

Date: 6/11/19 14:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 19019651164	E-mail (within 2hrs, AIC 2hrs):		
Veh No: SJY 3583 P	I-Motor Claim Form: MT11070306 <sup>001</sup>	7/11/19 08:52	
IP: 6/11/19 13:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
IP Particulars:	Veh No: SJY 155 2 S.	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 repoker.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	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

MA 1909356	Invoice Preparation Checklist	AM (5)	AM (1)
Claimant's Particulars:	1) AR: Accident Reporting (\$30):	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$40)	80.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Begr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming start INC Only (w/c 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	OR:		
	*N3: Courtesy Car / Tot Allowance \$5		
	*N6: Repair Coordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Ideal 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	06/11/2019 14:42
Date Of Accident	06/11/2019 13:00
Exact Location Of Accident	MARINE DRIVE CARPARK BLK 75
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3583P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM WHEE
NRIC No	S0084903J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81211785
Alternative Phone No	OFFICE-81211785

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5063712724-05
Cover Note Number	

### Driver

Name of Driver	LIM KIM WHEE
NRIC No	S0084903J
Date Of Birth	14/05/1938
Occupation	INDOOR
Date Of Driving Pass	22/07/1958
Driving Experience	61 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81211785
Fax Number	
Contact Number	OFFICE-81211785
EMail Address	NOEMAIL

Address	1 MARINE VISTA #18-83
Postcode	449025
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 - MAJOR/MINOR RD
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

MY VEH WAS PARKED AT THE BLK 75 MARINE DR, WHEN I SLOWLY REVERSING OUT FROM THE LOT, I NEVER HEARD ANY HORN SOUND THEN SUDDENLY FELT A HUGE IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1552S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



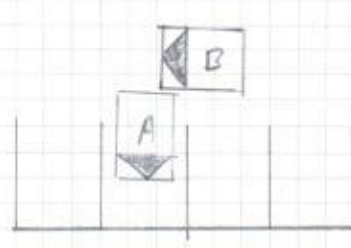
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



A = SJY 3583 P

B = SJY 1552 S

D11K 75 Marine Dr carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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

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="06/11/2019 14:42"/>
Vehicle No.(For Motor)	<input type="text" value="SJY3583P"/>	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"/>	5063712724-05		LIM KIM WHEE	S00849033	GPC	drivo CLASSIC	SJY3583P	SJY3583P	24/02/2019	23/02/2020



## Claim Handling

Accident MT/1070306

Policy No.	5063712724-05	Vehicle No.	SJY3583P	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KIM WHEE	Cover Type	drive CLASSIC	Policyholder NRIC	S0084903J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81211785	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	07/11/2019 08:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	06/11/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINE DRIVE CARPARK BLK 75				
<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	1 MARINE VISTA	Address 2	#18-83 NEPTUNE COURT	Address 3	SINGAPORE 449025
Address 4		Address Type	Singapore address	Post Code	449025
Unit No.		Related Policy Number	5063712724-05		
<b>OI Driver Info</b>					
Driver Name	LIM KIM WHEE	Driver Type	Main Driver	Driver DOB	14/05/1938
Unnamed driver Name		Driver NRIC	S0084903J	Driving Experience	61
Register Date of Driver License	22/07/1958	Driver Age	81	Contact No.(Home)	
Contact No.(Mobile)	81211785	Contact No.(Office)		Address 3	SINGAPORE 449025
Address 1	1 MARINE VISTA	Address 2	#18-83 NEPTUNE COURT	Address 3	SINGAPORE 449025
Address 4		Address Type	Singapore address	Post Code	449025
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MD	Insured Name	LIM KIM WHEE	Insured NRIC	S0084903J	
Contact No.(Mobile)		Contact No.(Home)	64436070	Contact No.(Office)		
Email Address		GI Vehicle Number	SJY3583P	TP Vehicle Number	SJY15525	
Claim Description	SJY3583P / SJY15525 On 6 Nov 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault	GSA report	Received	
Workshop No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop			
Date Registered				07/11/2019 08:52	Claim Close Date	
Report Taken By	LIEW SHAN HUI				Date Received	07/11/2019
<input checked="" type="checkbox"/> Print AK letter						
<div>DO Excess Collected by Workshop</div>						
<div>Save Submit</div>						

## Attachment

Accident No.	MT/1070306	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	07/11/2019 08:52
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) 0	07 Nov 2019 08:52	NRIC/ Driving License	Y
			Normal
			NRIC/ Driving License 2019-11-7

UBI 2F  
7:57 AMNAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
07 Nov 2019 08:52

SAS

Normal

SAS 2019-11-7

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
07 Nov 2019 08:52

Photos

Normal

Photos 2019-11-7

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07 Nov 2019 08:52

Photos

Normal

Photos 2019-11-7

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading



ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)By CSO- Nature of Accident:

## 1) Vehicle hit Vehicle:

a) Motorcar ( )

b) M/cycle ( )

c) Bicycle ( )

## 2) Vehicle hit ??

a) Pedestrian ( )

b) Animal ( )

## 3) Vehicle hit Road Side Objects:

a) Govn. Property ( )

(Eg: signboard, barrier, tree etc)

b) Road Work Object ( )

c) Private Property ( )

## 4) Vehicle drop into drain ( )

## 5) Damage due to Act of God:

a) Fallen Object ( )

b) Flood ( )

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

## 6) Parked &amp; 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 &amp; Assessment report

1) Potential Total Loss ( )

2) SRS Light on ( )

3) ABS Light on ( )

By Assessor- 1) Vehicle InformationVeh No: STX3583 P Yr Regn: 24 Aug 2010Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV  
/ Truck / Trailer orMake & Model: Toyota Proace Ec.c. 1497Colour: GreyTransmission Type: Auto / Manual

Eng/No: \_\_\_\_\_

Sp. Reading: 138044C/No: MR053 HY 9305171144Gen. Cond: Good / Fair / Poor / Burnt orSteering: Knotted / Jammed / Leaked / Burnt orBrake: Knotted / Jammed / Leaked / Burnt orModi: Nil / W/Rim / STD A/Rim orTyre Size: F: 185/60 R15

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

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

TOYO / YOKO

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmParallel Import: Yes No

Towed-In: Yes / No

Repair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 6Vehicle in Idac: Yes / NoD.O.I. 6/11/2019Time: 5.45pmBy 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 &amp; Recovered ( )

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:







> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	903J
<b>Vehicle Details</b>	
Vehicle No.:	SJY3583P
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Blue
Manufacturing Year:	2010
Engine No.:	1NZY111248
Chassis No.:	MR053HY9305171144
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,306.00
Original Registration Date:	24 Aug 2010
First Registration Date:	24 Aug 2010
Transfer Count:	1
Actual ARF Paid:	\$12,306.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Aug 2020
PARF Rebate Amount:	\$6,153.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Aug 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$29,000.00
COE Rebate Amount:	\$2,291.00
<b>Total Rebate Amount:</b>	<b>\$8,444.00</b>

The information contained herein is correct as at 06 Nov 2019

OK



## Claim Handling

## ▼ Accident MT/1070306

Task Transfer Exit

LOG SAL SUB

Policy No.	5063712724-05	Vehicle No.	SJY3583P	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KIM WHEE			Policyholder NRIC	S0084903J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81211785	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	07/11/2019 08:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/11/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	MARINE DRIVE CARPARK BLK 75				

## ▼ 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	1 MARINE VISTA	Address 2	#18-83 NEPTUNE COURT	Address 3	SINGAPORE 449025
Address 4		Address Type	Singapore address	Post Code	449025
Unit No.		Related Policy Number	5063712724-05		

## ▼ OI Driver Info

Driver Name	LIM KIM WHEE	Driver Type	Main Driver	Driver DOB	14/05/1938
Unnamed driver Name		Driver NRIC	S0084903J	Driving Experience	61
Register Date of Driver License	22/07/1958	Driver Age	81	Contact No.(Home)	
Contact No.(Mobile)	81211785	Contact No.(Office)		Address 3	SINGAPORE 449025
Address 1	1 MARINE VISTA	Address 2	#18-83 NEPTUNE COURT	Post Code	449025
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

## ▼ Declaration

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

## ▼ Investigation

## Claim 001 OD-MD

## ▼ Claim Case Officer Yap Chee Ling

LOG SAL SUB

Claim Type	OD-MD	Insured Name	LIM KIM WHEE	Insured NRIC	S0084903J
Contact No.(Mobile)		Contact No. (Home)	64436070	Contact No. (Office)	
Email Address		OI Vehicle Number	SJY3583P	TP Vehicle Number	SJY15525
Claim Description	SJY3583P / SJY15525 ON 6 Nov 2019				
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Preferred Repair Option	income to assign workshop	Insured Liability report	Partially at Fault
Date Registered	07/11/2019 08:53	Claim Close Date		Date Received	07/11/2019 09:23
Report Taken By	LIEW SHAN HUI	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
Remarks	

## damage assessment

## Attachment

## ▼ Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	VIOS	Engine Capacity	
Date of Registration	24/08/2010	Classis No.	MR053HY9305171144		
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

51 UBI AVENUE 1 #01-25 PAVA

Windscreen  
Parts & Labour  
Cost

Total Loss \*

☐ Yes ☒ No

Market Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

REMARK:NO OF REPAIR DAYS:6 DAYS.1X REAR END PANEL - REPAIR.1X REAR END PANEL TOP GARNISH - UNCONFIRM.1X REAR EXHAUST CHROME PIPE - REPLACE.

Remark

Remark for  
Supplementary

## ▼ Damage Listing

Find a Part

root	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	16000102	BUMPER (REAR)	1	Replace	X
ABS	2	16002402	BUMPER CLIPS (REAR)	6	Replace	X
ABSORBER	3	16001303	BUMPER BRACKET (REAR LEFT)	1	Replace	X
ACCELERATOR	4	16005103	BUMPER RETAINER (REAR LEFT)	1	Replace	X
ACTUATOR	5	16005104	BUMPER RETAINER (REAR RIGHT)	1	Replace	X
ADVERTISEMENT STICKER	6	16004903	BUMPER REFLECTOR (REAR LEFT)	1	Replace	X
AIR BAG	7	35300101	REVERSE SENSOR (LEFT)	1	Replace	X
AIR BLOWER	8	35300102	REVERSE SENSOR (RIGHT)	1	Replace	X
AIR BOX	9	42000101	TAIL LAMP (LEFT)	1	Replace	X
AIR CHAMBER BOX	10	42000102	TAIL LAMP (RIGHT)	1	Replace	X
AIR CLEANER	11	150033	BOOT LID	1	Replace	X
AIR COMPRESSOR	12	150014	BOOT EMBLEM	3	Replace	X
AIR CON	13	150018	BOOT HANDLE	1	Replace	X
AIR CON (VAN)	14	15004801	BOOT LOCK (BOTTOM)	1	Replace	X
AIR COOLER	15	150043	BOOT LID RUBBER	1	Replace	X
AIR DISTRIBUTOR	16	15003801	BOOT LID HINGE (LEFT)	1	Replace	X
AIR FILTER	17	15003802	BOOT LID HINGE (RIGHT)	1	Replace	X
AIR FLOW	18	25400105	FENDER (REAR LEFT)	1	Repair	X
AIR GRILLE	19	25400106	FENDER (REAR RIGHT)	1	Repair	X
AIR HORN	20	23300203	DOOR (REAR LEFT)	1	Repair	X
AIR INTAKE	21	23305303	DOOR PROTECTOR (REAR LEFT)	1	Replace	X
AIR RESONATOR BOX						
AIR THROTTLE BODY AND SENSOR						
ALARM						
ALTERNATOR						
ALUMINIUM PANEL - SIDE						
AMPLIFIER						
ANTENNA						
ANTI ROLL						

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: SJY 3583P Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

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

Workshop Collection of Vehicle

Workshop: Hock Wah

Collection Date: 07/11/2019 Time: 545 with Keys: Yes / No

Tow Truck No: YH 1388L Tow Man: ONG ENG BENG NRIC: S7048441

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: \_\_\_\_\_



## LKK Paya Ubi

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**From:** Yap Chee Ling <CheeLing.Yap@income.com.sg>  
**Sent:** Thursday, 7 November 2019 2:43 PM  
**To:** LKK Paya Ubi; Hock Wah Motor Pte Ltd  
**Subject:** SJY3583P | MT/1070306 (Awarding Letter to Hock Wah)

**Importance:** High

Hi IDAC and Hock Wah,

Vehicle is currently in IDAC.

Excess of \$600 is applicable.

Please liaise with the owner – Mr Lim Kim Whee at tel: 8121 1785 on the necessary.

\*\* Owner may wish to collect the car in IDAC after the repairs.

Thank you.

**Yap Chee Ling (Ms)**  
Executive  
Motor Insurance  
T +65 6430 7893  
[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)



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Our Ref: MT/CA/OD/051/1070306-001/YCL

07 Nov 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/1070306-001**  
**REPAIR OF VEHICLE NUMBER: SJY3583P**

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

Award Date: 07 Nov 2019

Make: TOYOTA

Model: VIOS

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits: Not applicable

Excess Applicable: 600

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](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

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