NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 914987

Date In: 6/11/19-19:20	Job description	Date & Time Completed	Done by
Ref No: MA/INC/1901999x/GH	SAS e-filing		
Veh No: SMM8775M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 6/11/19-08:20	i-Motor Claim Form	M7/10730/0-00 1	6/11/19 19:14
(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: GBE9668Y 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

NA1908658

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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 / 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		
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 witholding 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	11/11/2019 19:00
Date Of Accident	08/11/2019 08:20
Exact Location Of Accident	ANG MO KIO IND PARK 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM8475M
Insured/Policyholder	
Name Of Registered Owner	CARHUB LEASING PTE LTD
Co Reg No	201842930G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91019983
Alternative Phone No	OFFICE-91019983
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108657811
Cover Note Number	
Driver	
Name of Driver	LIANG ZHICHENG
NRIC No	S8309607A
Date Of Birth	07/04/1983
Occupation	INDOOR
Date Of Driving Pass	02/09/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94790155
Fax Number	
Contact Number	OFFICE-94790155
EMail Address	NOEMAIL

Address	233B SUMANG LANE #10-321
Postcode	822233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

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	GBE9665Y
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.
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.

CARHUB LEASING PTE LTD 201842130G

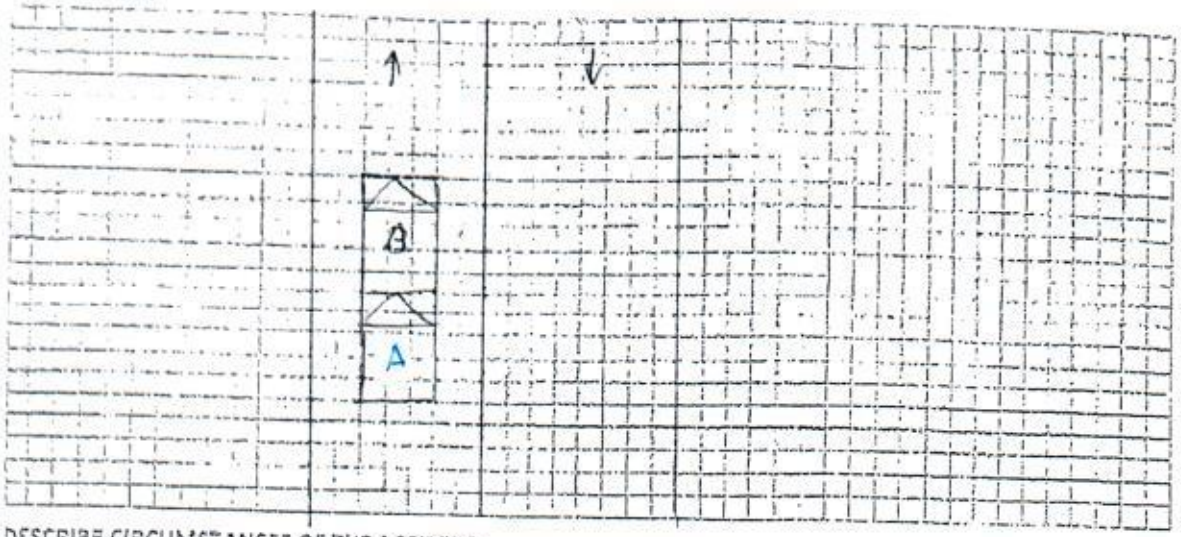
Policyholders Signature
Date & Time:

Drivers Signature
(If driver is not the policyholder)
Date & Time:

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

A: SMM8475M
B: GBE9665Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was travelling on my vehicle bearing carplate number SMM8475M. There was a vehicle bearing carplate number GBE9665Y travelling ahead of me. He braked and I could not brake on time and had a head to rear collision with his vehicle.

DECLARATION

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

CARHUB LEASING PTE LTD 201842906E

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 : 08/11/2019 Accident Time: 08 20 Hrs (24-HR-Format)

Accident Place : Ang Mo Kio Ind Park 1

Vehicle Reg. No. (Car Plate No.) : SMM8475M

Vehicle Make/Model : Hyundai Avante

Insurance Company : NTUC Policy No. 510865781I

Owner or Company Name /IC No. : Carhub Leasing Pte Ltd

Owner or Company Contact No. : 91019983 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : Liang Zhi Cheng S8309607A

DRIVER'S Date Of Birth : 07/04/1983 DRIVER'S License Pass Date 02/09/2005

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hirer - Rental

DRIVER'S Address : 233B Sumang lane #10-321 S822233

DRIVER'S Contact No./ Alt No. :1) 94790153 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): 01

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: GBE9665Y

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

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.
5108657811
Date of Accident
08/11/2019 08:20
Vehicle No.(For Motor)
SMM8475M
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5108657811
5108657811-000008
CARHUB LEASING PTE LTD
20184293DG
GFM
drivo CLASSIC
SMM8475M
SMM8475M
17/07/2019
02/04/2020
Continue

Policy Information

Policy No.	5108657811	Policyholder Name	CARHUB LEASING PTE LTD	Policyholder NRIC	201842930G
Certificate No.	5108657811-000008				
Address	170 UPPER BUKIT TIMAH ROAD #03-19 BUKIT TIMAH SHOPPING CENTRE SINGAPORE 588179				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/04/2019	Effective Date	03/04/2019 00:00	Expiry Date	02/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPIN	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.	03-19	Related Policy Number	5108657811		

Insured Object: 5108657811-000008

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/07/2019 00:00	Basic Information Endorsement	000000000005806	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST) 1.SMM8475M 17/07/2019 $1,320.05 In view of this amendment, a refund of $60.69 (inclusive of GST) will be adjusted against the outstanding premium.

Continue Cancel

Claim Handling

Accident MT/1070910

Policy No.	5108657811	Vehicle No.	SMM8475M	GST Registration No.	
Certificate No.	5108657811-000008				
Policyholder Name	CARHUB LEASING PTE LTD			Policyholder NRIC	201842930G
Product Code	FLEET MASTER INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	91019983	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	11/11/2019 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/11/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO IND PARK 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	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	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPIN	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.	03-19	Related Policy Number	5108657811		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIANG ZHOCHENG	Driver NRIC	S8309607A	Driver DOB	07/04/1983
Register Date of Driver License	02/09/2005	Driver Age	36	Driving Experience	14
Contact No.(Mobile)	94790155	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 233B	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE 822233	Address Type	Singapore address	Post Code	822233
Unit No.	10-321				
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	CARHUB LEASING PTE LTD	Insured NRIC	201842930G
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SMM8475M	TP Vehicle Number	GBE9665Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SMM8475M / GBE9665Y ON 8 Nov 2019			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact No.	98888885	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	11/11/2019 19:14	Claim Close Date		Date Received	11/11/2019 00:00
Report Taken By	Jackson				
Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1070910	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	11/11/2019 19:15

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:15	SAS		Normal	SAS 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:15	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:15	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:15	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:15	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:14	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:14	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:14	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:14	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:14	Photos		Normal	Photos 2019-11-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2019 19:14	Photos		Normal	Photos 2019-11-11	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

(15.05.06)

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:

a) Motorcar ( )

b) M/cycle ( )

c) Bicycle ( )

2) Vehicle hit ??

a) Pedestrian ( )

b) Animal ( )

3) Vehicle hit Road Side Objects:

a) Govm.Property ( )
(Eg: signboard, barrier, tree etc)

b) Road Work Object ( )

c) Private Property ( )

4) Vehicle drop into drain ( )

5) Damage due to Act of God:

a) Fallen Object ( )

b) Flood ( )

c) Other,

6) Parked & Found Damaged:

a) Vandalism ( )

b) Hit by Moving Object ( )

7) Theft Case

a) Stolen ( )

b) Damage found when recovered. ( )

8) Fire

a) Whilst driving ( )

b) Parked ( )

9) Accident date more than 24hrs ( )

Remarks for internal information

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ( )

2) SRS Light on ( )

3) ABS Light on ( )

By Assessor- 1) Vehicle Information

Veh No: SMM 8475M Yr Regn: 17 Jul 2019

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

Make & Model: Hyundai Avante 1.6 GLS c.c 1591

Colour: Grey Transmission Type: (Auto) / Manual

Eng/No: Sp.Reading: 18539

C/No: KMHD841CMKU 916222

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: 195/65 R15

R: —"

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	7	mm
L/Bal.	6	mm	L/Bal.	7	mm

Parallel Import: Yes / (No)

Repair Type: LS / I.B.I

No of Repair Days: 8

D.O.I. 12/11/2019

Towed-In: Yes / No

Towing Required: (Yes) / No

Vehicle in Idac: (Yes) / No

Time: 10.10 am

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )

e.Animal ( ) f.Govm Object ( ) g.Road Work Object ( )

h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:

a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )

e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

	Time Started:	Time completed:
1) CSO		
2) ASS		
3) Entire Operation Completed Time:		

(1)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Deformed
(08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn
(14)Unconfirmed (15)Not Working

ACTION (AC)
(1)Replace (√) (2)Repair (O) (3)Check (?)
(4)Not Consistent (#C)

Aug 1995

MOTOR CAR (Frt)

Front Portion

Vehicle No: SMM 8475M

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	DD	√	
1002	991887	Frt Number Plate Base	CUT	√	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	DD	√	
1005	992341	Frt Bumper Clips	NEC	√	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer		?	2
1008	991433	Frt Bumper Reinforcement		?	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge	CRA	√	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler		?	
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp		?	
1020	995080	Frt RH Bumper Fog Lamp		?	
1021	991793	Frt Grille	CRA	√	
1022	991328	Frt Grille Emblem	CRA	√	
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	CRA	√	
1026	992025	Frt Support Panel Top Garnish Cover	CRA	√	
1027	992416	Horn			
1028	991277	Frt Brace Panel		?	
1029	995153	Frt LH Headlamp Assy	CUT	√	
1030	991821	Frt RH Headlamp Assy	CUT	√	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BUC	√	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock		?	
1036	990285	Bonnet Insulator	BT	√	
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		?	
1043	990122	Air Con Fan Assy		?	
1044	990134	Air Con Suction Pipe (Low Pressure)		?	
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)		?	
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe		?	
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator		?	
1053	992738	Radiator Cowling		?	
1054	992742	Radiator Fan Assy		?	
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top	BT	√	
1057	992757	Radiator Hose Bottom		?	
1058	992741	Radiator Expansion Tank		?	
1059	990151	Air Duct	CRA	√	
1060	990070	Air Cleaner Assy		?	
1061	990056	Air Cleaner Hose			
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			
1070	990229	Battery Tray			

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	BT	R	
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield		?	
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	BT	R	
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield		?	
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			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
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			
		Frt LH Door	SCR	R	
		& RH "	SCR	R	

No of Items: _____ Assessor: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	930G
Vehicle Details	
Vehicle No.:	SMM8475M
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Nov 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	AD AVANTE 1.6 GLS (A)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	G4FGKU152915
Chassis No.:	KMHD841CMKU916222
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	$12,584.00
Original Registration Date:	17 Jul 2019
First Registration Date:	17 Jul 2019
Transfer Count:	0
Actual ARF Paid:	$12,584.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2029
PARF Rebate Amount:	$9,438.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$28,589.00
COE Rebate Amount:	$27,674.00
Total Rebate Amount:	**$37,112.00**

The information contained herein is correct as at 08 Nov 2019

OK

Claim Handling

- Task Transfer - Exit

LOG SAL SUB

Accident MT/1070910

Policy No.	S108657811	Vehicle No.	SMM847SM	GST Registration No.	
Certificate No.	S108657811-000008				
Policyholder Name	CARHUB LEASING PTE LTD			Policyholder NRIC	201842930G
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91019983	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	11/11/2019 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/11/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ANG MO KIO IND PARK 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2,000.00	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	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPIN	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.	03-19	Related Policy Number	S108657811		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIANG ZHICHENG	Driver NRIC	S8309607A	Driver DOB	07/04/1983
Register Date of Driver License	02/09/2005	Driver Age	36	Driving Experience	14
Contact No.(Mobile)	94790155	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 233B	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE 822233	Address Type	Singapore address	Post Code	822233
Unit No.	10-321				
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					

Investigation

Claim 001 OD-MD

LOG SAL SUB

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	CARHUB LEASING PTE LTD	Insured NRIC	201842930G
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SMM847SM	TP Vehicle Number	GBE9665Y
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SMM847SM / GBE9665Y ON 8 Nov 2019			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact No.	98888885	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	11/11/2019 19:16	Claim Close Date		Date Received	11/11/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval		Reason	
Remarks			

damage assessment | Attachment

Vehicle Info

Vehicle Make	HYUNDAI	Vehicle Model	AVANTE	Engine Capcity	1600
Date of Registration	17/07/2019	Classis No.	KMHD841CMKU916222		
Towing Required *	◉ Yes ○ No	Vehicle in IDAC *	◉ Yes ○ No	Parallel Import *	○ Yes ◉ 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 PAYA		

Windscreen Parts & Labour Cost

Total Loss * ○ Yes ◉ No

Market Value($) Scrape Value($) Economical Repair Value($)

Remark: REMARK:NO OF REPAIR DAY:8 DAYS. 1 X FRT BUMPER LOWER SPOILER - UNCONFIRM. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - UNCONFIRM. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - UNCONFIRM.

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
- ALUMINUM PANEL - SIDE
- AMPLIFIER
- ANTENNA
- ANTI ROLL
- APRON
- ARCH
- ARM REST
- ASH TRAY
- AUTO CLUTCH
- AUTO COOLER PIPE
- AUTO CRUISE MOTOR
- AUTO TRANSMISSION
- AXLE
- BACK REST (M/C)
- BACK SEAT
- BALANCER
- BATTERY
- BEADING (M/C)
- BELT COVER (M/C)
- BELT TENSIONER
- BODY
- BODY (W/O)
- BOLT CAP (W/O)
- BOLT HEAD COVER (W/O)
- BONNET

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
3	16000101	BUMPER (FRONT)	1	Replace	X
4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
5	16005101	BUMPER RETAINER (FRONT LEFT)	1	Unconfirm	X
6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Unconfirm	X
7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
8	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
9	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
10	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm	X
11	27100101	GRILLE (FRONT)	1	Replace	X
12	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
13	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
14	15600101	BRACE PANEL (FRONT)	1	Unconfirm	X
15	27700101	HEAD LAMP (LEFT)	1	Replace	X
16	27700102	HEAD LAMP (RIGHT)	1	Replace	X
17	149001	BONNET	1	Replace	X
18	14903402	BONNET LOCK (UPPER)	1	Unconfirm	X
19	149029	BONNET INSULATOR	1	Replace	X
20	14902201	BONNET HINGE (LEFT)	1	Replace	X
21	14902202	BONNET HINGE (RIGHT)	1	Replace	X
22	112023	AIR CON CONDENSER	1	Unconfirm	X
23	344001	RADIATOR	1	Unconfirm	X
24	344005	RADIATOR COWLING	1	Unconfirm	X
25	344008	RADIATOR FAN	1	Unconfirm	X
26	34402802	RADIATOR HOSE (TOP)	1	Replace	X
27	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
28	344007	RADIATOR EXPANSION TANK	1	Unconfirm	X
29	25400102	FENDER (FRONT LEFT)	1	Repair	X
30	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
31	25400103	FENDER (FRONT RIGHT)	1	Repair	X
32	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Unconfirm	X
33	23300201	DOOR (FRONT LEFT)	1	Repair	X
34	23300202	DOOR (FRONT RIGHT)	1	Repair	X

Save Submit

LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Thursday, 14 November 2019 2:53 PM
To: admin@mycar.sg
Cc: LKK Paya Ubi
Subject: Vehicle SMM8475M, OD Claim No: MT/1070910-001, DOA: 08/11/2019

Dear My Car Consultant

OD Excess $2,000 applies.

Vehicle is at NAC PAYA Ubi.

We award the repair at the agreed repair cost. Please help to update the owner on the repair status.

Strictly no further supplementary is allowed. A **survey before repair** is required.

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

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Our Ref: MT/CA/OD/051/1070910-001/ZBM
14 Nov 2019
MY CAR CONSULTANT (53 UBI)
53 UBI AVENUE 1
#01-33 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934
Dear Sir
CLAIM NUMBER: MT/1070910-001
REPAIR OF VEHICLE NUMBER: SMM8475M
We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:
Award Date: 14 Nov 2019
Make: HYUNDAI
Model: AVANTE
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: 2000.00
Please note that supplementary items will not be allowed.
If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at motor@income.com.sg.
Yours sincerely
Jenny Pe
Deputy Vice President
Motor Insurance

Thank you

Zuraimee Bin Mantau
Senior Executive
Operations, Motor & Personal Lines (PL)
T +65 6430 7891
www.income.com.sg

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: SMM847SM Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: My Car Consultant Pte Ltd

Collection Date: 14/1/19 Time: 16:10 with Keys: (Yes) / No

Tow Truck No: ~~_____~~ Tow Man: Jeremy Yew NRIC: S8633133J

Signature: Yew.

For office use

Attended by: Jackson ***Approved by:*** _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In
Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____ ***For office use***

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____ ***Approved by:*** _____