

## NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 119127500.

Date In: 26/9/19 13:15	Job description	Date & Time Completed	Done by
Ref No: NNA1INC19016965164	SAS e-filing		
Veh No: SFE 1331R	E-mail (within 3hrs, AIC 2hrs)		
TPA: 25/9/19 18:00	I-Motor Claim Form	MT/1064200-01	26/9/19 16:48
<input checked="" type="radio"/> TP Reporting	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: ( STK Auto CS) Pte Ltd Tel: 81517426. Fax:

TP Particulars:	Veh No: Unknown	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: 6789 6016)	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

MNA19047407

Client's Particulars:	Invoice Preparation Checklist	AM (S)	PA (S)
Driver/Owner:	1) AR: Accident Reporting (\$30):	20.00	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)	80.00	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	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		
	TP (Nil): TP (Nil 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	26/09/2019 13:15
Date Of Accident	25/09/2019 18:00
Exact Location Of Accident	PAYA LEBAR RD B4 SHELL STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE1331R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHIN SENG
NRIC No	S1673338E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98895577
Alternative Phone No	OFFICE-98895577

### Vehicle Particulars

Manufacturer	BMW
Model	520I
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	5091770763-01
Cover Note Number	

### Driver

Name of Driver	TAN CHIN SENG
NRIC No	S1673338E
Date Of Birth	01/01/1965
Occupation	INDOOR
Date Of Driving Pass	24/08/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98895577
Fax Number	
Contact Number	OFFICE-98895577
Email Address	NOEMAIL

Address	BLK 248 HOUGANG AVE 3 #09-428
Postcode	530248
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 - CHANGE/CROSS LANE
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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)**

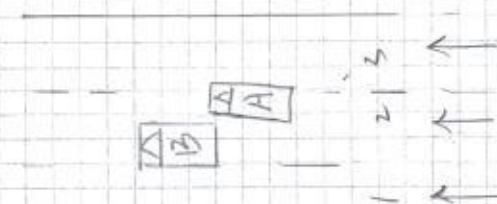
I understand, acknowledge, agree and consent that:

- (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.:



Payatebar Road

A: SFE1331R

B: Unknown


# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/9/19 driving along Payatebar Road was trying to filter to the right lane. Accidentally my left hand <sup>side</sup> mirror hit onto the rear corner of a lorry as a result my left hand door & window was damaged.

## 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.:



# Singapore Accident Statement

Date of Accident 25.9.2019.  
 Time of Accident 1800-1830. (24hr format)  
 Exact Location Of Accident PAYA LAR ROAD Defra PHD Station.  
 Country/State of Loss Singapore

## Details Of Own Vehicle

Vehicle No SFE1331R  
 Insured/Policyholder \_\_\_\_\_  
 Individual / Company \_\_\_\_\_  
 Name of Registered Owner Tan Chin Seng.  
 Co Reg No S1673338E  
 Email Address atcs.010185@gmail.com.  
 Mobile No 98895577  
 Alternative Phone No \_\_\_\_\_

## Vehicle Particulars

Manufacturer MAR' 2012  
 Model BMW 520i  
 Are you claiming under your own insurance Yes / No  
 policy for repair to your vehicle?  
 If No, Please state action to be taken TP Claims / Own Damages / Reporting Only

## Vehicle Category

## Insurance Company

Name of Insurance Company NTUC Income  
 Type Of Coverage comprehensive  
 Fleet Policy Yes / No  
 Policy Number 5091770763  
 Cover Note Number \_\_\_\_\_

## Driver

Name of Driver Tan Chin Seng.  
 NRIC No S1673338E.  
 Date of Birth 010185.  
 Occupation Indoor / Outdoor  
 Date of Driving Pass 24/09/2009  
 Gender Female / Male

Mobile Number 98095577  
Fax Number \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_

Was driver an employee of the Insured's Company Yes / ☒ 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 side collide  
Weather Conditions clear  
Road Surface dry

#### Other Information

Was any foreign vehicle involved in this accident? Yes / No  
Was any body injured in the Accident? Yes / No  
Was any other material or property damaged? Yes / ☒ No  
Was there any video captured by Car Camera? Yes / ☒ No  
Number of Passengers (including Driver) 1  
Details of Police Action \_\_\_\_\_  
Was the accident reported to the police? Yes / ☒ No  
If Yes, Please state which Police Station \_\_\_\_\_  
Was notice of intended Prosecution given? Yes / ☒ No  
If Yes, against whom? \_\_\_\_\_

#### Details of Other Vehicle Property 1

Vehicle Registration Number Unknown  
Vehicle Make/Model/Colour \_\_\_\_\_  
Details Of Properties \_\_\_\_\_  
Name of Driver \_\_\_\_\_  
NRIC/Passport Number \_\_\_\_\_

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="25/09/2019 13:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SFE1331R"/>	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"/>	5091770763-01		TAN CHIN SENG	S1673338E	GPC	drivo CLASSIC	SFE1331R	SFE1331R	26/09/2018	25/09/2019
<input type="button" value="Continue"/>										



## Claim Handling

Accident MT/1064200

Policy No.	5091770763-01	Vehicle No.	SFE1331R	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHIN SENG	Cover Type	drive CLASSIC	Policyholder NRIC	S1673338E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98895577	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	26/09/2019 16:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	25/09/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD B4 SHELL STATION				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5091770763-02		
<b>Q1 Driver Info</b>					
Driver Name	TAN CHIN SENG	Driver Type	Main Driver	Driver DOB	01/01/1965
Unnamed driver Name		Driver NRIC	S1673338E	Driving Experience	10
Register Date of Driver License	24/08/2009	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	98895577	Contact No.(Office)		Address 3	
Address 1	NIL	Address 2		Post Code	999999
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Modification History</b>					

Claim 001

New

Claim Type *	OD-MD	Insured Name	TAN CHIN SENG	Insured NRIC	S1673338E
Contact No.(Mobile)	98895577	Contact No.(Home)	62853027	Contact No.(Office)	679621
Email Address	etcs.010165@gmail.com	Q1 Vehicle Number	SFE1331R	TP Vehicle Number	UNKNC
Claim Description	SFE1331R / UNKNOWN ON 25 Sept 2019			Name of Preferred Workshop	STK AL
Preferred Workshop	82317426	Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop (refer below)			Claim Close Date	26/09/2019 16:47
Date Registered				Date Received	26/09/2019
Report Taken By					LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter					OD Excess Collected by Workshop
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/1064200	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/09/2019 16:48
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
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) a	26 Sep 2019 16:48	NRIC/ Driving License	Normal
		Description	NRIC/ Driving License 2019-9-26



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Sep 2019 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-26
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Sep 2019 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-26
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Sep 2019 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-26
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Sep 2019 16:48	SAS		Normal	SAS 2019-9-26
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Sep 2019 16:47	Photos		Normal	Photos 2019-9-26
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Sep 2019 16:47	Photos		Normal	Photos 2019-9-26

Video List

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

Scan and uploading



ASS. REC. BY: H. A. N. W.

REF:

NTUC - own

Assessor:

Mobile: YES / NO

**ASSIGNMENT (IDAC)**

COE Expiry = 25/03/2023

**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: SFE 1331R Yr Regn: 26/03/2013

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

/ Truck / Trailer or \_\_\_\_\_

Make & Model: BMW 520I 2nd 40R c.c 1997

Colour: white Transmission Type: Auto / Manual

Eng/No: \_\_\_\_\_ Sp. Reading: 104641

C/No: WBAXG120800X53102

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

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modl: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 225/55/R17

R: 225/55/R17

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

TOYO / YOKO or \_\_\_\_\_

Front Rear

R/Bal. 6 → HIGHLY mm R/Bal. 4 → BRIDGES stone mm

L/Bal. 6 → HIGHLY mm L/Bal. 4 → BRIDGES stone mm

Parallel Import: Yes / NoTowed-In: Yes / NoRepair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 3Vehicle in Idac: Yes / NoD.O.I. 26/9/19Time: 3:15pm**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:



Condition (LTH)

(1) Item (2) Bent (3) Damaged (4) Cracked (5) Cut (6) Scratched  
(7) Stained (8) Stuffed (9) Stretched (10) Stuck (11) Necessary (12) Missing  
(13) Good (14) Unusable (15) Not Working

# MOTOR CAR (LH)

ACTION (AC)

(1) Replace (✓) (2) Repair (X) (3) Check (Y)  
(4) Not Consider (NC)

Aug 2005

## Left Portion

NAC	INC	Item	CON	AC	Qty
1255	995326	Frt LH Door			
1256	995140	Frt LH Door Protector			
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror <i>Assy</i>			
1259	995102	Frt LH Door Garnish			
1260	991593	Frt LH Door Glass Outer Moulding			
1261	991588	Frt LH Door Glass Inner Moulding			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1267	991607	Frt LH Door <del>Inner</del> Handle <i>chrome</i>			
1268	991625	Frt LH Door Lock w/Key			
1269	991624	Frt LH Door <del>Lock</del> <i>outer handle chrome</i>			
1270	991562	Frt LH Door Central Lock			
1271	991675	Frt LH Door Switch			
1272	991617	Frt LH Door Inner Trim Board			
1273	991568	Frt LH Door Checker			
1274	991575	Frt LH Door <del>Panel</del> <i>outer top chrome only</i>			
1275	991688	Frt LH Door Wire Harness			
1276	991683	Frt LH Door Window Glass Pillar			
1277	991640	Frt LH Door Outer Pillar			
1278	991613	Frt LH Door Inner Pillar			
1279	991646	Frt LH Door Pillar Inner Garnish			
1280	990554	Centre Pillar LH			
1281	990542	Centre Inner Pillar LH			
1282	990517	Centre Pillar Upper Garnish LH			
1283	990564	Centre Pillar Lower Garnish LH			
1284	991670	Frt LH Door Step Garnish			
1285	994052	Rocker Panel LH			
1286	994049	Rocker Panel Inner Panel LH			
1287	994046	Rocker Panel Garnish LH			
1288	994055	Rocker Panel Outer Side Skirt LH			
1008	991300	Frt Bumper			
1006	991325	Frt Bumper Bracket			
1009	991462	Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement			
1009	991468	Frt Bumper Sponge			
1013	991427	Frt Bumper Protector			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1029	995153	Frt LH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1026	995070	Frt LH Fender			
1038	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			

Vehicle No: *SFE 1331R*

NAC	INC	Item	CON	AC	Qty
1289	995156	Rear LH Door			
1290	993282	Rear LH Door Protector			
1291	995194	Rear LH Door Hinge			
1292	993228	Rear LH Door Garnish			
1293	993278	Rear LH Door Glass Outer Moulding			
1294	993231	Rear LH Door Glass Inner Moulding			
1295	995190	Rear LH Door Glass			
1296	993238	Rear LH Door Glass Regulator			
1297	995192	Rear LH Door Glass Regulator Motor			
1298	993294	Rear LH Door Rubber			
1299	993275	Rear LH Door Outer Handle			
1300	993250	Rear LH Door Inner Handle			
1301	993261	Rear LH Door Lock			
1302	993256	Rear LH Door Inner Trim Board			
1303	993218	Rear LH Door Checker			
1304	993230	Rear LH Door Glass Channel			
1305	993242	Rear LH Door Glass Triangle Garnish			
1306	993285	Rear LH Door 1/4 Glass			
1307	993288	Rear LH Door 1/4 Glass Rubber			
1308	993287	Rear LH Door 1/4 Glass Pillar			
1309	993305	Rear LH Door Step Garnish			
1310	993309	Rear LH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1008	992958	Rear Bumper			
1008	992976	Rear Bumper Bracket			
1008	993068	Rear Bumper Side Retainer			
1008	993045	Rear Bumper Reinforcement			
1008	993077	Rear Bumper Sponge			
1008	993040	Rear Bumper Protector			
1008	993026	Rear Bumper Moulding			
1008	993023	Rear Bumper Lower Spoiler			
1008	993851	Rear LH Taillamp			
1008	993436	Rear LH Fender			
1008	993449	Rear LH Fender Protector			
1008	990247	Sticker			

No of Items:

Assessor:

*H ANN*



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	338E
<b>Vehicle Details</b>	
Vehicle No.:	SFE1331R
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2019
Vehicle Make:	B.M.W.
Vehicle Model:	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	A1740434N20B20B
Chassis No.:	WBAXG12080DX53102
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$41,023.00
Original Registration Date:	26 Mar 2013
First Registration Date:	26 Mar 2013
Transfer Count:	0
Actual ARF Paid:	\$44,433.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Mar 2023
PARF Rebate Amount:	\$28,881.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Mar 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$58,090.00
COE Rebate Amount:	\$20,272.00
<b>Total Rebate Amount:</b>	<b>\$49,153.00</b>

The information contained herein is correct as at 26 Sep 2019

OK

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.

**SFE1331R**

Make / Model

**B.M.W. / 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV**

Vehicle Type :

**P10 - Passenger Motor Car**

Vehicle Attachment 1 :

**No Attachment**

Vehicle Scheme :

**Normal**

Chassis No. :

**WBAXG12080DX53102**

Propellant :

**Petrol**

Engine No. :

**A1740434N20B20B**

Motor No. :

-

Engine Capacity :

**1997 cc**

Power Rating :

-

Maximum Power Output :

**135.0 kW (181 bhp)**



Maximum Laden Weight :

**2220 kg**

Unladen Weight :

**1610 kg**

Year Of Manufacture :

**2013**

Original Registration Date :

**26 Mar 2013**

Lifespan Expiry Date :

-

COE Category :

**B - Car (1601cc & above)**

Quota Premium :

**\$58,090.00**

COE Expiry Date :

**25 Mar 2023**

Road Tax Expiry Date :

**25 Mar 2020**

PARF Eligibility Expiry Date :

**25 Mar 2023**

Inspection Due Date :

**25 Mar 2020**

Intended Transfer Date :

**26 Sep 2019**

CO2 Emission :

**155.00 (g/km)**

CEV/VES Rebate Utilised Amount :

**\$5,000.00**

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

## Claim Handling

Task Transfer Exit

LOS SAL SUB

## Accident MT/1064200

Policy No.	5091770763-01	Vehicle No.	SFE1331R	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHIN SENG			Policyholder NRIC	S1673338E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98895577	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(%)	50	Private Hire	No

## Accident Details

Report Date	26/09/2019 16:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/09/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PAYA LEBAR RD B4 SHELL STATION				

## 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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5091770763-02		

## OI Driver Info

Driver Name	TAN CHIN SENG	Driver Type	Main Driver	Driver DOB	01/01/1965
Unnamed driver Name		Driver NRIC	S1673338E	Driving Experience	10
Register Date of Driver License	24/08/2009	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	98895577	Contact No.(Office)		Address 3	
Address 1	NIL	Address 2		Post Code	999999
Address 4		Address Type	Singapore address		
Unit No.					
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
Modification History			

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	TAN CHIN SENG	Insured NRIC	S1673338E
Contact No.(Mobile)	98895577	Contact No.(Home)	62853027	Contact No.(Office)	67962281
Email Address	atcs.010165@gmail.com	OJ Vehicle Number	SFE1331R	TP Vehicle Number	UNKNOWN
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SFE1331R / UNKNOWN ON 25 Sept 2019			Name of Preferred Workshop	STK AUTO(S) PT
Preferred Workshop Contact No.	81517426	Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	27/09/2019 09:3
Date Registered	26/09/2019 16:49	Claim Close Date		Total Loss but Repaired	
Report Taken By	LIEW SHAN HUI	Workshop Repairer		OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
Modification History					

## Special Claim Creation Approval

Approval	Reason		
Remarks			
<div> <div>damage assessment</div> <div>Attachment</div> </div>			
<div>Vehicle Info</div>			
Vehicle Make	BMW	Vehicle Model	520i
Date of Registration	26/03/2013	Classis No.	WBAXG12080DX53102
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	HOCK ANN
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:3 DAYS.1X FRT LH DOOR HANDLE CHROME - REPLACE.1X FRT LH DOOR OUTER HANDLE CHROME - REPLACE.1X FRT LH DOOR INNER TRIM BOA FRT LH DOOR OUTER TOP CHROME MOULDING - UNCONFIRM.			
Remark			
Remark for Supplementary			

Damage Listing

Find a Part

root

Not Applicable

ABS

ABSORBER

ACCELERATOR

ACTUATOR

ADVERTISEMENT STICKER

AIR BAG

AIR BLOWER

AIR BOX

AIR CHAMBER BOX

AIR CLEANER

AIR COMPRESSOR

AIR CON

AIR CON (VAN)

AIR COOLER

AIR DISTRIBUTOR

AIR FILTER

AIR FLOW

AIR GRILLE

AIR HORN

No.	Part No.	Description	Qty *	Repair Code
1	23300201	DOOR (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
2	23303001	DOOR HINGE (BOTTOM) (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
3	23303101	DOOR HINGE (UPPER) (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
4	23306701	DOOR VIEW MIRROR (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
5	23302201	DOOR GLASS OUTER MOULDING (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
6	23302001	DOOR GLASS (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
7	23306101	DOOR RUBBER (FRONT LEFT)	<input type="text" value="2"/>	<input type="text" value="Replace"/>
8	23302801	DOOR HANDLE (OUTER) (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
9	25400102	FENDER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>

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: SFE1331R Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

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

Workshop Collection of Vehicle

Workshop: STK AUTO

Collection Date: 30/09/2009 Time: 17:00 with Keys: Yes / No

Tow Truck No: \_\_\_\_\_ Tow Man: Tan Geok Hua NRIC: G821824M

Signature: Tan

*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

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**From:** Zuraimie Bin Mantau <zuraimie.mantau@income.com.sg>  
**Sent:** Monday, 30 September 2019 4:06 PM  
**To:** STK STK  
**Cc:** LKK Paya Ubi  
**Subject:** Vehicle SFE1331R, OD Claim No: MT/1064200-001, DOA: 25/09/2019

Dear STK Auto

OD Excess \$600 applicable.

Vehicle is at NAC Paya Ubi.

Please arrange to take away the vehicle and update owner on the repair status.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.  
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1064200-001/ZBM  
30 Sep 2019  
STK AUTO (K/BKT)  
8 KAKI BUKIT AVENUE 4  
#03-21 PREMIER @ KAKI BUKIT  
SINGAPORE 415875

Dear Sir

**CLAIM NUMBER: MT/1064200-001**

**REPAIR OF VEHICLE NUMBER: SFE1331R**

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 Sep 2019

Make: BMW

Model: 520i

Estimated Repair Days: 0

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 Zuraimie 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

**Zuraimée Bin Mantau**

Senior Executive

Motor Insurance

T +65 6430 7891

[www.income.com.sg](http://www.income.com.sg)



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