident	22/08/2019 22:20
Exact Location Of Accident	BUKIT BATOK WEST AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ7039B
Insured/Policyholder	
Name Of Registered Owner	LOKE MUN KONG
NRIC No	S7029711F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81836258
Alternative Phone No	OFFICE-81836258
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.4 TFSI S TRONIC
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	5110372912
Cover Note Number	
Driver	
Name of Driver	LOKE MUN KONG
NRIC No	S7029711F
Date Of Birth	28/08/1970
Occupation	INDOOR
Date Of Driving Pass	23/08/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81836258
Fax Number	
Contact Number	OFFICE-81836258
EMail Address	NOEMAIL

Address	BLK 448B BUKIT BATOK WEST AVENUE 9 #07-32
Postcode	652448
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?	
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - APV/19/16660.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG6128D
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LI YI
NRIC/Passport Number	S9923803H
Contact Number	
Address	
Postcode	
Insurance Company Name	

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 orpossessed 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.

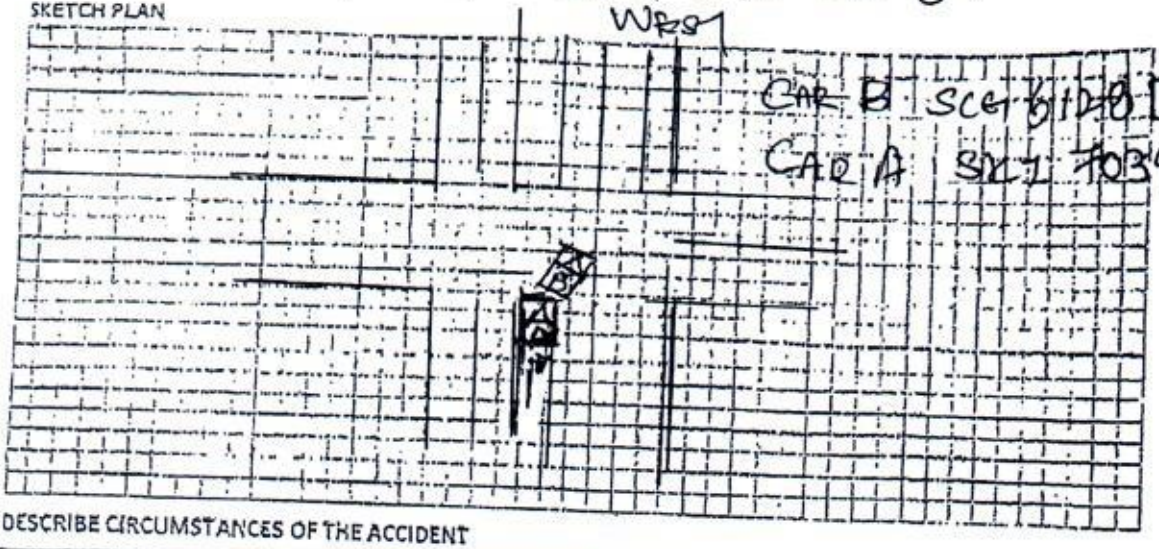
Policyholder's Signature
Date & Time: 23/8/19 1230hrs

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

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

ALONG BUKIT BATOK AVE 8.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bukit Batok West Ave 8 and ready to turn right into Bukit Batok west Ave 9. Car B was filtering ~~int~~ right and getting ready to move at the junction. ~~box~~ The traffic light was green in her flavour. However, car B driver ~~di~~ moved already a little and the car was in the yellow box and stopped abruptly. This was when I rear end car B.

DECLARATION

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

Loke Mun Kong

Policyholder's Signature
Date & Time:

23/8/19
1230 hrs

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

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

Date of Accident : 22/08/209 Accident Time: 2200 (24-HR-Format)

Accident Place : BUKIT BATOK WEST AVE 8.

Vehicle Reg. No. (Car Plate No.) : SKZ 7039B.

Vehicle Make/Model : AUDI A4.

Insurance Company : NTUC. Policy No.

Owner or Company Name /IC No. : LOKE MUN KONG. S7029711F.

Owner or Company Contact No. : 9183 6258 Owner's Hp Company Tel

DRIVER'S Name / IC No. : AS. ABDUR.

DRIVER'S Date Of Birth : 28/08/1970 DRIVER'S License Pass Date

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : BK 448B BUKIT BATOK WEST AVE 9 #07-32 S 652448.

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : ADMW@MYC4R

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SF SCG 6126D.	Vehicle Reg. No:
Vehicle Make\Model: NISSAN.	Vehicle Make\Model:
Name Driver: TAN LI YI	Name Driver:
IC No. Driver: S9923803H.	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

FEEDBACK ON ROAD USERS

Traffic Police
Singapore Police Force
10 Ubi Avenue 3
Singapore 408865
Tel No: 6547 0000
Fax : 6547 4749

Date/Time Report Made
24/8/2019 2:53 pm

Submission Number: 20190824-0033
Public Violation Report No.: APV/19/16660

Informant Name	**Email**
LOKE MUN KONG	lokemunkong@yahoo.com.sg
ID Type / ID No.	**Contact No.**
S7029711F	81836258
Date / Time Of Violation	**Location Of Violation**
22/8/2019 10:20 pm	BUKIT BATOK WEST AVE 8 TRAFFIC LIGHT JUNCTION

Video URL

Description of Incident

The driver of SCG6128D (Tan Li Yi, NRIC S9923803H) was at the traffic light junction at Bukit Batok West Ave 8 at 10.20pm on 22 Aug 2019 waiting to filter right into Bukit Batok West Ave 9. I was driving my car SKZ7039B and was behind her car. When the green arrow light came on and flashing, she moved into the yellow box but stopped her car abruptly. I moved on but could not stopped in time and reared end her car. Ms Tan was posing a hazard to herself and other road users and should not have stopped inside the yellow box but drove on. Her wrong judgment in stopping inside the yellow box resulted in me reared end her car.

Vehicle Involved

S/N	Vehicle No	Colour	Make
1	SCG6128D	BROWN	NISSAN QASHQAI

Independent Eyewitness

S/N	Name	ID No	Contact No	Email
NO DATA FOUND.				

Items submitted or uploaded

S/N	File Name
1	VID-20190823-WA0000.mp4
2	IMG-20190822-WA0008.jpg

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

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA11911253 Vehicle Registration No: SKE7039B

Name(as shown in NRIC) : Lake Mun Kong NRIC/FIN/Passport No : S7629711F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 448B Bukit Batok West Avenue 9 #07-32 Singapore(652448)

Contact (Tel) : Mobile No. : 81836258

Email Address :

Date of Accident : 22/8/19 Time of Accident : 22.20

Place of Accident : Bukit Batok West Ave 8.

Insurance Company: HTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

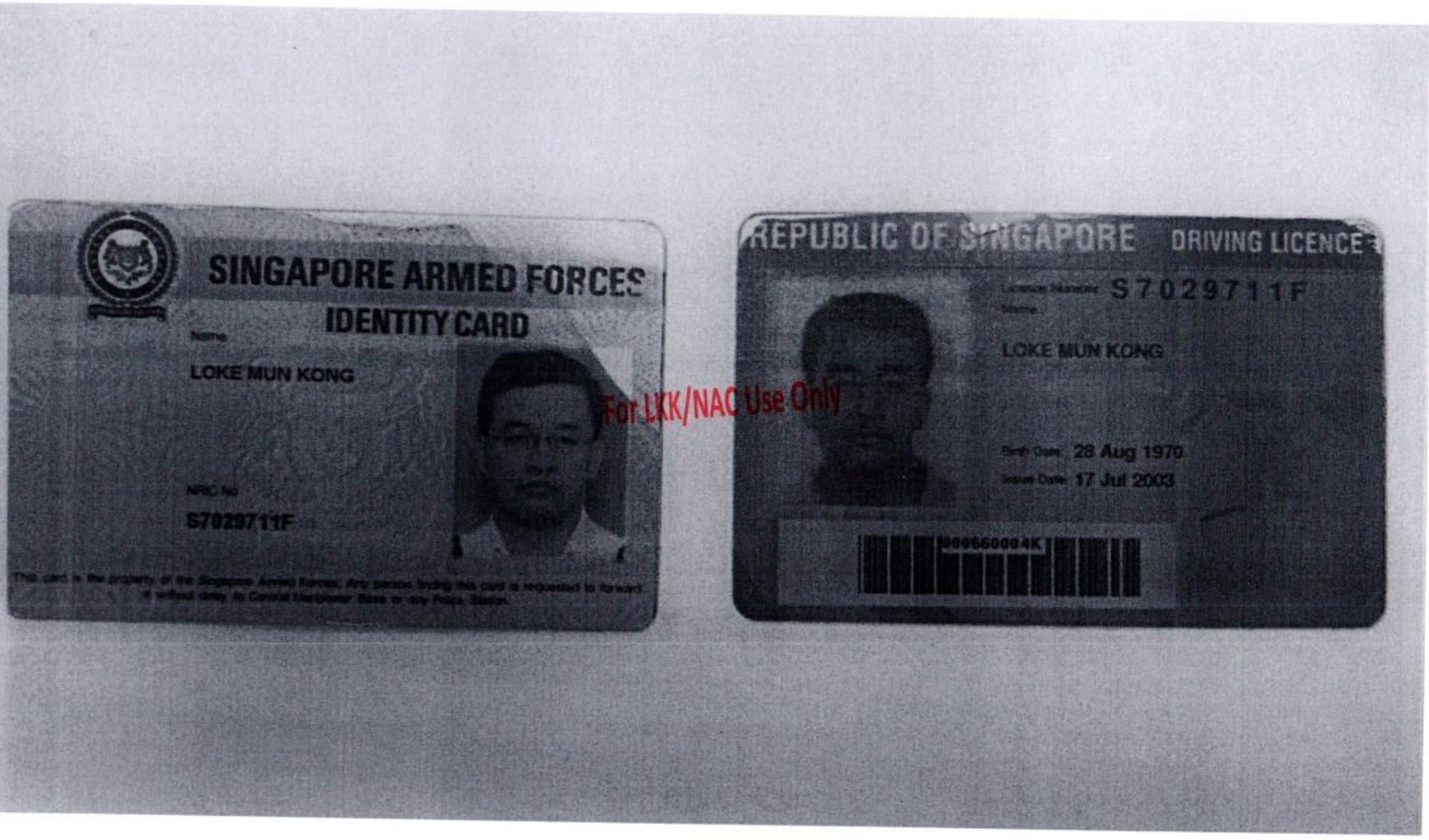
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

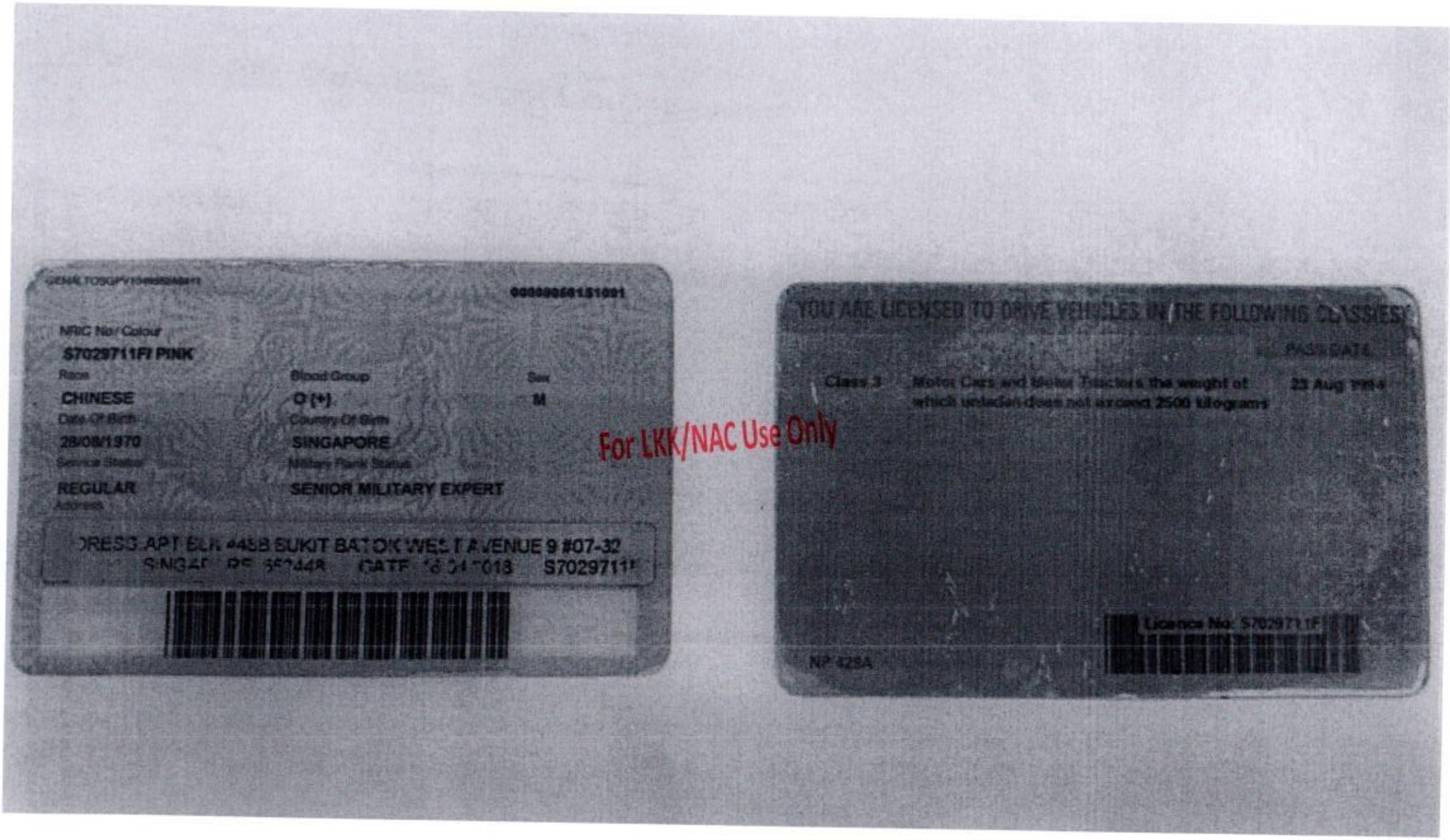
1. Add in video footage.

2. Add in police report - APV/19/16660.

Policyholder / Driver's Signature
Date: Lake Mun Kong
23/8/19

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


SINGAPORE ARMED FORCES
IDENTITY CARD
Name
LOKE MUN KONG
NRIC No
S7029711F
This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.
For LKK/NAC Use Only
REPUBLIC OF SINGAPORE DRIVING LICENCE
S7029711F
LOKE MUN KONG
28 Aug 1970
17 Jul 2003


NRIC No/ Colour
S7029711F/ PINK
Race
CHINESE
Blood Group
O (+)
Sex
M
Date Of Birth
28/08/1970
Country Of Birth
SINGAPORE
Service Status
REGULAR
Military Rank Status
SENIOR MILITARY EXPERT
Address
S7029711
For LKK/NAC Use Only
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
PASS DATE
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
23 Aug 1984
Licence No: S7029711F
NP 428A


eBaoTech
GeneralClaim
Hello, NAC_PAYA_UBI_800601
Change Language
Change Password
Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Vehicle No.(For Motor)
SKZ7039B
Date of Accident
22/08/2019 22:20
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5110372912
LOKE MUN KONG
S7029711F
GPC
drivo CLASSIC
SKZ7039B
SKZ7039B
29/07/2019
28/07/2020
Continue

Policy Information

Policy No.	5110372912	Policyholder Name	LOKE MUN KONG	Policyholder NRIC	S7029711F
Certificate No.					
Address	BLK 448B #07-32 BUKIT BATOK WEST AVENUE 9 WEST VALLEY @ BUKIT BATOK SINGAPORE 652448				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/06/2019	Effective Date	29/07/2019 00:00	Expiry Date	28/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 448B #07-32	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	652448
Unit No.	07-32	Related Policy Number	5110372912		

Insured Object: SKZ7039B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1059149 · Exit

Policy No.	5110372912	Vehicle No.	SKZ7039B	GST Registration No.	
Certificate No.					
Policyholder Name	LOKE MUN KONG			Policyholder NRIC	S7029711F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81836258	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	23/08/2019 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/08/2019	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 8				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 448B #07-32	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	652448
Unit No.	07-32	Related Policy Number	5110372912		

OI Driver Info

Driver Name	Loke Mun Kong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7029711F	Driver DOB	28/08/1970
Register Date of Driver License	23/08/1994	Driver Age	48	Driving Experience	24
Contact No.(Mobile)	81836258	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 448B	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	652448
Unit No.	07-32				
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**

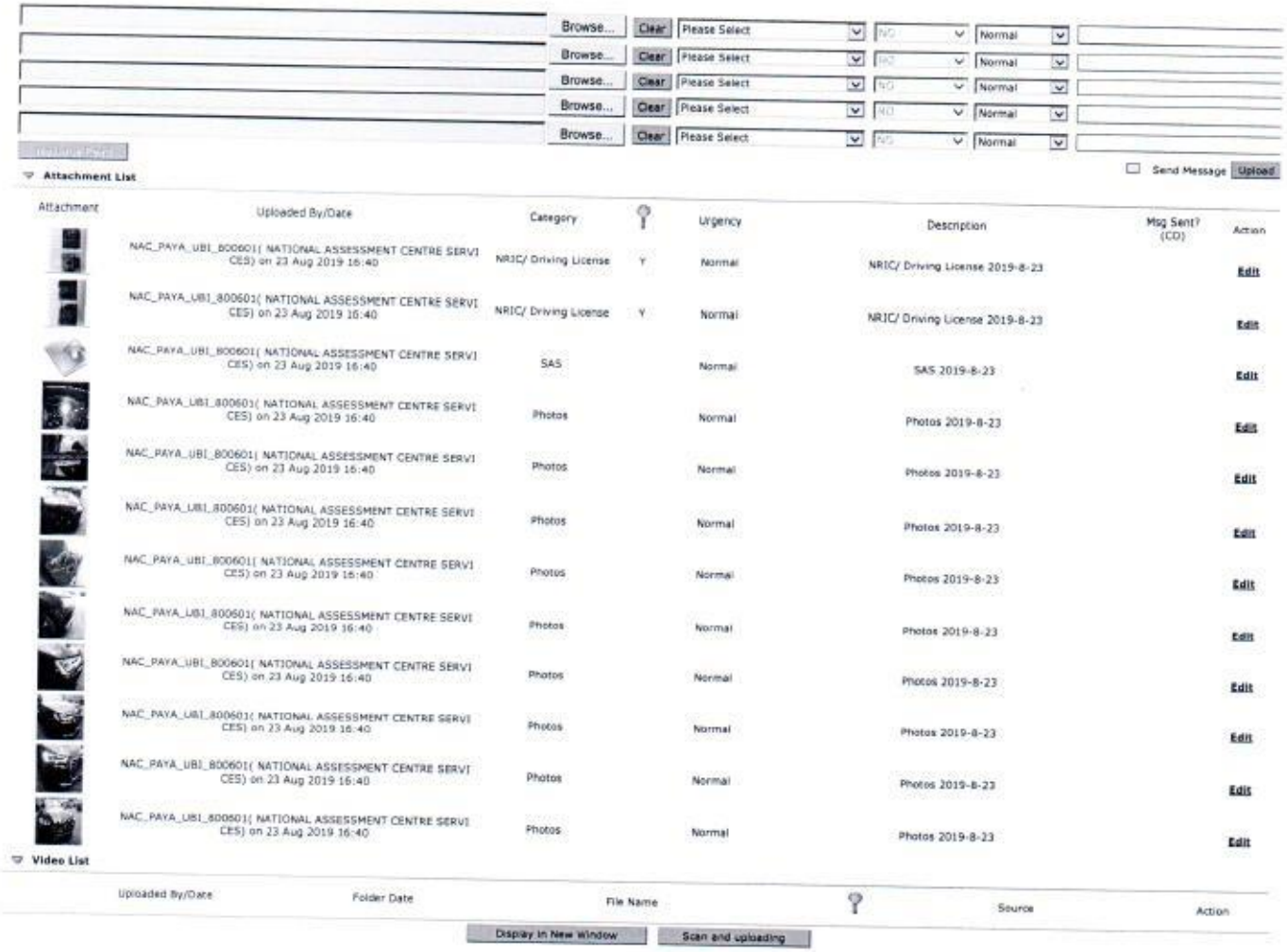
Claim Type *	OD-MD	Insured Name	LOKE MUN KONG	Insured NRIC	S7029711F
Contact No.(Mobile)	81836258	Contact No.(Home)		Contact No.(Office)	
Email Address	lokemunkong@yahoo.com.sg	OI Vehicle Number	SKZ7039B	TP Vehicle Number	SCG6128D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	≥≥	Claimant NRIC *			
Claimant Address					
Claim Description	SKZ7039B / SCG6128D ON 22 Aug 2019			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact No.	96868885	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	23/08/2019 16:40	Claim Close Date		Date Received	23/08/2019 00:00
Report Taken By	Jackson				
☑ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1059149	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	23/08/2019 16:40

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


Browse...
Clear
Please Select
NO
Normal
Attachment List
Send Message
Upload
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CD)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2019 16:40
NRIC/ Driving License
SAS
Photos
Edit
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading

(15.03.06)

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:

a) Motorcar ( )
b) M/cycle ( )
c) Bicycle ( )

2) Vehicle hit ??

a) Pedestrian ( )
b) Animal ( )

3) Vehicle hit Road Side Objects:

a) Govm.Property ( )
(Eg: signboard, 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: SKZ7039B Yr Regn: 29 Jan/2016

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

Make & Model: Audi A4 1.4 TFSI STRONIC c.c 1395

Colour Black Transmission Type: (Auto) / Manual

Eng/No: Sp.Reading: 51564

C/No: WAUZZZF49GA024276

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

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

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

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

Tyre Size: F: 245/40R18

R: —"—

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: 4

D.O.I. 26/8/2019

Towed-In: Yes / No

Towing Required: (Yes) / No

Vehicle in Idac: (Yes) / No

Time: 5.05pm

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
e.Animal ( ) f.Govm Object ( ) g.Road Work Object ( )
h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:

a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

	Time Started:	Time completed:
1) CSO		
2) ASS		
3) Entire Operation Completed Time:		

(5)Bent (3)Opened (3)Loosed (4)Cracked (5)Cut (6)Scratched (07)Deformed
(08)Shifted (09)Puckled (10)Broken (11)Necessary (12)Missing (13)Torn
(14)Uncoupled (15)Not Working

MOTOR CAR (Frt)

ACTION(TAC)
(1)Replace (√) (2)Repair (C) (3)Check (?)
(4)Not Consistent (NC)

Aug 2005

Front Portion

Vehicle No: SKZ 7039B

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate			
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	DP	√	
1005	992341	Frt Bumper Clips	REC		6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer RH	DIS	√	
1008	991433	Frt Bumper Reinforcement		?	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge		?	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover		?	
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille			
1022	991328	Frt Grille Emblem			
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel			
1026	992025	Frt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy			
1030	991821	Frt RH Headlamp Assy	CRA	√	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
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			

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 Lamp			
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	BUC	√	
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield	CRA	√	
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			
		RH Headlamp Washer Jet			
		Frt RH Door	SCR	R	2

No of Items: _____ Assessor: _____

Claim Handling

› Task Transfer › Exit

EOS SAL SUB

Accident MT/1059149

Policy No.	5110372912	Vehicle No.	SKZ7039B	GST Registration No.	
Certificate No.					
Policyholder Name	LOKE MUN KONG			Policyholder NRIC	S7029711F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81836258	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	23/08/2019 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/08/2019	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BUKIT BATOK WEST AVE 8				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess		TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable	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 448B #07-32	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	652448
Unit No.	07-32	Related Policy Number	5110372912		

OI Driver Info

Driver Name	Loke Mun Kong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7029711F	Driver DOB	28/08/1970
Register Date of Driver License	23/08/1994	Driver Age	48	Driving Experience	24
Contact No.(Mobile)	81836258	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 448B	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	652448
Unit No.	07-32				
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 Zuraimee Bin Mantau**

EOS SAL SUB

Claim Type	OD-MD	Insured Name	LOKE MUN KONG	Insured NRIC	S7029711F
Contact No.(Mobile)	81836258	Contact No.(Home)		Contact No.(Office)	
Email Address	lokemunkong@yahoo.com.sg	OI Vehicle Number	SKZ7039B	TP Vehicle Number	SCG6128D
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SKZ7039B / SCG6128D ON 22 Aug 2019			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact No.	98888885	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	23/08/2019 16:41	Claim Close Date		Date Received	23/08/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
[x] Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment | Attachment

Vehicle Info

Vehicle Make	AUDI	Vehicle Model	A4	Engine Capcity	
Date of Registration	29/01/2016	Classis No.	WAUZZZF49GA024276		
Towing Required *	(•) Yes ( ) No	Vehicle in IDAC *	(•) Yes ( ) No	Parallel Import *	( ) Yes (•) No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	( ) Yes (•) No		
Market Value($)		Scrape Value($)		Economical Repair Value($)	

Remark: REMARK :NO OF REPAIR DAY:4 DAYS. 1 X RH HEADLAMP WASHER JET - 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

No	Part No.	Description	Qty *	Repair Code *	
1	16000101	BUMPER (FRONT)	1	Replace	X
2	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
3	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
4	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
5	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm	X
6	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
7	27700102	HEAD LAMP (RIGHT)	1	Replace	X
8	23300202	DOOR (FRONT RIGHT)	1	Repair	X
9	25400103	FENDER (FRONT RIGHT)	1	Replace	X
10	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X

Save Submit

LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Thursday, 29 August 2019 3:35 PM
To: LKK Paya Ubi
Subject: FW: SKZ7039B OD CLAIM MT/1059149-001 Classic Plan

From: Zuraimee Bin Mantau
Sent: Thursday, 29 August 2019 10:53 AM
To: 'admin@mycar.sg'
Cc: Teng Ken Leong
Subject: RE: SKZ7039B OD CLAIM MT/1059149-001 Classic Plan

Dear Huiqin

OD Excess $600 applicable to the claim.

Please proceed at the agreed repair cost of $2380/- global sum.

Please update the owner Mr Loke on the repair days.

Strictly no further supplementary is allowed.

Please forward the invoice and DV within 7 working days to us once repairs has been done.

Thank you

Zuraimee Bin Mantau
Senior Executive
Motor Insurance
T +65 6430 7891
www.income.com.sg

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

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SK2703G3. Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: My Car Consultant Pte Ltd

Collection Date: 29/8/19 Time: 11:05pm with Keys: (Yes) / No

~~Tow Truck~~ No: _____ Tow Man: Jeremy Yeo NRIC: S8633133J

Signature: Yeo

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:*** _____