

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MNA 119151713.

Date In: 18/11/19 09:05	Job description	Date & Time Completed	Done by
Ref No: MNA INC 19020341/64	SAS e-filing		
Veh No: SLX 693 K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/11/19 18:15.	I-Motor Claim Form	M/1071846-002	
<input checked="" type="checkbox"/> TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (STK Auto CS) pte Ltd Tel: 97519596 Fax:)

TP Particulars:	Veh No: SLX 2135Z	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 19020341/64)	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

MNA 1909357

Client's Particulars:	Invoice #	Amount (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	80.00	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For obtaining status INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	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	18/11/2019 09:05
Date Of Accident	15/11/2019 18:15
Exact Location Of Accident	PIE TWDS CHANGI B4 BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX683K
Insured/Policyholder	
Name Of Registered Owner	ONG POH SUAN
NRIC No	S1729154H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97665959
Alternative Phone No	OFFICE-97665959

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5111593219
Cover Note Number	

Driver

Name of Driver	ONG SIANG YEE (WANG XIANGYI)
NRIC No	S9327767H
Date Of Birth	27/07/1993
Occupation	INDOOR
Date Of Driving Pass	29/06/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96501289
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 749 JURONG WEST ST 73 #12-149
Postcode	640749
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SLC2135Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH YEONG HUAY
NRIC/Passport Number	S6924261H
Contact Number	96412800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

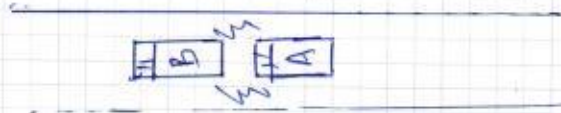
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: SLX 683K

B: SLC 21352

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/11/19 at about 1816 hrs, I was driving along PIE towards changi before Bukit Timah Rd the front vehicle B suddenly come to a stop. I follow suit. I can't stop in time and hit onto vehicle B's rear portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

PII-8000

ACCIDENT STATEMENT

ACCIDENT DATE: 15/11/2019 (DD/MM/YYYY), TIME: 18:16 (HH:MM)

LOCATION: PIE Towards Changi Before Blk 4 Timan Rd Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 683 K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 511593219
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volkswagen SCIROCCO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ong Poh Suan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S172915411 CONTACT: 97665959
 c) ADDRESS: Blk 749 Jurong West Street 73 #12-149
Singapore 630749

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ong Siang Yee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9327767 H CONTACT: 96501289
 c) ADDRESS: Blk 749 Jurong West Street 73 #12-149
Singapore 630749
 *d) DATE OF BIRTH: 27/6/1993 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 29/06/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLC 2135 2 MODEL: Honda Vezel
 b) DRIVER'S NAME: Goh Yeong Huay
 c) NRIC/FIN/PASSPORT: S69282614 CONTACT: 96412800

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = stkantsg@gmail.com

fax =

VIDEO =

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111593219

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLX683K**
Chassis Number : **WVWZZZ13ZBV008338**
2. Name of Policyholder : **ONG POH SUAN**
3. Effective Date of Insurance : **15 Aug 2019**
4. Expiry Date of Insurance : **14 Aug 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG POH SUAN
NAMED DRIVER (1)	: ONG SIANG YEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **VOUCH INSURTECH PTE. LTD. (00000615378)**

Date of Issue : **02 Aug 2019 15:45 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1071846

Policy No.	5111593219	Vehicle No.	SLX683K	GST Registra
Certificate No.				
Policyholder Name	ONG POH SUAN			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97665959	Contact No.(Office)		Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	18/11/2019 15:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/11/2019	Time of Accident hh:mm	18:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PTE TWDS CHANGI B4 BUKIT TIMAH RD EXIT			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covi
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 749 #12-149	Address 2	JURONG WEST STREET 73	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111593219	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Expe
Contact No.(Mobile)		Contact No.(Office)		Contact No.(
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MD

New

Claim Type *	OD-MD	Insured Name	C
Contact No.(Mobile)	96358393	Contact No. (Home)	N
Email Address		OI Vehicle Number	S
Claim Description	SLX683K / SLC2135Z ON 15 Nov 2019		
Preferred Workshop		Insured Liability	Fully at Fault
CONTACT No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered	19/11/2019 09:57	GIA report	Received
Report Taken By	ROSILINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1071846	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/11/2019 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:57	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:52	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:50	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:50	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:50	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:50	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:50	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 09:50	Photos	Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	

[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: 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: SLX 683K Yr Regn: 1

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

/ Truck / Trailer or _____

Make & Model: Volkswagen Scirocco c.c. _____

Colour Black Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: 125948

C/No: WVWZZZ13ZBV008338

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

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / 8/Rim / STD A/Rim or _____

Tyre Size: F: 235/40R18

R: _____

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

TOYO / YOKO or _____

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

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

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

No of Repair Days: 6 Vehicle in Idac: Yes / No

D.O.I. 18/11/19 Time: 1150

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:

Claim Handling

Task Transfer Exit

LDS SAL SUB

Accident MT/1071846

Policy No.	5111593219	Vehicle No.	SLX683K	GST Registration No.	
Certificate No.					
Policyholder Name	ONG POH SUAN			Policyholder NRIC	S1729154H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97665959	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	18/11/2019 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/11/2019	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TWDS CHANGI B4 BUKIT TIMAH RD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
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 749 #12-149	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE 640749
Address 4		Address Type	Singapore address	Post Code	640749
Unit No.		Related Policy Number	5111593219		

O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Investigation

Claim 002 OD-MD

Claim Case Officer Ng Hak Joo

LDS SAL SUB

Claim Type	OD-MD	Insured Name	ONG POH SUAN	Insured NRIC	S1729154H
Contact No.(Mobile)	96358393	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		O1 Vehicle Number	SLX683K	TP Vehicle Number	SLC21352
Claim Description	SLX683K / SLC21352 ON 15 Nov 2019			Name of Preferred Workshop	
Preferred Workshop Contact Realisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	19/11/2019 09:58	Claim Close Date		Date Received	20/11/2019 09:13
Report Taken By	ROSINDA	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	VOLKSWAGEN	Vehicle Model	SCIROCCO 1.4 TSI	Engine Capacity	
Date of Registration	15/02/2011	Classis No.	WVWZZZ1328V008338		
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 *	RASUL	Survey Current Status	

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR

IDAC/Workshop Location 51 UBI AVENUE 1 #01-25 PAYA

Windscreen
Parts & Labour
CostTotal Loss * ☐ Yes ☒ NoMarket
Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

REMARK: NO OF REPAIR DAYS:6 DAYS.1X AIR CLEANER ASSY - UNCONFIRM.1X RH HEADLAMP TOP PANEL - REPLACE.1X LH HEAD LAMP TOP PANEL - REPLACE.

Remark

Remark for
Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
ABS	2	16000101	BUMPER (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
ABSORBER	3	16002401	BUMPER CLIPS (FRONT)	<input type="text" value="6"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
ACCELERATOR	4	16001301	BUMPER BRACKET (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
ACTUATOR	5	16001302	BUMPER BRACKET (FRONT RIGHT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
ADVERTISEMENT STICKER	6	16005101	BUMPER RETAINER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR BAG	7	16005001	BUMPER REINFORCEMENT (FRONT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR BLOWER	8	16005901	BUMPER SPONGE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR BOX	9	16003201	BUMPER GRILLE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR CHAMBER BOX	10	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR CLEANER	11	16002701	BUMPER FOG LAMP (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR COMPRESSOR	12	27100101	GRILLE (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR CON	13	41300101	SUPPORT PANEL (FRONT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR CON (VAN)	14	27700101	HEAD LAMP (LEFT)	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR COOLER	15	27700102	HEAD LAMP (RIGHT)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR DISTRIBUTOR	16	149001	BONNET	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR FILTER	17	149016	BONNET EMBLEM	<input type="text" value="1"/>	<input type="text" value="Replace"/>	<input type="text" value="X"/>
AIR FLOW	18	14903401	BONNET LOCK (LOWER)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR GRILLE	19	112023	AIR CON CONDENSER	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR HORN	20	112060	AIR CON FAN	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR INTAKE	21	344001	RADIATOR	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR RESONATOR BOX	22	344005	RADIATOR COWLING	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
AIR THROTTLE BODY AND SENSOR	23	344008	RADIATOR FAN	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>	<input type="text" value="X"/>
ALARM	24	25400102	FENDER (FRONT LEFT)	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input type="text" value="X"/>
ALTERNATOR						
ALUMINIUM PANEL - SIDE						
AMPLIFIER						
ANTENNA						
ANTI ROLL						
APRON						
ARCH						
ARM REST						

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Wednesday, 20 November 2019 9:21 AM
To: 'ODsupport'
Subject: SLX 683K CLAIM NUMBER:MT/1071846-002
Attachments: SLX683K_15112019.PDF

Hi All,

Above mentioned vehicle is under own damage claims. Driver have prefer workshop. I forget to add into the ebao.

Name : STK AUTO(S) PTE LTD.
Phone : 97519596

Please take note.

Thanks

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



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: *SLK 683K Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: STK AUTO

Collection Date: 21.11.19 Time: 14204 with Keys: ☒ Yes / No

Tow Truck No: SP 7085D Tow Man: Ring NRIC: 629118164

Signature: Ring

97872158

For office use

Attended by: _____

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

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Thursday, 21 November 2019 9:04 AM
To: STK STK
Cc: LKK Paya Ubi; MTSurvey
Subject: RE: SLX683K UNDER OD CLAIM: MT/1071846
Attachments: work orderSLX683K.pdf

Dear Ms Linda of STK Auto

We spoke, , you have agreed on the cost of repair at lump sum \$1805/- (subject to OD excess of \$600).

Please note that strictly no supplementary is allowed. Kindly arrange for survey before repair with the attached Work order by

contacting 64307900 or e-mail mtsurvey@income.com.sg one day in advance before 4 .30pm for survey arrangement.

Please update Mr Ong at 96501289 on the repair as we have informed him accordingly.

Dear Idac, please release the vehicle to STK Auto.

Thank You

Ng Hak Joo
Executive
Operations, Motor and Personal Lines (PL)
T +65 64307890
www.income.com.sg



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in^y

From: STK STK [mailto:stkautosg@gmail.com]
Sent: Wednesday, 20 November 2019 5:35 PM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Subject: Re: SLX683K UNDER OD CLAIM: MT/1071846

Dear Mr Ng

Ok, we accpeted closed at repair lump sum \$1805.00 .

Thank you

Yours sincerely

Tan Guohua

Chief Executive Officer

STK AUTO (S) PTE LTD | www.stkauto.com.sg

Mobile: (65) 9123 7949 | Tel: (65) 63860669

8 Kaki Bukit Ave 4 #03-21 Singapore 415875 @PREMIER



Ng Hak Joo <hakjoo.ng@income.com.sg> 于2019年11月20日周三 下午4:46写道:

Please consider to close at \$1805/-, excess \$600/-.

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines (PL)

T +65 64307890

www.income.com.sg

From: STK STK [mailto:stkautosg@gmail.com]
Sent: Wednesday, 20 November 2019 4:36 PM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Subject: Re: SLX683K UNDER OD CLAIM: MT/1071846

Dear Mr Ng

Can be get some more, closed at global sum \$ 2000.00 .

Thank you

Yours sincerely

Tan Guohua

Chief Executive Officer

STK AUTO (S) PTE LTD | www.stkauto.com.sg

Mobile: (65) 9123 7949 | Tel: (65) 63860669

8 Kaki Bukit Ave 4 #03-21 Singapore 415875 @PREMIER

Ng Hak Joo <hakjoo.ng@income.com.sg> 于2019年11月20日周三 下午4:16写道:

Dear Ms Linda of STK Auto

We spoke to offer the global sum **repair cost of \$1705/-- subject to the OD excess of \$600/-**.

Please take note that if acceptable by your workshop, there will be strictly NO Supplementary allowed and a Survey Before Repair will be conducted.

Your prompt response to this email is appreciated. This is to prevent any delays to the repair of the vehicle as we have informed owner named driver Mr Ong at 96501289.

We have also attached the Work Oder created by Idac.

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines (PL)

T+65 64307890

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