

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 01/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19017278/13	SAS e-filing		
Veh No: GBE4159A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/08/19 0745	i-Motor Claim Form	MT/1064956	-001
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: LAMP POSI	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%; F: 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

NA1908592	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	01/10/2019 15:06
Date Of Accident	03/08/2019 07:45
Exact Location Of Accident	SENGKANG EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4159A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EPHRAIM PERSPEX SERVICES
Co Reg No	53051357M
Email Address	290315RICHARD@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97450446

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
------------------	--------------------

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075889258-03
Cover Note Number	

### Driver

Name of Driver	TEO KENG HUAT RICHARD
NRIC No	S1121888A
Date Of Birth	29/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97450446
Fax Number	
Contact Number	
EMail Address	290315RICHARD@GMAIL.COM

Address	BLK 183C RIVERVALE CRESCENT #08-235
Postcode	543183
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	THE POLICE WENT TO THE HOSPITAL TO TAKE STATEMENT
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT.

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	LAMP POST
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TEO KENG HUAT RICHARD
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	GBE4159A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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.



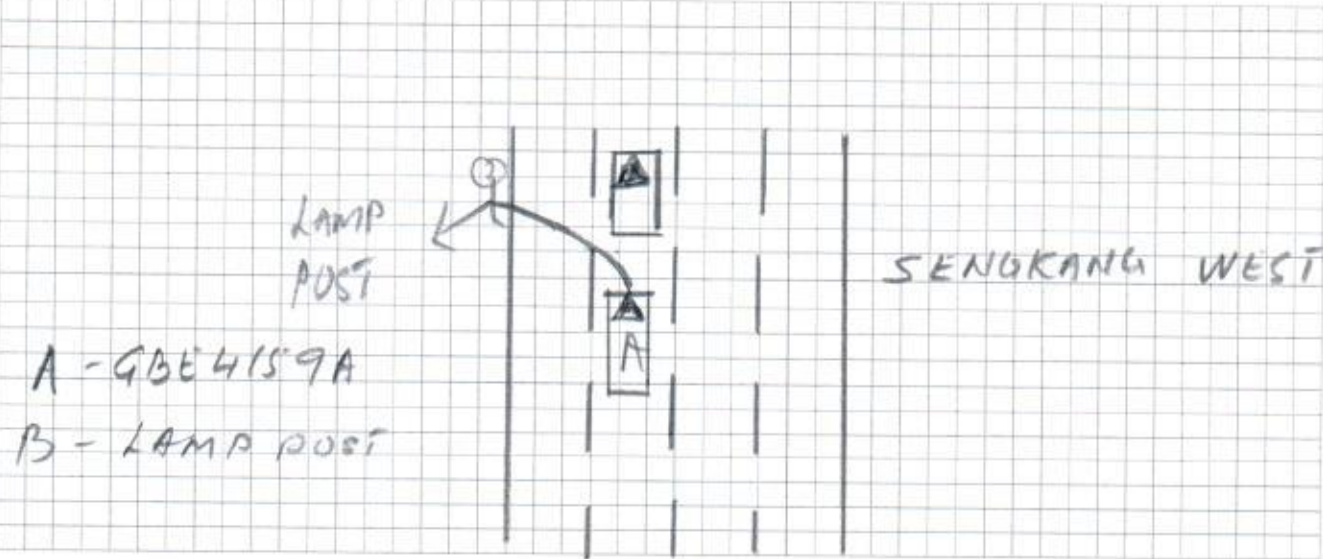
Policyholder's Signature  
Date & Time:



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

*Pls refer to the <sup>attached</sup> 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:

*Sym 01/10/19*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





Serial No. F 000117

Report No.

IP No. V3/20/42151/2019

IO In-charge: 209 LAM M.H.

## REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 07/05/19 @ 17:05hrs		Vide Report No.:		Station Diary No.:					
<b>Informant's Particulars</b>									
Name of Informant: Tso Hong Yuet Richard		Address: 6/183C Fung Yee Court A 08-225 Postal Code: 543125							
ID Type/No.: S 112 188586	Date of Birth: 29/03/1995	Contact No.:- Home:	Mobile: 97450446 Office:	Driving Licence Information:- Class: 3 Date of Expiry:					
Race: Chinese	Age: 24	Sex: male	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)						
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Delivery Service									
<b>General Information on the Accident</b>									
Type of Accident:	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury		Date of Accident: 3/8/19	Type of Location:					
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle		Time of Accident: 7:48am	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)					
Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) Saiyong Street									
Type of Collision:					Weather:				
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)			(ii) Moving Vehicle Against: <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):				
Traffic Flow: <input type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: .....km/h	Drink Drive: Yes <input checked="" type="checkbox"/> No Anyone conveyed by ambulance: Yes <input checked="" type="checkbox"/> No				
<b>Details Of Vehicle(s) &amp; Driver(s) Involved</b>									
Vehicle No.	Type/Make/Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of Insurance
95B 41594	Volvo		S 712/R65A						
<b>Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)</b>									
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic		
Tso Hong Yuet	S1121 R65A	95B 41594					PGH		



Report No.

IP No.

IO In-charge :

## CONTINUATION OF REPORT

<b>Information on Pedestrian(s) Involved</b>		
Any Pedestrian Involved: Yes / <u>No</u>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
<b>Information on Eyewitness</b>		
Any eyewitness available : Yes / <u>No</u>	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

Brief Details. This report shall be signed by the informant.

On 3/8/19 at about 7:45 am I left my house and was driving the van to Ayling  
Sahni. Along the way to the expressway, I was on the left lane for the left turning at about  
30 km/hr. I saw the vehicle ahead of me had stopped and I steps on my brakes.  
I "gas chug" so if I do not swerve my vehicle to the right, I will hit the vehicle  
ahead. So I swerved to my right and I hit the large post, after the collision,  
the ambulance came and sent me to hospital where I am still wanted. I signed my  
Spine.

## Instructions

1. Number each vehicle and show direction of travel by arrow.



2. Number each pedestrian and show direction by arrow.



3. Use solid line to show path of vehicle before accident



4. Show distance and direction to landmarks, identify by name.

5. Include road signs and any other important physical features.

## Sketch Plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: <u>Sgt Zoran</u>
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: <u>Dylan Ma</u>

Signature Of Informant: <u>[Signature]</u>
Date: <u>07/8/19</u>
Classification Of Case:

Authentication Stamp



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

03/08/2019 07:45

Vehicle No.(For Motor)

GBE4159A

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5075889258-03		EPHRAIM PERSPEX SERVICES	53051357M	GCV	Comprehensive	GBE4159A	GBE4159A	26/11/2018	25/11/2019

Continue

Claim Handling

Accident MT/1064956

Policy No.	5075889258-03	Vehicle No.	GBE4159A	GST Registrat
Certificate No.				
Policyholder Name	EPHRAIM PERSPEX SERVICES			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97450446	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
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(%)	10	Private Hire

▼ Accident Details

Report Date	01/10/2019 17:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/08/2019	Time of Accident hh:mm	07:45	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	SENGKANG EAST			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/10/2019 17:39:44 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 183C #08-235	Address 2	RIVERVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-235	Related Policy Number	5075889258-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEO KENG HUAT RICHARD	Driver NRIC	S1121888A	Driver DOB
Register Date of Driver License	16/04/1985	Driver Age	64	Driving Exper
Contact No.(Mobile)	97450446	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 183C	Address 2	RIVERVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-235			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GBE4159A / LAMP POST ON 3 Aug 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/10/2019 17:44
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment



Accident No.

MT/1054956

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

01/10/2019 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category \*

Confid.

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:42	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:42	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:42	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:41	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:41	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:41	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:41	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:41	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2019 17:41	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
		<div><div>Display in New Window</div><div>Scan and uploading</div></div>	

ASSIGNMENT (IDAC)By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:                      2) Vehicle hit ??
- a) Motorcar ( )                      a) Pedestrian ( )
- b) M/cycle ( )                      b) Animal ( )
- c) Bicycle ( )
- 3) Vehicle hit Road Side Objects:
- a) 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 ( )

By Assessor- 1) Vehicle Information

Veh No: GBE4159A Yr Regn: 26 Nov / 2015

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

Make & Model: Nissan NV350 c.c. 2488

Colour: Silver Transmission Type: Auto / Manual

Eng/No: \_\_\_\_\_ Sp. Reading: 99759

C/No: JN1MC2E26Z0005372

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

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15C - Westlake  
R: ✓

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

Front                      Rear

R/Bal. 6 mm                      R/Bal. 6 - Westlake mm

L/Bal. 6 mm                      L/Bal. 6 - Habi Bead mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: 7

D.O.I. 1/10/2019

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 6.05pm

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ( ) b. Motorcycle ( ) c. Bicycle ( ) d. Pedestrian ( )
- e. Animal ( ) f. 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:

Remarks for internal informationRemarks to appear in Works Order & Assessment report

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	357M
<b>Vehicle Details</b>	
Vehicle No.:	GBE4159A
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Oct 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	YD25384196A
Chassis No.:	JN1MC2E26Z0005372
Maximum Power Output:	-
Open Market Value:	\$22,481.00
Original Registration Date:	26 Nov 2015
First Registration Date:	26 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$1,125.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$35,266.00
COE Rebate Amount:	\$21,659.00
<b>Total Rebate Amount:</b>	<b>\$21,659.00</b>

The information contained herein is correct as at 01 Oct 2019

2,488 CC

OK

M.V. \$40,000

# VAN / LORRY (Frt)

10/10/1993  
10/10/1993  
10/10/1993

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## Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991336	Fit Number Plate	BT	/	
1002	991387	Fit Number Plate Base	BT	/	
1004	991400	Fit Bumper	DD	/	
1001	991477	Fit Bumper <i>Clips</i>	NEC	/	8
1002	991387	Fit Bumper Lower			
1003	991440	Fit Bumper Side Cover			
1004	991443	Fit Bumper Side			
1006	991425	Fit Bumper Bracket	BT	/	2
1008	991433	Fit Bumper Reinforcement	BT	/	
1005	991466	Fit Bumper Signal Lamp			
1017	995100	Fit LH Bumper Fog Lamp Cover			
1018	991355	Fit RH Bumper Fog Lamp Cover			
1019	995079	Fit LH Bumper Fog Lamp			
1020	995080	Fit RH Bumper Fog Lamp			
1021	991703	Fit Grille	CRA	/	
1022	991438	Fit Grille Emblem	NEC	/	
1006	990447	Fit Grille Sticker			
1023	991799	Fit Grille Chrome Moulding	CRA	/	
1007	991891	Fit Panel	BUC	/	
1008	991874	Fit Lower Panel			
1009	991328	Fit Panel Emblem			
1010	990247	Fit Panel Sticker			
1011	991893	Fit Panel Garnish			
1024	991222	Fit Apron Panel			
1012	991527	Fit Corner Panel			
1013	991532	Fit Corner Panel Signal Lamp			
1014	995245	Fit Signal Lamp LH			
1015	995246	Fit Signal Lamp RH			
1029	995153	Fit LH Headlamp Assy	CRA	/	
1030	991821	Fit RH Headlamp Assy			
1031	995088	Fit LH Side Lamp			
1032	995089	Fit RH Side Lamp			
1016	992149	Fit Wiper Panel			
1017	995043	Fit Wiper Nozzle			
1120	992140	Fit Wiper Arm			
1121	992142	Fit Wiper Blade			
1048	992145	Fit Wiper Link			
1019	992148	Fit Wiper Motor			
1122	995045	Wiper Panel Garnish	DIS	/	
1114	992093	Fit Windscreen			
1115	992097	Fit Windscreen Rubber			
1117	992098	Fit Windscreen Sealant	NEC	/	
1020	992114	Fit Windscreen Outer Pillar			
1021	992113	Fit Windscreen Inner Pillar			
1115	991019	FRP Bracket			
1119	991020	FRP Unit			
1022	991958	Fit Side Mirror (Htg)			
1023	991959	Fit Side Mirror (Stand)			
1024	991960	Fit Side Mirror (Round)			
1025	995015	Fit Wing Mirror Stay			
1025	995013	Fit Support Panel			
1033	990248	Bonnet			
1035	990287	Bonnet Lock			
1037	990273	Bonnet Hinge			
1039	990305	Bonnet Rubber			
1042	990119	Air Con Condenser			
1043	990112	Air Con Fan Assy			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1058	992758	Radiator Hose Top			
1058	992741	Radiator Expansion Tank			
1026	992596	Oil Cooler			
1079	991131	Power Steering Cooler Pipe			
1059	990154	Air Duct			
1060	990070	Air Cleaner Assy			
1067	990219	Battery			
1069	990223	Battery Bracket			

## Vehicle No.

GBE 4159A

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover			
1086	990946	Engine Moulding			
2027	991500	Fit Cabin Assy			
2028	991501	Fit Cabin Mounting			
2029	991502	Fit Cabin Rear Panel			
1092	991520	Fit LH Chassis Member			
1093	991520	Fit RH Chassis Member			
1094	990728	Fit Vertical Cross Member			
1095	991863	Fit Lower Cross Member			
2030	990143	Air Con Evaporator Assy			
2031	990106	Air Con Blower			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			
1133	991922	Fit RH Seat Belt Assy			
1135	995182	Fit LH Seat Belt Assy			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096	995070	Fit LH Fender			
1097	995072	Fit LH Fender Inner Panel			
1100	991740	Fit LH Fender Inner Shield			
1101	995179	Fit LH Mudflap			
2035	994966	Fit LH Wheel Guard			
1102	995170	Fit LH Wheel Rim			
1104	995065	Fit LH Tyre			
1105	995071	Fit RH Fender			
1106	991739	Fit RH Fender Inner Panel			
1109	991740	Fit RH Fender Inner Shield			
1110	991884	Fit RH Mudflap			
2036	994966	Fit RH Wheel Guard			
1111	992087	Fit RH Wheel Rim			
1113	995065	Fit RH Tyre			
1255	995326	Fit LH Door			
1256	995140	Fit LH Door Protector			
1257	995104	Fit LH Door Hinge			
1258	995142	Fit LH Door Wing Mirror			
1262	995103	Fit LH Door Glass			
1263	991595	Fit LH Door Glass Regulator			
1264	991596	Fit LH Door Glass Regulator Motor			
1265	991662	Fit LH Door Rubber			
1266	991636	Fit LH Door Outer Handle			
1272	991617	Fit LH Door Inner Trim Board			
1316	995327	Fit RH Door			
1317	991654	Fit RH Door Protector			
1318	991601	Fit RH Door Hinge			
1319	991635	Fit RH Door Wing Mirror			
1323	991584	Fit RH Door Glass			
1324	991595	Fit RH Door Glass Regulator			
1325	991596	Fit RH Door Glass Regulator Motor			
1326	991662	Fit RH Door Rubber			
1327	991636	Fit RH Door Outer Handle			
1333	991617	Fit RH Door Inner Trim Board			
2037	991644	Fit Door Fit Pillar			
2038	991657	Fit Door Rear Pillar			
2039	992072	Fit Wheel Arch Panel			
2040	992069	Fit Wheel Arch Panel Garnish			
2041	991996	Fit Step Panel			
2042	994498	Fit Step Panel Top Garnish			
2043	994495	Fit Step Panel Inner Garnish			
1073	995053	Wiper Washer Tank			
1136	990247	Sticker			
		<i>Turbo Cooler Pipe</i>			

No of Items:

Accessories:



Claim Handling

[Task Transfer](#) [Exit](#)

[LOS](#) [SAL](#) [SUB](#)

Accident MT/1064956

Policy No.	5075889256-03	Vehicle No.	GBE4159A	GST Registration No.	
Certificate No.					
Policyholder Name	EPHRAIM PERSPEX SERVICES			Policyholder NRIC	53051357M
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97450446	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	10	Private Hire	No

Accident Details

Report Date	01/10/2019 17:37	Accident Report Within 24 hrs	No	Accident Type	Collided into Property
Date of Accident	03/08/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	SENGKANG EAST				

Excess

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

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/10/2019 17:39:44 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 183C #08-235	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 543183
Address 4		Address Type	Singapore address	Post Code	543183
Unit No.	08-235	Related Policy Number	5075889258-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO KENG HUAT RICHARD	Driver NRIC	S1121888A	Driver DOB	29/03/1955
Register Date of Driver License	16/04/1985	Driver Age	64	Driving Experience	34
Contact No.(Mobile)	97450446	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 183C	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 543183
Address 4		Address Type	Singapore address	Post Code	543183
Unit No.	#08-235				
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 checked="" type="radio"/> Yes <input type="radio"/> No
Modification History	02/10/2019 10:40 s018940 Modify Accident Type(Others-->Collided into Property) 02/10/2019 10:40 s018940 Modify Accident Report Within 24 hrs(Yes-->No)		

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	EPHRAIM PERSPEX SERVICES	Insured NRIC	53051357
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GBE4159A	TP Vehicle Number	LAMP POS
Claim Description	GBE4159A / LAMP POST ON 3 Aug 2019			Name of Preferred Workshop	
Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	01/10/2019 17:44	Claim Close Date		Date Received	02/10/201
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment

Attachment

Vehicle Info

Vehicle Make	NISSAN	Vehicle Model	NV350	Engine Capacity	1.5
Date of Registration	26/11/2015	Classis No.	JN1MC2E26Z0005372		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	S1 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(\$)	

NO OF REPAIR:07 DAYS:FRT GRILLE CHROME MOULDING-REPLACE,FRT WINDSCREEN SEALANT-REPLACE,TURBO COOLER PIPE-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

AIR INTAKE

AIR RESONATOR BOX

AIR THROTTLE BODY AND SENSOR

ALARM

ALTERNATOR

No.	Part No.	Description	Qty *	Repair Cot
1	32200101	NUMBER PLATE (FRONT)	1	Replace
2	27100101	GRILLE (FRONT)	1	Replace
3	16000101	BUMPER (FRONT)	1	Replace
4	16002401	BUMPER CLIPS (FRONT)	8	Replace
5	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace
6	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
8	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm
9	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Unconfirm
10	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm
11	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm
12	27100801	GRILLE EMBLEM (FRONT)	1	Replace
13	33000101	PANEL (FRONT)	1	Replace
14	27700101	HEAD LAMP (LEFT)	1	Replace
15	27700102	HEAD LAMP (RIGHT)	1	Unconfirm
16	454009	WIPER PANEL GARNISH	1	Replace
17	112053	AIR CON EVAPORATOR	1	Unconfirm
18	112003	AIR CON BLOWER	1	Unconfirm

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: GB54155 Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

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

Workshop Collection of Vehicle

Workshop: MOYH.

Collection Date: 4/11 Time: \_\_\_\_\_ with Keys: Yes / No

Tow Truck No: YF 5642 Tow Man: h NRIC: S11641924

Signature: \_\_\_\_\_

97998888

*For office use*

Attended by: Shan Hui

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:** Tan Siew Choo <siewchoo.tan@income.com.sg>  
**Sent:** Friday, 4 October 2019 1:20 PM  
**To:** NAC ; 'Enny'; suann@movva.com.sg; 'AVRIL HO'; Movva-Nitha (nitha@movva.com.sg); 'Nabilah'; 'Jacelyn'  
**Subject:** GBE4159A, OD claim no : MT/1064956  
**Importance:** High

Dear IDAC and Movva,

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

Dear Movva,

OD excess of \$600/- is applicable, pls assist to liaise with owner Mr Richard Teo at tel : 97450446.

No survey required only for this repair works.

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

Regards.

**Tan Siew Choo**  
Senior Executive  
Motor Insurance  
T +65 6430 7882  
[www.income.com.sg](http://www.income.com.sg)



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Find out more at [Income.com.sg/careers](http://Income.com.sg/careers)



Our Ref: MT/CA/OD/051/1064956-001/TSC

04 Oct 2019

MOVA AUTOMOTIVE PTE LTD

BLK 1008 #01-04/06/08

BUKIT MERAH LANE 3

SINGAPORE 159722

Dear Sir

**CLAIM NUMBER: MT/1064956-001**

**REPAIR OF VEHICLE NUMBER: GBE4159A**

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

Award Date: 04 Oct 2019

Make: NISSAN

Model: NV350

Estimated Repair Days: 8



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 Tan Siew Choo at 64307882 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

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