

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA119125 692

Date In: 22/6/19 - 14:07	Job description	Date & Time Completed	Done by
Ref No: NA/14C160/4733/614	SAS e-filing		
Veh No: 5MA99525	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/6/19 - 04:00	i-Motor Claim Form	M711065577-001	22/6/19 14:56
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: PA82900

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

NA 107230

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

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: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD\*

\*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 (N-on INC) against INC \$20

9) N12: Idao 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	23/09/2019 14:07
Date Of Accident	21/09/2019 04:00
Exact Location Of Accident	JUNC BEDOK RESERVOIR RD & JALAN TENAGA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9952J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAMUEL LEE TEE KOON
NRIC No	S9209537A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91383973
Alternative Phone No	OFFICE-91383973

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	5105864458
Cover Note Number	

### Driver

Name of Driver	SAMUEL LEE TEE KOON
NRIC No	S9209537A
Date Of Birth	12/03/1992
Occupation	INDOOR
Date Of Driving Pass	12/04/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91383973
Fax Number	
Contact Number	OFFICE-91383973
Email Address	NOEMAIL

Address	BLK 644 BEDOK RESERVOIR ROAD #09-93
Postcode	410644
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE IN FRONT OF THE STOPPING LINE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE 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	PA8290U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHAMED RUDY BIN ZAINAL
NRIC/Passport Number	S7827891I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :


## SKETCH PLAN

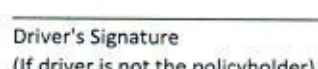
### IMPORTANT NOTICE

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:

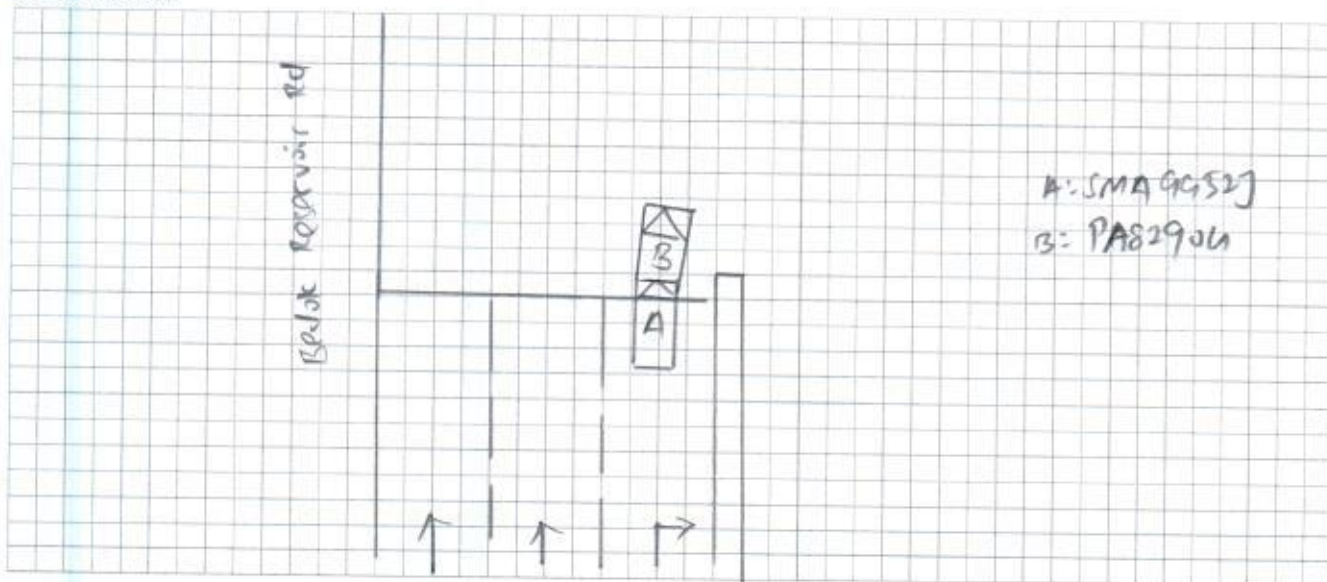
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION

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

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.:

eBaoTech

GeneralClaim

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="21/09/2019 04:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SMA9952J"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105864458		SAMUEL LEE TEE KOON	S9209537A	GPC	drive CLASSIC	SMA9952J	SMA9952J	26/11/2018	25/11/2019
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5105864458	Policyholder Name	SAMUEL LEE TEE KOON	Policyholder NRIC	S9209537A
Certificate No.					
Address	BLK 644 #09-93 BEDOK RESERVOIR ROAD EUNOS TENAGA VILLE SINGAPORE 410644				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/11/2018	Effective Date	26/11/2018 00:00	Expiry Date	25/11/2019 23:59
Excess Type		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	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 644 #09-93	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS TENAGA VILLE
Address 4	SINGAPORE 410644	Address Type	Singapore address	Post Code	410644
Unit No.	09-93	Related Policy Number	5105864458		

## Insured Object: SMA9952J

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/09/2019 00:00	POI Extension/Shorten	Endorsement Undo	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Nov 2018 TO 20 Dec 2019 In view of this amendment, an additional premium of \$131.77 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

**Accident MT/1063577**

Claim 001 **NEW**

Attachment

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:57	SAS		Normal	SAS 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 14:56	Photos		Normal	Photos 2019-9-23	

Video List

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

> Back to OneMotoring

D.O.A. 21/9/2019  
Bal = 3 mths  
M.V. \$

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	537A
Vehicle Details	
Vehicle No.:	SMA9952J
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180K
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	27191031283632
Chassis No.:	WDD2040452A342563
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$36,972.00
Original Registration Date:	21 Dec 2009
First Registration Date:	21 Dec 2009
Transfer Count:	2
Actual ARF Paid:	\$36,972.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Dec 2019
PARF Rebate Amount:	\$18,486.00
Intended COE Rebate Details	
COE Expiry Date:	20 Dec 2019 ✓
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$16,747.00
COE Rebate Amount:	\$387.00
<b>Total Rebate Amount:</b>	<b>\$18,873.00</b>
Message	
Transfer of ownership or deregistration is not allowed for this vehicle.	

The information contained herein is correct as at 23 Sep 2019

OK

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 ( )  
c) Other, \_\_\_\_\_

- b) Flood ( )

**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: SMA99525 Yr Regn: 21 Dec 2009Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV  
/ Truck / Trailer orMake & Model: Mercedes Benz C180K e.c 157Colour: Black Transmission Type: Auto ManualEng/No: \_\_\_\_\_ Sp. Reading: 157964C/No: WDD2040452A342563Gen. Cond: Good Fair / Poor / Burnt orSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim orTyre Size: F: 225/45 R18

R: \_\_\_\_\_

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 4 mm R/Bal. 5 mmL/Bal. 4 mm L/Bal. 5 mm

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 7Vehicle in Idac: Yes / NoD.O.I. 23/9/2019Time: 4.30 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:



## Claim Handling

Accident MT/1063577

Task Transfer Exit

LOGS SAL SUB

Policy No.	S105864458	Vehicle No.	SMA9952J	GST Registration No.	
Certificate No.					
Policyholder Name	SAMUEL LEE TEE KOON	Cover Type	drive CLASS3C	Policyholder NRIC	S9209537A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91383973	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Report Date	23/09/2019 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/09/2019	Time of Accident hh:mm	04:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNG BEDOK RESERVOIR RD & JALAN TENAGA				

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 644 #09-93	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS TENAGA VILLE
Address 4	SINGAPORE 410644	Address Type	Singapore address	Post Code	410644
Unit No.	09-93	Related Policy Number	S105864458		

## OI Driver Info

Driver Name	SAMUEL LEE TEE KOON	Driver Type	Main Driver	Driver DOB	12/03/1992
Unnamed driver Name		Driver NRIC	S9209537A	Driving Experience	8
Register Date of Driver License	12/04/2011	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	EUNOS TENAGA VILLE
Address 1	BLK 644	Address 2	BEDOK RESERVOIR ROAD	Post Code	410644
Address 4	SINGAPORE 410644	Address Type	Singapore address		
Unit No.	09-93				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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 Zuraimie Bin Mantau

LOGS SAL SUB

Claim Type	OD-MD	Insured Name	SAMUEL LEE TEE KOON	Insured NRIC	S9209537A
Contact No.(Mobile)	91383973	Contact No.(Home)		Contact No.(Office)	
Email Address	BETTY.CHEW@INCOME.COM.SG	OI Vehicle Number	SMA9952J	TP Vehicle Number	PA8290U
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SMA9952J / PA8290U ON 21 Sept 2019	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	24/09/2019 09:48
Date Registered	23/09/2019 14:58	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer		OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

## damage assessment Attachment

## Vehicle Info

Vehicle Make	MERCEDES BENZ	Vehicle Model	C180 KOMpressor	Engine Capacity	
Date of Registration	21/12/2009	Class No.	WDD2040452A342563	Parallel Import	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender	Own Damage	Assessor Name	SIMON		
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

REMARK: NO OF REPAIR DAY: 7 DAYS, 1 X FRT GRILLE CHROME Moulding - REPLACE, 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE, 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM, 1 X AIR CON SUCTION HOSE - UNCONFIRM, 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - UNCONFIRM, 1 X AIR CON LIQUID PIPE - UNCONFIRM, 1 X AIR CLEANER ASSY - REPLACE, 1 X FRT LH FENDER EMBLEM - REPLACE, 1 X FRT RH FENDER EMBLEM - REPLACE, 1 X RH HEADLAMP LOWER BRACKET - REPLACE.

Remark for Supplementary

#### Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	243014	ENGINE LOWER COVER	1	Unconfirm	X
ABS	2	25400102	FENDER (FRONT LEFT)	1	Repair	X
ABSORBER	3	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
ACCELERATOR	4	25400103	FENDER (FRONT RIGHT)	1	Repair	X
ACTUATOR	5	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	X
ADVERTISEMENT STICKER	6	32200101	NUMBER PLATE (FRONT)	1	Repair	X
AIR BAG	7	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
AIR BLOWER	8	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
AIR BOX	9	16000101	BUMPER (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
AIR CLEANER	11	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	X
AIR COMPRESSOR	12	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Unconfirm	X
AIR CON	13	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR CON (VAN)	14	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR COOLER	15	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR DISTRIBUTOR	16	16001001	BUMPER BEAM (FRONT)	1	Replace	X
AIR FILTER	17	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR FLOW	18	16003201	BUMPER GRILLE (FRONT)	1	Unconfirm	X
AIR GRILLE	19	16004302	BUMPER Moulding (FRONT LEFT)	1	Replace	X
AIR HORN	20	16004303	BUMPER Moulding (FRONT RIGHT)	1	Replace	X
AIR INTAKE	21	16004101	BUMPER LOWER SPOILER (FRONT)	1	Unconfirm	X
AIR RESONATOR BOX	22	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	23	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm	X
ALARM	24	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
ALTERNATOR	25	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
ALUMINIUM PANEL - SIDE	26	27100101	GRILLE (FRONT)	1	Replace	X
AMPLIFIER	27	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
ANTENNA	28	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
ANTI ROLL	29	28500101	HORN (LEFT)	1	Unconfirm	X
APRON	30	15600101	BRACE PANEL (FRONT)	1	Replace	X
ARCH	31	27700101	HEAD LAMP (LEFT)	1	Unconfirm	X
ARM REST	32	27700102	HEAD LAMP (RIGHT)	1	Replace	X
ASH TRAY	33	149001	BONNET	1	Replace	X
AUTO CLUTCH	34	149016	BONNET EMBLEM	1	Replace	X
AUTO COOLER PIPE	35	14903401	BONNET LOCK (LOWER )	1	Replace	X
AUTO CRUISE MOTOR	36	14903402	BONNET LOCK (UPPER)	1	Replace	X
AUTO TRANSMISSION	37	149029	BONNET INSULATOR	1	Replace	X
AXLE	38	14902202	BONNET HINGE (RIGHT)	1	Replace	X
BACK REST (MC)	39	14901301	BONNET DAMPER (LEFT)	1	Unconfirm	X
BACK SEAT	40	149041	BONNET RUBBER (CENTRE)	1	Unconfirm	X
BALANCER	41	112023	AIR CON CONDENSER	1	Replace	X
BATTERY	42	112060	AIR CON FAN	1	Unconfirm	X
BEADING (MC)	43	344001	RADIATOR	1	Replace	X
BELT COVER (MC)	44	344005	RADIATOR COWLING	1	Unconfirm	X
BELT TENSIONER	45	344008	RADIATOR FAN	1	Unconfirm	X
BODY	46	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
BODY (MC)	47	34402802	RADIATOR HOSE (TOP)	1	Replace	X
BOLT CAP (MC)	48	344007	RADIATOR EXPANSION TANK	1	Unconfirm	X
BOLT HEAD COVER (MC)	49	11001302	AIR CLEANER HOSE (CENTRE)	1	Unconfirm	X
BONNET						
BOOT						
BOX (MC)						
BOX BRACKET (MC)						
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						
BRACE PANEL						
BRAKE						
BRAKE - ABS						
BRAKE (MC)						
BUMPER						
CABIN						
CAMBER						
CAMSHAFT						
CAR AUDIO SYSTEM						
CAR JACK						
CARBURATOR						
CARGO						
CARRIAGE						
CARRIER MOUNTING						
CASTOR						
CATALYTIC CONVERTOR						
CD CHANGER						

Save Submit

## LKK Paya Ubi

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**From:** Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>  
**Sent:** Wednesday, 25 September 2019 2:16 PM  
**To:** utauto@singnet.com.sg; 'YTKB'  
**Cc:** LKK Paya Ubi  
**Subject:** Vehicle SMA9952J, OD Claim No: MT/1063577-001, DOA: 21/09/2019

Dear Yew Tee Automobile

Excess \$600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to take away the vehicle and call owner Mr Samuel Lee at 91383973 once vehicle is in the workshop.

Strictly no further supplementary is allowed.

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

XX

Our Ref: MT/CA/OD/051/1063577-001/ZBM

25 Sep 2019

YEW TEE AUTOMOBILE (25 KAKI BKT)

25 KAKI BUKIT ROAD 4

# SYNERGY @ KB

SINGAPORE 417800

Dear Sir

**CLAIM NUMBER: MT/1063577-001**

**REPAIR OF VEHICLE NUMBER: SMA9952J**

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

Award Date: 25 Sep 2019

Make: MERCEDES BENZ

Model: C180 KOMPRESSOR

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: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank you

**Zuraimee Bin Mantau**  
Senior Executive  
Motor Insurance  
T+65 6430 7891  
[www.income.com.sg](http://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: 5MA9952J Date In: 25/9/19 Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: YEW TEE Indus Estate

Collection Date: 25/9/19 Time: 15:10pm with Keys: Yes / No

Tow Truck No: G457380 Tow Man: ANDREW NRIC: 97602744-G

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: \_\_\_\_\_