

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MHA119149813**

Date In: 17/11/19-10:49	Job description	Date & Time Completed	Done by
Ref No: HA11NC1930007/C4	SAS e-filing		
Veh No: SMH3V66C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/11/19-09:50	i-Motor Claim Form	17/11/19 11:01	17/11/19 11:01
☒ OD : TP : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: Y23592	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

NA1908656	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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 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	12/11/2019 10:49
Date Of Accident	11/11/2019 09:50
Exact Location Of Accident	285 TOH GUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3266C
Insured/Policyholder	
Name Of Registered Owner	SIM CHEN SIONG
NRIC No	S9005105I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97964993
Alternative Phone No	OFFICE-97964993

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT LED EU6
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	5112061118
Cover Note Number	

Driver

Name of Driver	SIM CHEN SIONG
NRIC No	S9005105I
Date Of Birth	12/02/1990
Occupation	INDOOR
Date Of Driving Pass	28/02/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97964993
Fax Number	
Contact Number	OFFICE-97964993
Email Address	NOEMAIL

Address	BLK 285B TOH GUAN ROAD #06-94
Postcode	602285
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	WET

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	YQ1359Z
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 situated 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:

11/11/19


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

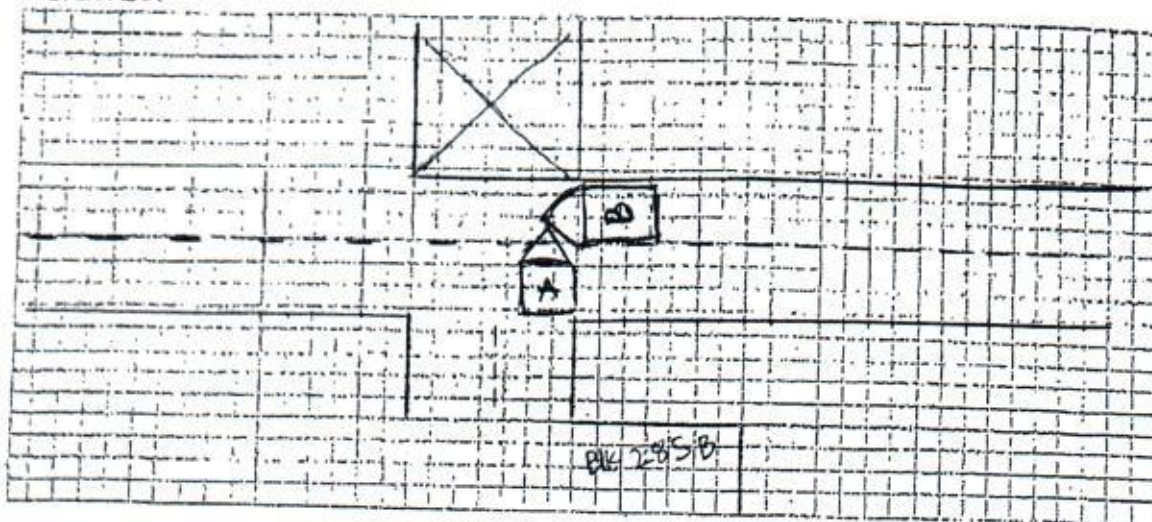
11/11/19


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

Veh A:
SMN3266C

Veh B:
YQ1359Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (SMN3266C) was exiting the carpark of 285B TOH GUAN RD into TOH GUAN ROAD when suddenly vehicle B (YQ1359Z) came from my right side and collided onto my vehicle front portion. We exchange particulars and I wish to state that no one is injured.

DECLARATION

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


Policyholder's Signature
Date & Time:

11/11/19


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

11/11/19


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

Date of Accident : 11/11/2019 Accident Time: 0950 (24-HR-Format)
Accident Place : 285 TOH GUAN ROAD
Vehicle Reg. No. (Car Plate No.) : SMN 3266C
Vehicle Make/Model : MAZDA 3 DELUXE
Insurance Company : NTUC Policy No. 5112061118
Owner or Company Name / IC No. : SIM CHEN SIONG 890051051
Owner or Company Contact No. : 9796 4993 Owner's Hp Company Tel
DRIVER'S Name / IC No. : SIM CHEN SIONG 890051051
DRIVER'S Date Of Birth : 12/02/1990 DRIVER'S License Pass Date 28/2/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 285B TOH GUAN ROAD #06-94
DRIVER'S Contact No./ Alt No. : 1) 9796 4993 2)
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)
Email Address : chenstang4@hotmail.com
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: YQ 1359 Z
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

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5112061118		SIM CHEN SIONG	S90051051	GPC	drive CLASSIC	SMN3266C	SMN3266C	20/08/2019	28/09/2020

Policy Information

Policy No.	5112061118	Policyholder Name	SIM CHEN SIONG	Policyholder NRIC	S9005105I
Certificate No.					
Address	BLK 285B #06-94 TOH GUAN ROAD SINGAPORE 602285				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/08/2019	Effective Date	20/08/2019 00:00	Expiry Date	28/09/2020 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	ASSURE (SINGAPORE) PTE. LTD. Agent Tel.		68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 285B #06-94	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 602285
Address 4		Address Type	Singapore address	Post Code	602285
Unit No.	06-94	Related Policy Number	5112061118		

Insured Object: SMN3266C

Endorsements

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

Claim Handling

Accident MT/1070971

Policy No.	5112061118	Vehicle No.	SMN3266C	GST Registration No.	
Certificate No.					
Policyholder Name	SIM CHEN SIONG	Policyholder NRIC	S90051051		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97964993	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Embodiment(%)	0	Private Hire	No

Accident Details

Report Date	12/11/2019 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	11/11/2019	Time of Accident h:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	285 TOH GUAN RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	BLK 285B #06-94	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 602285
Address 4		Address Type	Singapore address	Post Code	602285
Unit No.	06-94	Related Policy Number	5112061118		

Q1 Driver Info

Driver Name	SIM CHEN SIONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S90051051	Driver DOB	12/02/1990
Register Date of Driver License	28/02/2018	Driver Age	29	Driving Experience	1
Contact No.(Mobile)	97964993	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 285B	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 602285
Address 4		Address Type	Singapore address	Post Code	602285
Unit No.	06-94				
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

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	SIM CHEN SIONG	Insured NRIC	S90051051
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OT vehicle Number	SMN3266C	TP Vehicle Number	YQ1359Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMN3266C / YQ1359Z ON 11 Nov 2019				
Preferred Workshop Contact No.	98888885	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	12/11/2019 11:01	Claim Close Date		Date Received	12/11/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter				OD Excess Collected by Workshop	

Attachment

Accident No. MT/1070971 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 12/11/2019 11:02

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	

Save Submit

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	SAS	Normal	SAS 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:02	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:01	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:01	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:01	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:01	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:01	Photos	Normal	Photos 2019-11-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2019 11:01	Photos	Normal	Photos 2019-11-12	

Video List

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

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 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: 5MN 3266 C Yr Regn: 29 Sep / 2017

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

/ Truck / Trailer or

Make & Model: Mazda 3 1.5 Sedan c.g. 1496

Colour: Maroon Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 35951

C/No: JM6BN22ABJ0181153

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: 205/60R16

R: _____

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

TOYO / YOKO or

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>7</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>7</u> mm

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

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

No of Repair Days: 9 Vehicle in Idac: Yes / No

D.O.I. 12/11/2019 Time: 3.10 pm

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:

eBaoTech

General/Claim

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5112061118		SIM CHEN SIONG	S90051051	GPC	drivo CLASSIC	SMN3266C	SMN3266C	20/08/2019	28/09/2020

> Back to OneMotoring

m.v. - \$66,000

Enquire PARF/COE Rebate for Registered Vehicle

Bal: 7 - 10.5mths

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	105I
Vehicle Details	
Vehicle No.:	SMN3266C
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Nov 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT LED EU6
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	P520471175
Chassis No.:	JM6BN22A8J0181153
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$19,174.00
Original Registration Date:	29 Sep 2017
First Registration Date:	29 Sep 2017
Transfer Count:	1
Actual ARF Paid:	\$14,174.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Sep 2027
PARF Rebate Amount:	\$10,630.00
Intended COE Rebate Details	
COE Expiry Date:	28 Sep 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,902.00
COE Rebate Amount:	\$33,785.00
Total Rebate Amount:	\$44,415.00

The information contained herein is correct as at 11 Nov 2019

1496 cc

OK

Claim Handling

Task Transfer Exit

LOS SCL SUB

Accident MT/1070971

Policy No.	5112061118	Vehicle No.	SMN3266C	GST Registration No.	
Certificate No.					
Policyholder Name	SIM CHEN SIONG	Cover Type	drive CLASSIC	Policyholder NRIC	S9005105I
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97964993	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KPK	☒ No ☐ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/11/2019 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	11/11/2019	Time of Accident h:mm	09:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	285 TOH GUAN RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	BLK 285B #06-94	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 602285
Address 4		Address Type	Singapore address	Post Code	602285
Unit No.	06-94	Related Policy Number	5112061118		

OI Driver Info

Driver Name	SIM CHEN SIONG	Driver Type	Main Driver	Driver DOB	12/02/1990
Unnamed driver Name		Driver NRIC	S9005105I	Driving Experience	1
Register Date of Driver License	28/02/2018	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	97964993	Contact No.(Office)	0	Address 1	SINGAPORE 602285
Address 1	BLK 285B	Address 2	TOH GUAN ROAD	Post Code	602285
Address 4		Address Type	Singapore address		
Unit No.	06-94				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

LOS SCL SUB

Claim Type	OD-MD	Insured Name	SIM CHEN SIONG	Insured NRIC	S9005105I
Contact No.(Mobile)	N/A	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SMN3266C	TP Vehicle Number	YQ1359Z
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SMN3266C / YQ1359Z ON 11 Nov 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	12/11/2019 00:00
Date Registered	12/11/2019 11:03	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	MAZDA	Vehicle Model	3	Engine Capacity	
Date of Registration	29/09/2017	Class No.	JM6BN224810181153	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(\$)

Economical Repair Value(\$)

Remark

REMARK:NO OF REPAIR DAY:5 DAYS 1 X FRT GRILLE CHROME MOULDING - UNCONFIRM. 1 X FRT SUPPORT PANEL TOP GARNISH COVER - 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 ABS PUMP CONTROL UNIT - UNCONFIRM. 1 X FRT WINDSCREEN MOULDING - REPLACE. 2 X AIR CON CONDENSER SIDE AIR DEFLECTOR - 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
AIR BAG	6.	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BLOWER	7.	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BOX	8.	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR CHAMBER BOX	9.	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR CLEANER	10.	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR COMPRESSOR	11.	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR CON	12.	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR CON (VAN)	13.	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace	X
AIR COOLER	14.	27100101	GRILLE (FRONT)	1	Replace	X
AIR DISTRIBUTOR	15.	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR FILTER	16.	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR FLOW	17.	28500101	HORN (LEFT)	1	Replace	X
AIR GRILLE	18.	15600101	BRACE PANEL (FRONT)	1	Replace	X
AIR HORN	19.	27700101	HEAD LAMP (LEFT)	1	Replace	X
AIR INTAKE	20.	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR RESONATOR BOX	21.	149001	BONNET	1	Replace	X
AIR THROTTLE BODY AND SENSOR	22.	149038	BONNET LOCK GARNISH	1	Replace	X
ALARM	23.	14903401	BONNET LOCK (LOWER)	1	Replace	X
ALTERNATOR	24.	14902201	BONNET HINGE (LEFT)	1	Replace	X
ALUMINIUM PANEL - SIDE	25.	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AMPLIFIER	26.	349041	BONNET RUBBER (CENTRE)	2	Replace	X
ANTENNA	27.	112023	AIR CON CONDENSER	1	Replace	X
ANTI ROLL	28.	112043	AIR CON DISCHARGE HOSE	1	Unconfirm	X
APRON	29.	112011	AIR CON COMPRESSOR	1	Unconfirm	X
ARCH	30.	344001	RADIATOR	1	Replace	X
ARM REST	31.	344005	RADIATOR COWLING	1	Replace	X
ASH TRAY	32.	344008	RADIATOR FAN	1	Unconfirm	X
AUTO CLUTCH	33.	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
AUTO COOLER PIPE	34.	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
AUTO CRUISE MOTOR	35.	34402802	RADIATOR HOSE (TOP)	1	Replace	X
AUTO TRANSMISSION	36.	344007	RADIATOR EXPANSION TANK	1	Replace	X
AXLE	37.	110015	AIR CLEANER HOSE (SHORT)	1	Replace	X
BACK REST (MC)	38.	110037	AIR CLEANER RESONATOR	1	Unconfirm	X
BACK SEAT	39.	2900	INLET MANIFOLD	1	Unconfirm	X
BALANCER	40.	454012	WIPER WASHER TANK	1	Unconfirm	X
BATTERY	41.	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
BEADING (MC)	42.	124001	ALTERNATOR	1	Unconfirm	X
BELT COVER (MC)	43.	243014	ENGINE LOWER COVER	1	Replace	X
BELT TENSIONER	44.	25400102	FENDER (FRONT LEFT)	1	Replace	X
BODY	45.	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
BODY (MC)	46.	25400103	FENDER (FRONT RIGHT)	1	Repair	X
BOLT CAP (MC)	47.	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
BOLT HEAD COVER (MC)	48.	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
BONNET	49.	45100401	WINDSCREEN GLASS (FRONT)	1	Replace	X
BOOT	50.	451020	WINDSCREEN SEALANT	1	Replace	X
BOX (MC)	51.	245001	ERP BRACKET	1	Replace	X
BOX BRACKET (MC)	52.	454009	WIPER PANEL GARNISH	1	Replace	X
BOX CARRIER (MC)	53.	23300201	DOOR (FRONT LEFT)	1	Repair	X
BOX DOOR						
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						
CD UNIT (MC)						
CENTRE BOTTOM						
CENTRE BRACKET						
CENTRE CONSOLE						
CENTRE COWLING (MC)						

Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 14 November 2019 1:27 PM
To: Hock Wah Motor Pte Ltd
Cc: LKK Paya Ubi
Subject: FW: SMN3266C UNDER OD CLAIM: MT/1070971

Dear Hock Wah

Please tow this vehicle from Idac and contact owner Mr Sim Chen Siong at 97964993 when the vehicle arrived at your workshop, excess \$600/-.

Our Ref: MT/CA/OD/051/1070971-001/NHJ
14 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/1070971-001
REPAIR OF VEHICLE NUMBER: SMN3266C

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: MAZDA

Model: 3

Estimated Repair Days: 10

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 64307890 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines (PL)

T +65 64307890

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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: SMN 3766C Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: HOCK WAH MOTOR

Collection Date: 14/11/2019 Time: 1435 with Keys: Yes / No

Tow Truck No: YH 1388L Tow Man: ONG ENG BONG NRIC: S7048447A

Signature: _____

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: _____