

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA 191288

Date In: 12/10/19-15:56	Job description	Date & Time Completed	Done by
Ref No: NA/14C19-18364/2W	SAS e-filing		
Veh No: 5JQ516E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/10/19-19:35	i-Motor Claim Form	M71267338-001	12/10/19 16:09
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: 618C37485

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

NA1907876

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2 / 3:

Invoice Preparation Checklist

Amf (\$)

1st Bill

Amf (\$)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD:

*N5: Courtesy Car / Tpl 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

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	17/10/2019 15:56
Date Of Accident	16/10/2019 19:35
Exact Location Of Accident	EUNOS LINK BEFORE KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5160E
Insured/Policyholder	
Name Of Registered Owner	ONG MEI CHIN
NRIC No	S7571705I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90609265
Alternative Phone No	OFFICE-90609265

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.4G A
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	5110604937
Cover Note Number	

Driver

Name of Driver	ONG KA PENG
NRIC No	S8583366I
Date Of Birth	03/01/1985
Occupation	INDOOR
Date Of Driving Pass	25/03/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93859984
Fax Number	
Contact Number	OFFICE-93859984
EMail Address	NOEMAIL

Address	BLK 240 HOUGANG STREET 22 #04-31
Postcode	530240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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	GBC3748S
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB765S
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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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

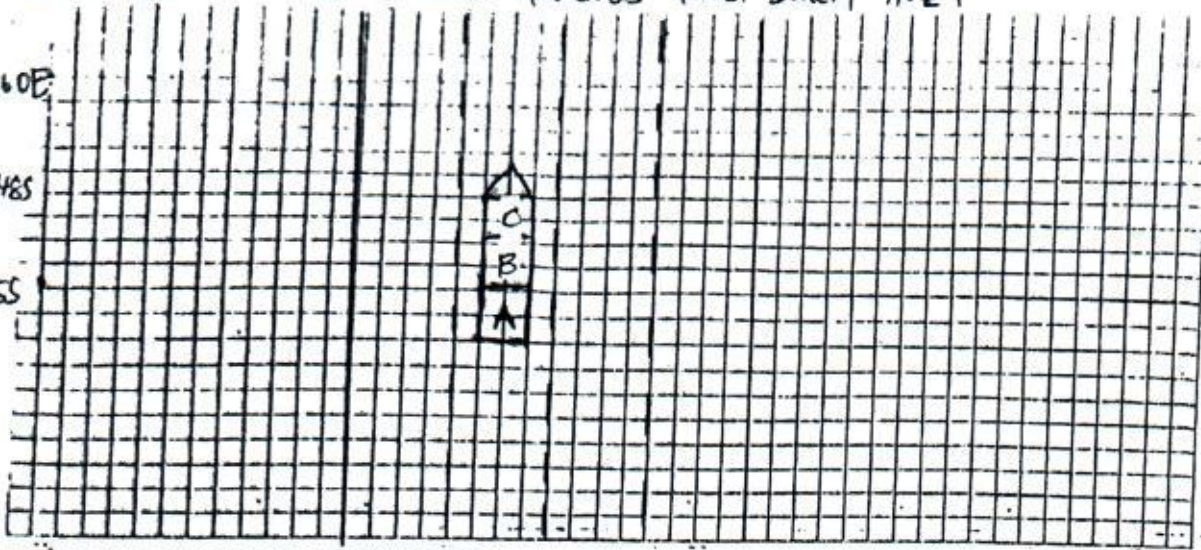
SKETCH PLAN

Eunos Link towards KAEI BUKIT AVE 1

VEN A: SJQ5160E

VEN B: GBC37485

VEN C: GBB7655



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and times, I vehicle A was driving
 along Eunos Link towards Kaei Bukit Ave 1. The light
 turn red, the car in front stop, I could not stop
 on time and hit onto vehicle B. I alighted and
 realise I am involved in a 3-car chain collision.

DECLARATION

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.:

Date of Accident : 16-Oct-2019 Accident Time: 735 pm (24-HR-Format)
 Accident Place : Eunos Link before Kaki Bukit Ave 1
 Vehicle Reg. No. (Car Plate No.) : STQ 5160E
 Vehicle Make/Model : Toyota Alphard
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Ong Mei Chin 275717051
 Owner or Company Contact No. : 9060 9265 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Ong ka. Peng 885833661
 DRIVER'S Date Of Birth : 3-1-1985 DRIVER'S License Pass Date 25-3-2011
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 240 Hongkong street 22 #04-31 s' (530240)
 DRIVER'S Contact No / Alt No. : 1) 9385 9984 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBC3748S</u>	Vehicle Reg. No: <u>GB87655</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.		Date of Accident	16/10/2019 19:35							
Vehicle No. (For Motor)	SJQ5160E	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	S110604937		ONG MEI CHIN	S75717051	GPC	drive CLASSIC	SJQ5160E	SJQ5160E	21/06/2019	20/06/2020
Continue										

 Policy Information

Policy No.	5110604937	Policyholder Name	ONG MEI CHIN	Policyholder NRIC	S75717051
Certificate No.					
Address	BLK 344 #04-2188 ANG MO KIO AVENUE 3 TECK GHEE EVERGREEN SINGAPORE 560344				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/06/2019	Effective Date	21/06/2019 00:00	Expiry Date	20/06/2020 23:59
Excess Type	Per Accident	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 344 #04-2188	Address 2	ANG MO KIO AVENUE 3	Address 3	TECK GHEE EVERGREEN
Address 4	SINGAPORE 560344	Address Type	Singapore address	Post Code	560344
Unit No.	04-2188	Related Policy Number	5110604937		

 Insured Object: SJQ5160E

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1067338

Policy No.	5110604937	Vehicle No.	S1Q5160E	GST Registration No.	
Certificate No.					
Policyholder Name	ONG MEI CHIN			Policyholder NRIC	S75717051
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90609265	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1-1
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	17/10/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/10/2019	Time of Accident hh:mm	19:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUNOS LINK BEFORE KAKI BUKIT AVE 1				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			
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 344 #04-2188	Address 2	ANG MO KIO AVENUE 3	Address 3	TECK GHEE EVERGREEN
Address 4	SINGAPORE 560344	Address Type	Singapore address	Post Code	560344
Unit No.	04-2188	Related Policy Number	5110604937		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG KA PENG	Driver NRIC	S85833661	Driver DOB	03/01/1985
Register Date of Driver License	25/03/2011	Driver Age	34	Driving Experience	8
Contact No.(Mobile)	93859584	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 240	Address 2	HIDUGANG STREET 22	Address 3	SINGAPORE 530240
Address 4		Address Type	Singapore address	Post Code	530240
Unit No.	04-31				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	ONG MEI CHIN	Insured NRIC	S75717051
Contact No.(Mobile)	90609265	Contact No.(Home)	62815822	Contact No.(Office)	
Email Address		O1 Vehicle Number	S1Q5160E	TP Vehicle Number	GBC37485
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S1Q5160E / GBC37485 ON 16 Oct 2019				
Preferred Workshop Contact No.	9688885	Insured Liability *	Fully at Fault	Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	17/10/2019 16:09	Claim Close Date		Date Received	17/10/2019 00:00
Report Taken By	Jackson			OD Excess Collected by Workshop	
☒ Print AK letter					

Attachment

Accident No.	MT/1067338	Claim No.	001	
Last Doc. Received	☒ Yes ☐ No	Upload Date	17/10/2019 16:10	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		

[View Page 1 of 1](#)
☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	SAS	Normal	SAS 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Oct 2019 16:09	Photos	Normal	Photos 2019-10-17	

Video List

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7051
Vehicle Details	
Vehicle No.:	SJQ5160E
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD 2.4G A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	2AZF216489
Chassis No.:	ANH208027603
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$46,647.00
Original Registration Date:	14 May 2009
First Registration Date:	14 May 2009
Transfer Count:	3
Actual ARF Paid:	\$46,647.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Apr 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$35,411.00
COE Rebate Amount:	\$33,758.00
Total Rebate Amount:	\$33,758.00

The information contained herein is correct as at 17 Oct 2019

OK

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

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 ()

Remarks for internal informationRemarks 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: 55Q5160 E Yr Regn: 14 May 2009

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

/ Truck / Trailer or

Make & Model: Toyota Alphard G 2.4A c.c. 2362

Colour: White Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: _____

C/No: ANH20 8027603

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R17 - Dayton

R: _____ - Kapsen

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

TOYO / YOKO or As above

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>6</u> mm

Parallel Import: Yes / No Towed-In: Yes / No

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

No of Repair Days: 7 Vehicle in Idac: Yes / No

D.O.I. 17/02/2019 Time: 4.20pm

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:

MOTOR CAR (Pri)

ACTON/AC

(1)Replace (✓) (2)Repair (C) (3)Check (C) (4)Not Condition (PIC)

Aug 2003

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	MIS	✓	
1002	991887	Frt Number Plate Base	CRA	✓	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR	✓	
1005	992341	Frt Bumper Clips	MEC	✓	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	DIS	✓	2
1008	991433	Frt Bumper Reinforcement	DO	✓	
1009	991318	Frt Bumper Base <i>Ton Eye Cover</i>	IN	✓	2
1010	991468	Frt Bumper Sponge	CRA	✓	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CRA	✓	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor	CUT	✓	4
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp	CRA	✓	
1020	995080	Frt RH Bumper Fog Lamp	CRA	✓	
1021	991793	Frt Grille	CRA	✓	
1022	991328	Frt Grille Emblem	CUT	✓	
1023	991799	Frt Grille Chrome Moulding	CRA	✓	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	✓	
1026	992025	Frt Support Panel Top Garnish Cover	CRA	✓	
1027	992416	Horn			
1028	991277	Frt Brace Panel	BT	✓	
1029	995153	Frt LH Headlamp Assy	CRA	✓	
1030	991821	Frt RH Headlamp Assy	CRA	✓	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem <i>Chrome Moulding</i>	BUC	✓	
1035	990287	Bonnet Lock	MIS	✓	
1036	990285	Bonnet Insulator	JM	✓	
1037	990273	Bonnet Hinge	BT	✓	2
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	DD	✓	
1043	990122	Air Con Fan Assy	CRA	✓	
1044	990134	Air Con Suction Pipe (Low Pressure)	BT	✓	
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)	PD	✓	
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe	BT	✓	
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator	DD	✓	
1053	992738	Radiator Cowling	CRA	✓	
1054	992742	Radiator Fan Assy	CUT	✓	
1055	992745	Radiator Fan Clutch	JM	✓	
1056	992758	Radiator Hose Top	BT	✓	
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank	DD	✓	
1059	990151	Air Duct	CUT	✓	
1060	990270	Air Cleaner Assy			
1061	990056	Air Cleaner Hose	BT	✓	
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket	BT	✓	
1070	990229	Battery Tray	DD	✓	

Vehicle No: **STQ5160E**

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	BUC	✓	
1097	995072	Frt LH Fender Inner Panel	BT	✓	
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	CRA	✓	
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender	BUC	✓	
1106	991739	Frt RH Fender Inner Panel	BT	✓	
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield	CRA	✓	
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass	CRA	✓	
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding	MEC	✓	
1117	992098	Frt Windscreen Sealant	MEC	✓	
1118	991019	ERP Bracket	MEC	✓	
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish	BT	✓	
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			
		<i>TA LADoor</i>	SCR	✓	
		<i>W RT W</i>	SCR	✓	

No of Items:

Accessories:

Claim Handling

Task Transfer Exit

IDS SMI SUB

Accident MT/1067338

Policy No.	5110604937	Vehicle No.	SIQ5160E	GST Registration No.	
Certificate No.					
Policyholder Name	ONG MEI CHIN	Cover Type	drive CLASSIC	Policyholder NRIC	S7571705I
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90609265	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	N
KFK	☒ No ☐ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	17/10/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/10/2019	Time of Accident hh:mm	19:35	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	EUNOS LINK BEFORE KAKI BUKIT AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable			

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 344 #04-2188	Address 2	ANG MO KIO AVENUE 3	Address 3	TECK GHEE EVERGREEN
Address 4	SINGAPORE 560344	Address Type	Singapore address	Post Code	560344
Unit No.	04-2188	Related Policy Number	5110604937		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/01/1985
Unnamed driver Name	ONG KA PENG	Driver NRIC	S8583366I	Driving Experience	8
Register Date of Driver License	25/03/2011	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	93859984	Contact No.(Office)	0	Address 3	SINGAPORE 530240
Address 1	BLK 240	Address 2	HOUGANG STREET 22	Post Code	530240
Address 4		Address Type	Singapore address		
Unit No.	04-31				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

IDS SMI SUB

Claim Type	OD-MD	Insured Name	ONG MEI CHIN	Insured NRIC	S7571705I
Contact No.(Mobile)	90609265	Contact No.(Home)	62815822	Contact No.(Office)	
Email Address		OI Vehicle Number	SIQ5160E	TP Vehicle Number	GBC37485
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SIQ5160E / GBC37485 ON 16 Oct 2019	Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD		
Preferred Workshop Contact No.	98888885	Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	17/10/2019 00:00
Date Registered	17/10/2019 16:10	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer		OD Excess Collected by Workshop	
☒ Print AK letter					

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	ALPHARD	Engine Capacity	
Date of Registration	14/05/2009	Class No.	ANH208027603	Parallel Import *	☒ Yes ☐ No
Towing Required *	☒ Yes ☐ No	Vehicle in IDAC *	☒ Yes ☐ 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 *

☐ Yes ☒ No

Market Value(\$)

Scrap Value(\$)

Economic Repair Value(\$)

Remark

REMARK: NO OF REPAIR DAY: 7 DAYS. 2 X FRT BUMPER TOW EYE COVER - REPLACE. 1 X FRT GRILLE CHROME MOULDING - REPLACE. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X BONNET CHROME MOULDING - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - REPLACE. 1 X AIR CON SUCTION HOSE - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - REPLACE. 1 X AIR CON LIQUID PIPE - REPLACE. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM. 1 X ENGINE TOP COVER - UNCONFIRM. 1 X FRT WINDSCREEN MOULDING - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BAG	7	16009001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BLOWER	8	16009901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR BOX	9	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	16005501	BUMPER SENSOR (FRONT)	4	Replace	X
AIR CLEANER	11	454012	WIPER WASHER TANK	1	Unconfirm	X
AIR COMPRESSOR	12	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
AIR CON	13	25400102	FENDER (FRONT LEFT)	1	Replace	X
AIR CON (VAN)	14	25400801	FENDER INNER PANEL (FRONT LEFT)	1	Repair	X
AIR COOLER	15	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
AIR DISTRIBUTOR	16	25400103	FENDER (FRONT RIGHT)	1	Replace	X
AIR FILTER	17	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
AIR FLOW	18	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
AIR GRILLE	19	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	X
AIR HORN	20	451020	WINDSCREEN SEALANT	1	Replace	X
AIR INTAKE	21	245001	ERP BRACKET	1	Replace	X
AIR RESONATOR BOX	22	454009	WIPER PANEL GARNISH	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	23300201	DOOR (FRONT LEFT)	1	Repair	X
ALARM	24	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace	X
ALTERNATOR	25	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace	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	27700102	HEAD LAMP (RIGHT)	1	Replace	X
ARM REST	32	27700101	HEAD LAMP (LEFT)	1	Replace	X
ASH TRAY	33	149001	BONNET	1	Replace	X
AUTO CLUTCH	34	14903401	BONNET LOCK (LOWER)	1	Replace	X
AUTO COOLER PIPE	35	149029	BONNET INSULATOR	1	Replace	X
AUTO CRUISE MOTOR	36	14902201	BONNET HINGE (LEFT)	1	Replace	X
AUTO TRANSMISSION	37	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AXLE	38	149041	BONNET RUBBER (CENTRE)	1	Unconfirm	X
BACK REST (MC)	39	112023	AIR CON CONDENSER	1	Replace	X
BACK SEAT	40	112060	AIR CON FAN	1	Replace	X
BALANCER	41	112043	AIR CON DISCHARGE HOSE	1	Unconfirm	X
BATTERY	42	344001	RADIATOR	1	Replace	X
BEADING (MC)	43	344005	RADIATOR COWLING	1	Replace	X
BELT COVER (MC)	44	344008	RADIATOR FAN	1	Replace	X
BELT TENSIONER	45	344011	RADIATOR FAN CLUTCH	1	Replace	X
BODY	46	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
BODY (MC)	47	34402802	RADIATOR HOSE (TOP)	1	Replace	X
BOLT CAP (MC)	48	344007	RADIATOR EXPANSION TANK	1	Replace	X
BOLT HEAD COVER (MC)	49	11001302	AIR CLEANER HOSE (CENTRE)	1	Replace	X
BONNET	50	110037	AIR CLEANER RESONATOR	1	Unconfirm	X
BOOT	51	141001	BATTERY	1	Unconfirm	X
BOX (MC)	52	141005	BATTERY COVER	1	Unconfirm	X
BOX BRACKET (MC)	53	141002	BATTERY BRACKET	1	Replace	X
BOX CARRIER (MC)	54	141007	BATTERY TRAY	1	Replace	X
BOX DOOR	55	23300202	DOOR (FRONT RIGHT)	1	Repair	X
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						
CD PLAYER						
CDI UNIT (MC)						
CENTRE BOTTOM						
CENTRE BRACKET						
CENTRE CONSOLE						
CENTRE COWLING (MC)						
CENTRE CROSS MEMBER						
CENTRE EXHAUST						
CENTRE FARING (MC)						

Save Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Friday, 18 October 2019 5:30 PM
To: Hock Wah Motor Pte Ltd; LKK Paya Ubi
Subject: SJQ5160E | MT/1067338 (Awarding Letter to Hock Wah)

Importance: High

Hi IDAC and Hock Wah,

Vehicle is currently in IDAC.

Total excess of \$1.1k applies.

Please assist to liaise with the driver – Mr Ong Ka Peng at tel: 9385 9984 on the necessary.

Thank you.

Yap Chee Ling (Ms)
Executive
Motor Insurance
T +65 6430 7893
www.income.com.sg



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in with you

Our Ref: MT/CA/OD/051/1067338-001/YCL

18 Oct 2019

HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1067338-001
REPAIR OF VEHICLE NUMBER: SJQ5160E

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

Award Date: 18 Oct 2019
Make: TOYOTA

Model: ALPHARD

Estimated Repair Days: 8

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits: Not applicable

Excess Applicable: 600 + 500

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Disclaimer

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



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NAC NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: S20 560E Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: LOCK WARE MOTORS

Collection Date: 19/10/19 Time: 0940 with Keys: Yes / No

Tow Truck No: YH 1388C Tow Man: ONG ENG JENG NRIC: S7048707A

Signature: _____

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: _____