

NATIONAL Assessment Centre Services: [ver 1 Jan'00]

MMA 119113625

Date In: 28/8/19 14:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19015178/4	SAS e-filing		
Veh No: SMF 3727 G.	E-mail (within 8hrs, AIC 2hrs)		
DOA: 28/8/19 13:00	I-Motor Claim Form	MT/1059955-001	29/8/19 09:40
<input checked="" type="checkbox"/> TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

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

TP Particulars:	Veh No: SJH 1971 E	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: () Date: () Time: ()		
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaler.

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

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

Remarks: (INC 19015178/4)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

MA 190 6756	Invoice (S)	Amount (S)
1) AR: Accident Reporting (\$30)	32.00	
2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming status: INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10	10.00	
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TE (N11): TP (Non INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Signature: [Signature]

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	28/08/2019 14:25
Date Of Accident	28/08/2019 13:00
Exact Location Of Accident	PIE TWDS CHANGI NEAR LORNIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3727G
Insured/Policyholder	
Name Of Registered Owner	CHOU KEAT KEONG
NRIC No	S9029862C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86888524
Alternative Phone No	OFFICE-86888524

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
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	5104974151
Cover Note Number	-

Driver

Name of Driver	CHOU KEAT KEONG
NRIC No	S9029862C
Date Of Birth	07/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86888524
Fax Number	
Contact Number	OFFICE-86888524
Email Address	NOEMAIL

Address	BLK 220A SUMANG LANE #16-89
Postcode	821220
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CHANGI NEAR LORNIE EXIT ON THE SECOND LANE FROM THE LEFT, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

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	SJH1971E
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:

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

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

Sketch Plan

Lornie Ext

PIE - Changi

A = SMF 3727G

B = SJH 1971E

B = 55H 1971E

Lornie Exit

PIE - Changi

																																																																																																																																	
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Please Refer to statement

Please Refer to statement

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

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Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/08/2019 14:23"/>
Vehicle No.(For Motor)	<input type="text" value="SMF3727G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104974151		CHOU KEAT KEONG	S9029862C	GPC	drivo CLASSIC	SMF3727G	SMF3727G	07/11/2018	06/11/2019

Claim Handling

Accident MT/1059955

Policy No.	5104974151	Vehicle No.	SMF3727G	GST Registration No.	
Certificate No.					
Policyholder Name	CHOU KEAT KEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S9029862C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86888524	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCB Entitlement(%)	0	eCode Reason	
NCB Protection	No			Private Hire	No
Accident Details					
Report Date	29/08/2019 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI NEAR LORNE EXIT				
Excess					
Own damage Excess	600.00	Additional Excess	1500	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		Yes	
GST Registration No.		GST Status Verified			
Modification History					
Policyholder Mailing Address					
Address 1	BLK 220A #16-89	Address 2	SUMANG LANE	Address 3	MATILDA EDGE
Address 4	SINGAPORE 821220	Address Type	Singapore address	Post Code	821220
Unit No.	16-89	Related Policy Number	5104974151		
OI Driver Info					
Driver Name	CHOU KEAT KEONG	Driver Type	Main Driver	Driver DOB	07/08/1990
Unnamed driver Name		Driver NRIC	S9029862C	Driving Experience	17
Register Date of Driver License	11/01/2002	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	86888524	Contact No.(Office)		Address 3	MATILDA EDGE
Address 1	BLK 220A #16-89	Address 2	SUMANG LANE	Post Code	821220
Address 4	SINGAPORE 821220	Address Type	Singapore address		
Unit No.	16-89				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	CHOU KEAT KEONG	Insured NRIC	S9029862C
Contact No.(Mobile)	86888524	Contact No.(Home)		Contact No.(Office)	
Email Address	dieqiang@hotmail.sg	TP	SMF3727G	Vehicle Number	SJH1971E
Claim Description	SMF3727G / SJH1971E ON 28 Aug 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault	Name of Preferred Workshop	0
Repair Option	Preferred	Income to assign workshop	GIA report	Received	
Date Registered	29/08/2019 09:39	Claim Close Date		Date Received	29/08/2019 01
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					OD Excess Collected by Workshop
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1059955	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/08/2019 09:40
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Category *	Confidential	Urgency *	Description
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Map Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	SAS		Normal	SAS 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:40	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:39	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:39	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:39	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:39	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:39	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 09:39	Photos		Normal	Photos 2019-8-29	

Video List

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

Scan and uploading

ASSIGNMENT (IDAC)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) Govm. 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: SMF 3727 G Yr Regn: 7 Nov / 2018

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

/ Truck / Trailer or

Make & Model: Hyundai I 30 PDE 1.4 c.c. 1353

Colour: Gray Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 24405

C/No: TMAH 3513 VJJ 071184

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

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 55 R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 4 mm R/Bal. 6 mm

L/Bal. 4 mm L/Bal. 6 mm

Parallel Import: Yes No Towed-In: Yes No

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

No of Repair Days: 6 Vehicle in Idac: Yes / No

D.O.I. 28/8/2019 Time: 5.40 pm

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	862C
Vehicle Details	
Vehicle No.:	SMF3727G
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I30 PDE 1.4 T-GDI DCT
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	G4LDJD050757
Chassis No.:	TMAH3513VJJ071184
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$18,523.00
Original Registration Date:	07 Nov 2018
First Registration Date:	07 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$18,523.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Nov 2028
PARF Rebate Amount:	\$13,892.00
Intended COE Rebate Details	
COE Expiry Date:	06 Nov 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,302.00
COE Rebate Amount:	\$28,754.00
Total Rebate Amount:	\$42,646.00

The information contained herein is correct as at 28 Aug 2019

OK

Claim Handling

Accident MT/1059955

Policy No.	S104974151	Vehicle No.	SMF3727G	GST Registration No.	
Certificate No.					
Policyholder Name	CHOU KEAT KEONG			Policyholder NRIC	S9029862C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86888524	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	29/08/2019 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TWDS CHANGI NEAR LORNE EXIT				

Excess

Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 220A #16-89	Address 2	SUMANG LANE	Address 3	MATILDA EDGE
Address 4	SINGAPORE 821220	Address Type	Singapore address	Post Code	821220
Unit No.	16-89	Related Policy Number	S104974151		

OI Driver Info

Driver Name	CHOU KEAT KEONG	Driver Type	Main Driver	Driver DOB	07/08/1990
Unnamed driver Name		Driver NRIC	S9029862C	Driving Experience	17
Register Date of Driver License	11/01/2002	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	86888524	Contact No.(Office)		Address 3	MATILDA EDGE
Address 1	BLK 220A #16-89	Address 2	SUMANG LANE	Post Code	821220
Address 4	SINGAPORE 821220	Address Type	Singapore address		
Unit No.	16-89				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	CHOU KEAT KEONG	Insured NRIC	S9029862C
Contact No.(Mobile)	86889524	Contact No. (Home)		Contact No. (Office)	
Email Address	Jieqiang@hotmail.sg	OJ Vehicle Number	SMF3727G	TP Vehicle Number	SJH1971E
Claim Description	SMF3727G / SJH1971E ON 28 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop	<input type="radio"/> 0	Preferred Repair Option	<input type="radio"/> income to assign workshop	Insured Liability report	<input type="radio"/> Fully at fault
Date Registered	29/08/2019 09:41	Claim Close Date		Date Received	29/08/2019 00:00
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	HYUNDAI	Vehicle Model	I 30 TURBO	Engine Capacity	
Date of Registration	07/11/2018	Classis No.	TMAH3513VJJ071184		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAYS:6 DAYS.1X FRT SUPPORT PANEL TOP GARNISH COVER - UNCONFIRM.1X AIRCON SUCTION PIPE - UNCONFIRM.

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
Not Applicable	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABS	3	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
ABSORBER	4	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	5	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	6	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	7	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BAG	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BLOWER	9	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR BOX	10	16003201	BUMPER GRILLE (FRONT)	1	Unconfirm	X
AIR CHAMBER BOX	11	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
AIR CLEANER	12	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR COMPRESSOR	13	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR CON	14	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
AIR CON (VAN)	15	27100101	GRILLE (FRONT)	1	Replace	X
AIR COOLER	16	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR DISTRIBUTOR	17	41300101	SUPPORT PANEL (FRONT)	1	Repair	X
AIR FILTER	18	15600101	BRACE PANEL (FRONT)	1	Unconfirm	X
AIR FLOW	19	27700101	HEAD LAMP (LEFT)	1	Replace	X
AIR GRILLE	20	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	X
AIR HORN	21	149001	BONNET	1	Replace	X
AIR INTAKE	22	14903401	BONNET LOCK (LOWER)	1	Unconfirm	X
AIR RESONATOR BOX	23	112023	AIR CON CONDENSER	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	24	112044	AIR CON DISCHARGE PIPE	1	Unconfirm	X
ALARM	25	344001	RADIATOR	1	Unconfirm	X
ALTERNATOR	26	344005	RADIATOR COWLING	1	Unconfirm	X
ALUMINIUM PANEL - SIDE	27	344008	RADIATOR FAN	1	Unconfirm	X
AMPLIFIER	28	25400102	FENDER (FRONT LEFT)	1	Replace	X
ANTENNA	29	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
ANTI ROLL	30	25400103	FENDER (FRONT RIGHT)	1	Repair	X
APRON	31	454009	WIPER PANEL GARNISH	1	Unconfirm	X
ARCH	32	23300201	DOOR (FRONT LEFT)	1	Repair	X
ARM REST						
ASH TRAY						
AUTO CLUTCH						
AUTO COOLER PIPE						
AUTO CRUISE MOTOR						
AUTO TRANSMISSION						
AXLE						
BACK REST (MIC)						
BACK SEAT						
BALANCER						
BATTERY						

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: SMF37276 Date In: clear Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: MOW

Collection Date: 30/8/12 Time: 11.52H with Keys: Yes / No

Tow Truck No: YP7811A Tow Man: Phang cheng NRIC: G683379121

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: _____

LKK Paya Ubi

From: Nabilah <nabilah@movacom.sg>
Sent: Friday, 30 August 2019 11:02 AM
To: 'Tan Siew Choo'; rspu@lkkauto.com
Cc: 'Mova - Alan (Fan Yoong)'; suann@movacom.sg; 'Nitha'
Subject: RE: SMF3727G, OD claim no : MT/1059955

Dear Siew Choo,

Noted on your email.
Will arrange accordingly.

Thank you.

Best Regards,
Nabilah Senin
MOVA Automotive Pte Ltd
15 Fan Yoong Road
Singapore 629792
Tel: +65 6262 3377
Fax: +65 6264 3151



Connect with us on  

From: Tan Siew Choo [mailto:siewchoo.tan@income.com.sg]
Sent: Friday, 30 August 2019 10:50 AM
To: NAC ; Enny; 'Nabilah'; Mova-Nitha (nitha@movacom.sg); suann@movacom.sg; AVRIL HO
Subject: SMF3727G, OD claim no : MT/1059955
Importance: High

Dear IDAC and Mova,

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

Dear Mova,

OD excess of \$2,100/- (std : \$600/-, additional excess : \$1,500/-) is applicable, pls assist to liaise with owner Mr Chou at tel : 86888524.

Survey required and you have to arrange personally at mtsurvey@income.com.sg

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

Regards.

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



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



Our Ref: MT/CA/OD/051/1059955-001/TSC

30 Aug 2019

MOVA AUTOMOTIVE PTE LTD

BLK 1008 #01-04/06/08

BUKIT MERAH LANE 3

SINGAPORE 159722

Dear Sir

CLAIM NUMBER: MT/1059955-001

REPAIR OF VEHICLE NUMBER: SMF3727G

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

Award Date: 30 Aug 2019

Make: HYUNDAI

Model: i 30 TURBO

Estimated Repair Days: 10

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A

Excess Applicable: 2100.00

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.