

NATIONAL Assessment Centre Services

[Print / Save]

MNA119119100-01

Date In: 9/9/19 11:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA11911910015889164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBC 8646U	I-Motor Claim Form	MT/1061513 ⁰⁰²	10/9/19 08:47.
TP: 6/9/19 16:20.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
☒ TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	VE motor	Tel: 8223 8601	Fax: ()
TP Particulars:	Veh No: SLM 6185A	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) Non-Inc: 6748/616	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

MNA1906754		Invoice / Reproduction Charge	Am (S)	Am (S)
Client's Particulars:		1) AR: Accident Reporting (\$30);	32.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:		For claiming status INC Only (w/c 10 Jan 2003)		
		6) TR: Re-Inspection \$75		
		7) NI: Idea DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		* N5: Courtesy Car / Tpt Allowance \$3		
		* N6: Repair Coordination \$10	10.00	
		* N7: Post Repair Inspection \$25		
		* N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idea Mobile \$0		
		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	09/09/2019 11:48
Date Of Accident	06/09/2019 16:20
Exact Location Of Accident	PIE TWDS CHANGI B4 BEDOK RESERVOIR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8646U
Insured/Policyholder	
Name Of Registered Owner	CHOW LIAN ENGINEERING PTE LTD
Co Reg No	201222723Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68464301

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5110672293
Cover Note Number	-

Driver

Name of Driver	ZHOU PING
NRIC No	S2733735Z
Date Of Birth	18/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-92708851
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 664 WOODLANDS RING RD #07-208
Postcode	730664
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SLM6185A
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.:

A = GBC 8646 U
 B = SLM 6185A
 X = SJV 6294 U

PIE turns Changi Bt Bedok Reservoir
 Exit

Please Refer to statement

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

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 BEDOK RESERVOIR EXIT ON THE DOWN SLOPE, SUDDENLY I SAW VEH B STOP ON THE ROAD, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B WAS INVOLVED IN A ACCDIENT WITH ANOTHER VEH X EARLY BEFORE, BUT VEH B NEVER SWITCH ON ANY HAZZARD LIGHT TO ALERT ANOTHER ROAD USER, WHEN I COMING DOWN FROM THE SLOPE, CAUSING I CANNOT REACT ON TIME AND HIT ONTO VEH B.

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 : MNA119119100 Vehicle Registration No: GBC8646U
Name(as shown in NRIC) : CHOW LIAN ENGINEERING PTE LTD NRIC/FIN/Passport No : 201222723Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 92708851
Email Address : _____
Date of Accident : 06/09/2019 Time of Accident : 16:20
Place of Accident : PIE TWDS CHANGI B4 BEDOK RESERVOIR EXIT
Insurance Company: NTUC

(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:

AMEND ADD IN STATEMENT

Policyholder / Driver's Signature
Date:


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

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 9 / 19) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: PIE two's Changi B4 Bedok Reservoir Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 8646U
 b) INSURANCE COMPANY: IMC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: Chow Lian Engineering Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 6846 4301
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: zhou ping (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9270 8851
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SLM 6185 A 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: _____

waiting chop:

email =

UE motor

8223 8601

fax =

prefer workshop

video =

Mo.

UEmotor @ hotmail.com.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2733735Z**
Name **ZHOU PING**

Birth Date: 18 Jul 1967
Issue Date: 22 Nov 2005

001382025A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2733735Z**

Name **ZHOU PING**
周平
Race **CHINESE**
Date of birth **18-07-1967**
Country of birth **CHINA**

Sex **M**





8718512

MRIC No. **S2733735Z**

Nationality **CHINESE**
Date of issue **08-07-2005**

AP/1 BIA 004 WUOLANUS HING RUAN #01-206
SINGAPORE 730684

NRIC No. **S2733735Z**
Date: **06-07-2006**
No: **5434476**




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

Class 3 Motor cars < 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors, vehicles <= 2500 kg

PASS DATE **26 Mar 1997**

Licence No: **S2733735Z**

NP 423A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	06/09/2019 10:31
Vehicle No.(For Motor)	GBC8646U	Certificate Number	

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5110672293		CHOW LIAN ENGINEERING PTE LTD	201222723Z	GCV	Comprehensive	GBC8646U	GBC8646U	30/06/2019	29/06/2020

Claim Handling

Accident MT/1061513

Policy No.	5110672293	Vehicle No.	GBC8646U	GST Registration No.	2012227232
Certificate No.					
Policyholder Name	CHOW LIAN ENGINEERING PTE LTD			Policyholder NRIC	2012227232
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	09/09/2019 13:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/09/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI 84 BEDOK RESERVOIR EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2013
GST Registration No.	2012227232	GST Status Verified	Yes
Modification History	09/09/2019 13:05:25 System changed GST Registered from No to Yes 09/09/2019 13:05:25 System changed GST Registration No. from null to 2012227232 09/09/2019 13:05:25 System changed GST Registration Date from null to 01/12/2013		

Policyholder Mailing Address

Address 1	46 LORONG 17 GEYLANG	Address 2	#07-03 ENTERPRISE INDUSTRI	Address 3	SINGAPORE 388568
Address 4		Address Type	Singapore address	Post Code	388568
Unit No.	07-03	Related Policy Number	5110672293		

03 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MD	Insured Name	CHOW LIAN ENGINEERING PTE	Insured NRIC	2012227232
Contact No.(Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	GBC8646U	TP Vehicle Number	SLM6185A
Claim Description	GBC8646U / SLM6185A ON 6 Sept 2019			Name of Preferred Workshop	UE MOTOR
Preferred Workshop	82238601	Insured Liability	Fully at Fault	GIA report	Received
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	Claim Close Date	10/09/2019 08:47
Date Registered				Date Received	10/09/2019 08:47
Report Taken By	LEW SHAN HUI				
Print AK letter					OD Excess Collected by Workshop

Save Submit

Attachment

Accident No.	MT/1061513	Claim No.	002
Last Doc. Received	Yes No	Upload Date	10/09/2019 08:47
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

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	

Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	SAS		Normal	SAS 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2019 08:47	Photos		Normal	Photos 2019-9-10	

Video List

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

ASS. REC. BY:

REF:

NTUC OWN

Assessor:

H-ANN

Mobile:

YES / NO

ASSIGNMENT (IDAC)

COE Expiry : 29 Dec 2023

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govn. Property () b) Road Work Object ()
- (Eg: signboard, barrier, tree etc)
- c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
- a) Fallen Object () b) Flood ()
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
- a) Stolen () b) Damage found ()
- when recovered.
- 8) Fire
- a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Veh No: GBC 8646 U Yr Regn: 30/12/2013

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

/ Truck / Trailer or _____

Make & Model: T-DYNA 150 manual c.c. 2982

Colour silver Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 197922 km

C/No: JTEAT 35430K202709

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

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/70/R15C

R: 155 R12C

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

TOYO / YOKO or Front and Rear same brand type

Front

R/Bal. 4 mm

L/Bal. 4 mm

Rear

R/Bal. 4/4 mm

L/Bal. 4/4 mm

Parallel Import: Yes / NoTowed-In: Yes / NoRepair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 8 daysVehicle In Idac: Yes / NoD.O.I. 9/9/13Time: 11.35 Am

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

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

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

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

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	723Z
Vehicle Details	
Vehicle No.:	GBC8646U
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	1KD2352500
Chassis No.:	JTFAT35Y30K202709
Maximum Power Output:	-
Open Market Value:	\$27,856.00
Original Registration Date:	30 Dec 2013
First Registration Date:	30 Dec 2013
Transfer Count:	1
Actual ARF Paid:	\$1,393.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Dec 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,001.00
COE Rebate Amount:	\$20,658.00
Total Rebate Amount:	\$20,658.00

The information contained herein is correct as at 09 Sep 2019

OK

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	GBC8646U		
Vehicle Type :	B31 - Goods (Open) Lorry (Metal Body)/Pickup		
Vehicle Attachment 1 :	With Hood		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	TOYOTA DYNA 150 MANUAL		
Chassis No. :	JTFAT35Y30K202709		
Propellant :	Diesel		
Engine No. :	1KD2352500		
Engine Capacity :	2982 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	3500 kg		
Unladen Weight :	1780 kg		
Year Of Manufacture :	2013		
Original Registration Date :	30 Dec 2013		
Lifespan Expiry Date :	29 Dec 2033		
COE Category :	C - Goods Vehicle & Bus		
Quota Premium :	\$48,001.00		
COE Expiry Date :	29 Dec 2023		
Road Tax Expiry Date :	29 Dec 2019		
Inspection Due Date :	29 Dec 2019		
Intended Transfer Date :	09 Sep 2019		
CO2 Emission :	257.00 (g/km)		
CEV/VES Rebate Utilised Amount :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for 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			
	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
Message			
This vehicle has a road tax Over Payment of \$66.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.			

You may print this page for reference.

OK

Print

Claim Handling

▼ Accident MT/1061513

Policy No.	5110672293	Vehicle No.	GBC8646U	GST Registration No.	201222723Z
Certificate No.					
Policyholder Name	CHOW LIAN ENGINEERING PTE LTD.			Policyholder NRIC	201222723Z
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	09/09/2019 13:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/09/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	P1E TWDS CHANGI B4 BEDOK RESERVOIR EXIT				

▼ 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		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2013
GST Registration No.	201222723Z	GST Status Verified	Yes
Modification History	09/09/2019 13:05:25 System changed GST Registered from No to Yes 09/09/2019 13:05:25 System changed GST Registration No. from null to 201222723Z 09/09/2019 13:05:25 System changed GST Registration Date from null to 01/12/2013		

▼ Policyholder Mailing Address

Address 1	46 LORONG 17 GEYLANG	Address 2	#07-03 ENTERPRISE INDUSTRIAL	Address 3	SINGAPORE 388568
Address 4		Address Type	Singapore address	Post Code	388568
Unit No.	07-03	Related Policy Number	5110672293		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

▼ Investigation

Claim 002 OD-MD

▼ Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	CHOW LIAN ENGINEERING PTE	Insured NRIC	201222723Z
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBC8646U	TP Vehicle Number	SLM6185A
Claim Description	GBC8646U / SLM6185A ON 6 Sept 2019			Name of Preferred Workshop	UE MOTOR
Preferred Workshop	82238601	Preferred Repair Option	Preferred Workshop (refer below)	Insured at fault report	Fully at fault
Claim Date Registered	10/09/2019 08:48	Claim Close Date		Date Received	10/09/2019 10:39
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	TOYOTA	Vehicle Model	DYNA 150	Engine Capacity	1.72
Date of Registration	30/12/2013	Classis No.	JTFAT35Y30K202709		
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ No	Parallel Import *	☐ Yes ☒ No
Type of Tender	Own Damage	Assessor Name *	HOCK ANN	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 ☒ NoMarket
Value(\$)

Scrap Value(\$)

Economical Repair Value(\$)

Remark

REMARK:NO OF REPAIR DAY:8 DAYS.2X BUMPER REINFORCEMENT BRACKET FRT LH & RH - REPLACE.1X FRT PANEL STICKER - REPLACE.1X FRT PANEL GARNISH SIDE BLACK R/H - REPLACE.1X STEERING COLUMN COUPLING - UNCONFIRM. 2X FRT STEP PANEL GARNISH LH/RH - REPLACE. 1X FRT DOOR COMPANY LOGO RH - REPLACE.1X FRT DOOR COMPANY STICKER RH - REPLACE.3X FRT BRAKE PIPING - UNCONFIRM.3X FRT BRAKE PIPING HOSE - UNCONFIRM.1X FRT CABIN PIVOT ROD - REPLACE.2X FRT CABIN PIVOT ROD MOUNTING RH - UNCONFIRM.

Remark for
Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	16000101	BUMPER (FRONT)	1	Replace	X
ABSORBER	3	16002401	BUMPER CLIPS (FRONT)	8	Replace	X
ACCELERATOR	4	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	X
ACTUATOR	5	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace	X
ADVERTISEMENT STICKER	6	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BAG	7	27100101	GRILLE (FRONT)	1	Replace	X
AIR BLOWER	8	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR BOX	9	33000101	PANEL (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	33000401	PANEL GARNISH (FRONT)	1	Replace	X
AIR CLEANER	11	27700101	HEAD LAMP (LEFT)	1	Replace	X
AIR COMPRESSOR	12	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR CON	13	454008	WIPER PANEL	1	Replace	X
AIR CON (VAN)	14	45400702	WIPER NOZZLE (FRONT RIGHT)	1	Unconfirm	X
AIR COOLER	15	45400102	WIPER ARM (FRONT RIGHT)	1	Unconfirm	X
AIR DISTRIBUTOR	16	45400501	WIPER LINK (FRONT)	1	Unconfirm	X
AIR FILTER	17	45400601	WIPER MOTOR (FRONT)	1	Unconfirm	X
AIR FLOW	18	451020	WINDSCREEN SEALANT	1	Replace	X
AIR GRILLE	19	245001	ERP BRACKET	1	Replace	X
AIR HORN	20	112023	AIR CON CONDENSER	1	Unconfirm	X
AIR INTAKE	21	344001	RADIATOR	1	Unconfirm	X
AIR RESONATOR BOX	22	344008	RADIATOR FAN	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	23	161010	CABIN MOUNTING	1	Unconfirm	X
ALARM	24	19600501	CHASSIS MEMBER (FRONT LEFT)	1	Repair	X
ALTERNATOR	25	19600502	CHASSIS MEMBER (FRONT RIGHT)	1	Repair	X
ALUMINIUM PANEL - SIDE	26	112053	AIR CON EVAPORATOR	1	Unconfirm	X
AMPLIFIER	27	112003	AIR CON BLOWER	1	Unconfirm	X
ANTENNA	28	23300202	DOOR (FRONT RIGHT)	1	Repair	X
ANTI ROLL	29	45101402	WINDSCREEN MOULDING (LOWER)	1	Replace	X
APRON	30	45101404	WINDSCREEN MOULDING (UPPER)	1	Replace	X
ARCH	31	112071	AIR CON PIPE (COMP. TO EVAP)	1	Unconfirm	X
ARM REST	32	112073	AIR CON PIPE (COMPR. TO COOLING COIL)	2	Unconfirm	X
ASH TRAY						
AUTO CLUTCH						
AUTO COOLER PIPE						
AUTO CRUISE MOTOR						
AUTO TRANSMISSION						
AXLE						
BACK REST (M/C)						
BACK SEAT						
BALANCER						
BATTERY						



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: G386464 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: U2 MOTOR

Collection Date: 12-9-19 Time: 5-30 PM with Keys: X / No

Tow Truck No: - Tow Man: NG SENG HUAT NRIC: S25503751

Signature: [Signature]

82238601

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

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

* Tow In / Drive In
Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

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

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 12 September 2019 1:39 PM
To: U E Motor
Cc: Junxian Ng; MTSurvey; Teng Ken Leong; LKK Paya Ubi
Subject: RE: GBC8646U UNDER OD CLAIM: MT/1061513
Attachments: work order of GBC8646U.pdf

Dear Mr Junxian of UE Motor

We spoke, you have agreed on the cost of repair at global sum of \$1750/- (subject to excess of \$600).

Please note that strictly no supplementary is allowed. Kindly arrange for survey before repair with the attached Work order by

contacting 64307900 or e-mail mtsurvey@income.com.sg one day in advance before 4 .30pm for survey arrangement.

Please update owner Mr Chow at 92708851 on the repair as we have informed him the excess of \$600/-, he ok.

Dear Idac, please release the vehicle to UE Motor.

Thank You

Ng Hak Joo
Executive
Motor Insurance
T +65 64307890
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

in with you

From: U E Motor [mailto:uemotor@hotmail.com]
Sent: Thursday, 12 September 2019 1:22 PM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Subject: Re: GBC8646U UNDER OD CLAIM: MT/1061513

Hi Mr Ng

We are pleased to accept the repair offer.

Kindly let us know the timeline.

Thanks.

Regards,
Junxian

----- Original Message -----

Subject: Fwd: GBC8646U UNDER OD CLAIM: MT/1061513
From: Junxian Ng
To: Uemotor@hotmail.com
CC:

From: Ng Hak Joo

Sent: Thursday, 12 September 2019 11:25 AM
To: 'uemotor@hotmail.com'

<uemotor@hotmail.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: GBC8646U UNDER OD CLAIM: MT/1061513

From: Ng Hak Joo
Sent: Thursday, 12 September 2019 11:07 AM
To: 'uemotor@hotmail.com' <uemotor@hotmail.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: GBC8646U UNDER OD CLAIM: MT/1061513

Dear Mr NG of UE Motor

We spoke, we are offering the full and final global sum repair cost of **\$1750/-- subject to the OD excess of \$600/-**.

Please take note that if acceptable by your workshop, there will be strictly NO Supplementary allowed and a Survey Before Repair will be conducted.

Your prompt response to this email is appreciated. This is to prevent any delays to the repair of the vehicle.

Thank You

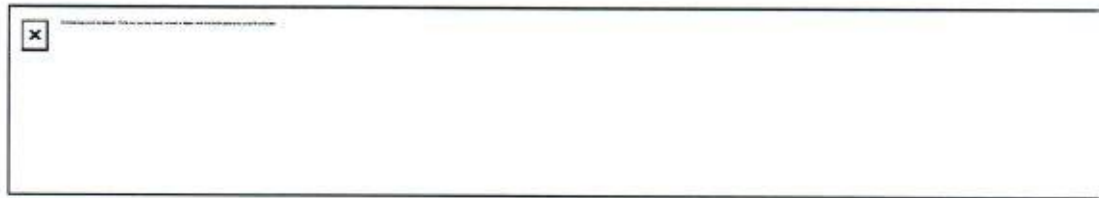
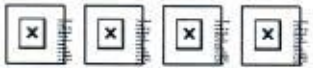
Ng Hak Joo

Executive

Motor Insurance

T +65 64307890

www.income.com.sg



From: Ng Hak Joo
Sent: Wednesday, 11 September 2019 5:21 PM
To: 'uemotor@hotmail.com' <uemotor@hotmail.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: GBC8646U UNDER OD CLAIM: MT/1061513

Dear Mr NG of UE Motor

We spoke, we are offering the global sum repair cost of **\$1600/-- subject to the OD excess of \$600/-**.

Please take note that if acceptable by your workshop, there will be strictly NO Supplementary allowed and a Survey Before Repair will be conducted.

Your prompt response to this email is appreciated. This is to prevent any delays to the repair of the vehicle.

Thank You

Ng Hak Joo

Executive

Motor Insurance

T +65 64307890

www.income.com.sg



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