

NATIONAL Assessment Centre Services

[ver 1 Jan'03]

MNA 119162807

Date In: 11/12/19 09:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021794/h4	SAS e-filing		
Veh No: GBB 94822	E-mail (within 3hrs, AIC 2hrs)		
IOA: 10/12/19 17:30	I-Motor Claim Form	MT/1075393-001	12/12/19 11:28
☒ 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: Divider	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 rep/aler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	(INC hotline: 6789 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

NA1909359	Invoice Preparation Checklist	Am (\$)	PAID (\$)
Client's Particulars:	1) AIR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00	
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bgr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao 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: Idao 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	11/12/2019 09:51
Date Of Accident	10/12/2019 17:30
Exact Location Of Accident	TPE EXIT TAMPINES AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9482Z
Insured/Policyholder	
Name Of Registered Owner	LIM-HSIEH TRADING AND SERVICES
Co Reg No	53375125W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96902431

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 280 2.5 M
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	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111430413
Cover Note Number	

Driver

Name of Driver	LIM TECK HUAT
NRIC No	S1689938J
Date Of Birth	22/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96902431
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 505 TAMPINES CENTRAL 1 #02-355
Postcode	520505
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : LIM JUN HE AUSTIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191210/2175

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	
Vehicle Make/Model/Colour	DIVIDER
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM TECK HUAT

Approximate Age

Injuries Sustain

CHEST PAIN

Injured person in which vehicle?

GBB9482Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

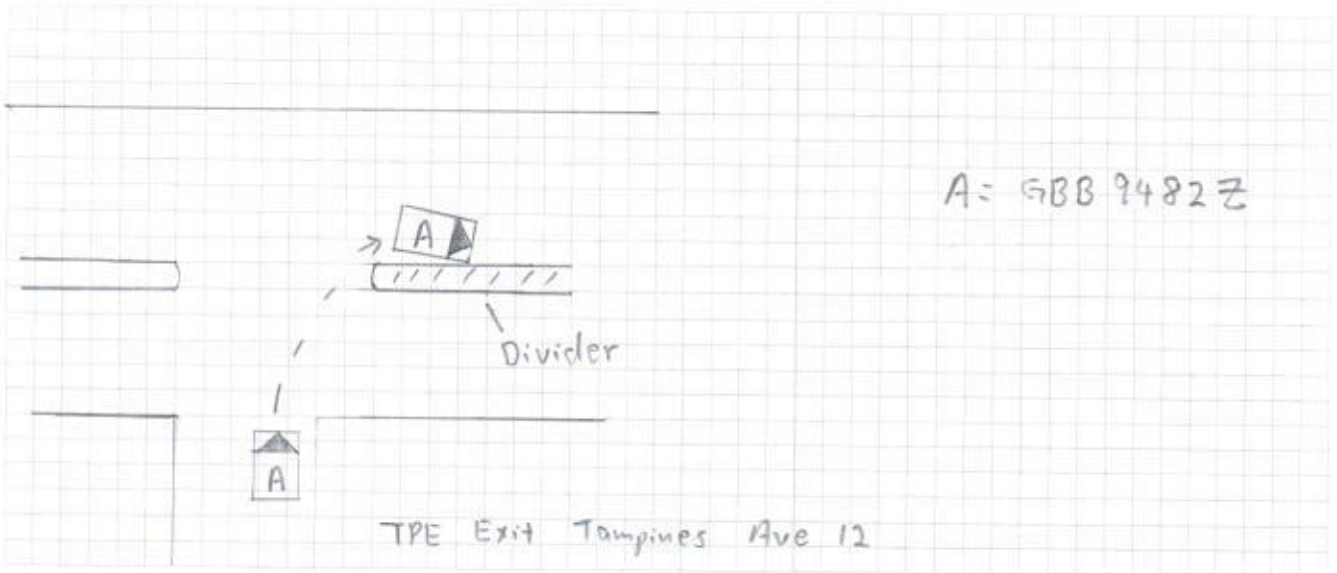


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191210/2175

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.:



SINGAPORE POLICE FORCE



T/20191210/2175

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20191210/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 21:01	Vide Report No.:	Station Diary No.: 121
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Informant's Particulars

Name of Informant: LIM TECK HUAT			Address: APT BLK 505 TAMPINES CENTRAL 1 #02-355 SINGAPORE 520505		
ID Type / ID No.: NRIC NO / S1689938J			Contact No.: Home/Office: Mobile: 96902431		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 22/02/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 10/12/2019 17:30	Type of Location: Bend
Location: Along Road 1 TAMPINES AVENUE 12 TPE EXIT ENTERING TAMPINES AVENUE 12				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9482Z	Van		TOYOTA	White	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20191210/2175

CONTINUATION OF REPORT

Driver				
Name	LIM TECK HUAT		ID No.	S1689938J
Related Vehicle	GBB9482Z (Van)		Contact No.	986902431
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	LIM JUN HE AUSTIN		ID No.	S9790128G
Related Vehicle	GBB9482Z (Van)		Contact No.	98202507
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 10/12/2019 at about 1730hrs, I was driving my van Reg No: GBB9482Z travelling along TPE towards PIE, I then took the Tampines Avenue 12 Exit. As I was negotiating the bend and entering Tampines Avenue 12, the van skidded and I was trying my very best to control the steering wheel to steer the van back to the road however the van still crash into the center divider along Tampines Avenue 12.

After hitting the center divider the van stopped. I checked if my son who was sitting at the front passenger seat was injured. He informed me that he does not require any medical attention. I then moved the van to the side of the road and called for a tow truck to tow away the van. I am feeling slight pain on the chest but do not require any medical attention. Both my son and I have not seen the doctor yet. We will seek medical attention should the need arise.

I do not have any in-car camera in my van.



**SINGAPORE
POLICE FORCE**



T/20191210/2175

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3

Report No. T/20191210/2175

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

10/12/2019 21:01

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.		Date of Accident	10/12/2019 09:48
Vehicle No.(For Motor)	GBB9482Z	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5111430413		LIM-HSIEH TRADING AND SERVICES	53375125W	GCV	Comprehensive	GBB9482Z	GBB9482Z	31/07/2019	30/07/2020

Claim Handling

Accident MT/1075393

Policy No.	5111430413	Vehicle No.	GBB9482Z	GST Registration No.	
Certificate No.					
Policyholder Name	LIM-HSIEH TRADING AND SERVICES				
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	53375125W
Contact No.(Mobile)	96902431	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	+ No Yes	TCA	+ No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
▼ Accident Details		Private Hire	No		
Report Date	12/12/2019 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	10/12/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE EXIT TAMPINES AVE 12				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	500.00	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	12/12/2019 11:26:34 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	BLK 505 #02-355	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE 520505
Address 4		Address Type	Singapore address	Post Code	520505
Unit No.	02-355	Related Policy Number	5111430413		
▼ OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM TECK HUAT	Driver NRIC	S1689938J	Driver DOB	22/02/1965
Register Date of Driver License	15/11/1996	Driver Age	54	Driving Experience	23
Contact No.(Mobile)	96902431	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 505 #02-355	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE 520505
Address 4		Address Type	Singapore address	Post Code	520505
Unit No.	02-355				
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 *	OO-MD	Insured Name	LIM-HSIEH TRADING AND SERV	Insured NRIC	53375125W
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		DI	GBB9482Z	TP Vehicle Number	DIVIDE
Claim Description	GBB9482Z / DIVIDEA ON 30 Dec 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault		
Workshop No. Finalisation	Yes	Repair Option	Income to assign workshop	GIA report	Received
Date Registered				Claim Close Date	12/12/2019 11:28
Report Taken By				Date Received	12/12/2019
Print AK letter					
					OO Excess Collected by Workshop
Save Submit					

Attachment

Accident No.	MT/1075393	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	12/12/2019 11:28		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
▼ Attachment List					

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	SAS	Normal	SAS 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	Photos	Normal	Photos 2019-12-12
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 11:28	Photos	Normal	Photos 2019-12-12

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)

By CSO - Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motor car ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ?
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govt Property ()
 - 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: **G88 9482Z** Date: **28 Oct 2019**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Trailer / Truck / Trailer or
 Make & Model: **Toyota Proace 280 2.5** Year: **2014**
 Colour: **White** Transmission Type: Auto / **5.5mm**
 Eng/No: **182813**
 C/No: **JT121JK1100050227**
 Gen. Cond: Good / Poor / Burnt or
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: **NI** / S/Rim / STD A/Rim or
 Tyre Size: F: **195 R15 - YOKO**
 R: **- SUMITOMO**

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

Parallel Import: Yes / No
 Towed-In: Yes / No
 Repair Type: **LS** / LBJ
 Towing Required: **Yes** / No
 No of Repair Days: **7**
 Vehicle in Idac: **Yes** / No
 D.O.I: **12/12/2019**
 Time: **10.30am**

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. Govt 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) ACS

3) Entire Operation Completed Time

Vehicle No: _____

GBB 9482 Z

NAC	INC	Item	CON	AC	Qty
1001	991886	Fit Number Plate	CRA	/	
1002	991887	Fit Number Plate Base	CRA	/	
1004	991300	Fit Bumper	PD	/	
2001	991477	Fit Bumper Upper			
2002	991387	Fit Bumper Lower			
2003	991449	Fit Bumper Side Cover			
2004	991443	Fit Bumper Side Retainer	DIS	/	2
1006	991325	Fit Bumper Bracket			
1008	991433	Fit Bumper Reinforcement	PD	/	
2005	991466	Fit Bumper Signal Lamp			
1017	995100	Fit LH Bumper Fog Lamp Cover			
1018	991355	Fit RH Bumper Fog Lamp Cover	CRA	/	
1019	995079	Fit LH Bumper Fog Lamp			
1020	995080	Fit RH Bumper Fog Lamp			
1021	991793	Fit Grille	CRA	/	
1022	991328	Fit Grille Emblem	CUT	/	
2006	990247	Fit Grille Sticker			
1023	991799	Fit Grille Chrome Moulding	CRA	/	
2007	991891	Fit Panel			
2008	991874	Fit Lower Panel			
2009	991328	Fit Panel Emblem			
2010	990247	Fit Panel Sticker			
2011	991893	Fit Panel Garnish			
1024	991222	Fit Apron Panel			
2012	991527	Fit Corner Panel			
2013	991532	Fit Corner Panel Signal Lamp			
2014	995245	Fit Signal Lamp LH			
2015	995246	Fit Signal Lamp RH			
1029	995153	Fit LH Headlamp Assy			
1030	991821	Fit RH Headlamp Assy	CRA	/	
1031	995088	Fit LH Side Lamp			
1032	995089	Fit RH Side Lamp			
2016	992149	Fit Wiper Panel			
2017	995043	Fit Wiper Nozzle			
1120	992140	Fit Wiper Arm			
1121	992142	Fit Wiper Blade			
2048	992145	Fit Wiper Link			
2019	992148	Fit Wiper Motor			
1122	995045	Wiper Panel Garnish			
1114	992093	Fit Windscreen			
1115	992097	Fit Windscreen Rubber			
1117	992098	Fit Windscreen Sealant			
2020	992114	Fit Windscreen Outer Pillar			
2021	992113	Fit Windscreen Inner Pillar			
1118	991019	FRP Bracket			
1119	991020	FRP Unit			
2022	991958	Fit Side Mirror (Big)			
2023	991959	Fit Side Mirror (Small)			
2024	991962	Fit Side Mirror (Round)			
2025	995015	Fit Wing Mirror Stay			
1025	995013	Fit Support Panel			
1033	990248	Bonnet	BT	/	
1035	990287	Bonnet Lock	BUC	/	
1037	990273	Bonnet Hinge			
1039	990305	Bonnet Rubber	BT	/	2
1042	990119	Air Con Condenser			
1043	990123	Air Con Fan Assy			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1058	992758	Radiator Hose Top			
1058	992741	Radiator Expansion Tank	CUT	/	
2026	992596	Oil Cooler			
1079	994131	Power Steering Cooler Pipe			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1067	990219	Battery			
1069	990153	Battery Bracket			

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
2027	991500	Frt Cabin Assy			
2028	991501	Frt Cabin Mounting			
2029	991502	Frt Cabin Rear Panel			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
2030	990143	Air Con Evaporator Assy			
2031	990106	Air Con Blower			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			
1133	991922	Frt RH Seat Belt Assy			
1135	995182	Frt LH Seat Belt Assy			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1096	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
2035	994966	Frt LH Wheel Guard			
1102	995170	Frt LH Wheel Rim <i>Cover</i>			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
2036	994966	Frt RH Wheel Guard			
1111	992087	Frt RH Wheel Rim <i>Cover</i>			
1113	995065	Frt RH Tyre			
1255	995326	Frt LH Door			
1256	995140	Frt LH Door Protector			
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1272	991617	Frt LH Door Inner Trim Board			
1316	995327	Frt RH Door			
1317	991654	Frt RH Door Protector			
1318	991601	Frt RH Door Hinge			
1319	991685	Frt RH Door Wing Mirror			
1323	991584	Frt RH Door Glass			
1324	991595	Frt RH Door Glass Regulator			
1325	991596	Frt RH Door Glass Regulator Motor			
1326	991662	Frt RH Door Rubber			
1327	991636	Frt RH Door Outer Handle			
1333	991617	Frt RH Door Inner Trim Board			
2037	991644	Frt Door Frt Pillar			
2038	991657	Frt Door Rear Pillar			
2039	992072	Frt Wheel Arch Panel			
2040	992069	Frt Wheel Arch Panel Garnish			
2041	991996	Frt Step Panel			
2042	994498	Frt Step Panel Top Garnish			
2043	994495	Frt Step Panel Inner Garnish			
1073	995053	Wiper Washer Tank			
1136	990247	Sticker			
		Bonnet Lock Top Cover			
		Relay Box			

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	125W
Vehicle Details	
Vehicle No.:	GBB9482Z
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 280 2.5 M
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	2KD5067250
Chassis No.:	JT121JK1100050227
Maximum Power Output:	-
Open Market Value:	\$30,000.00
Original Registration Date:	28 Oct 2010
First Registration Date:	28 Oct 2010
Transfer Count:	1
Actual ARF Paid:	\$1,500.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Oct 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,601.00
COE Rebate Amount:	\$2,665.00
Total Rebate Amount:	\$2,665.00

The information contained herein is correct as at 11 Dec 2019

OK

Claim Handling

Accident MT/1075393

Task Transfer Exit

LOS SAL SUB

Policy No.	S111430413	Vehicle No.	GBB9482Z	GST Registration No.	
Certificate No.					
Policyholder Name	LIM-HSIEH TRADING AND SERVICES			Policyholder NRIC	53375125W
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96902431	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	12/12/2019 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	10/12/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	TPE EXIT TAMPINES AVE 12				

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					
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	12/12/2019 11:26:34 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 505 #02-355	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE S20505
Address 4		Address Type	Singapore address	Post Code	S20505
Unit No.	02-355	Related Policy Number	S111430413		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM TECK HUAT	Driver NRIC	S1689938J	Driver DOB	22/02/1965
Register Date of Driver License	15/11/1996	Driver Age	54	Driving Experience	23
Contact No.(Mobile)	96902431	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 505 #02-355	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE S20505
Address 4		Address Type	Singapore address	Post Code	S20505
Unit No.	02-355				
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?	No Yes
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	LIM-HSIEH TRADING AND SERV	Insured NRIC	53375125W
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	GBB9482Z	TP Vehicle Number	DIVIDER
Claim Description	GBB9482Z / DIVIDER ON 10 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Preferred Repair Option	income to assign workshop	Insured Liability report	Fully at Required
Date Registered	12/12/2019 11:29	Claim Close Date		Date Received	12/12/2019 00:00
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment

Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	HIACE	Engine Capacity	1.02
Date of Registration	28/10/2010	Classis No.	JT121JK1100050227		

12/12/2019

Claim Handling (damage assessment Claim Task MT/1075393 / Claim 001 OD-MD)

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 DAYS: 7 DAYS.1X FRT GRILLE CHROME MOULDING - REPLACE.1X AIRCON LIQUID PIPE - UNCONFIRM.1X AIRDUCT - UNCONFIRM.1X AIR CLEANER - UNCONFIRM.1X FRT LH WHEEL RIM COVER - UNCONFIRM. 1X FRT RH FENDER EMBLEM - REPLACE.1X FRT RH WHEEL RIM COVER - UNCONFIRM.1X BONNET LOCK TOP COVER - REPLACE.1X RELAY BOX - UNCONFIRM.

Remark for Supplementary:

Damage Listing

Find a Part

root	No.	Part No.	Description	Qty *	Repair Code *	
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	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
ACTUATOR	5	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
ADVERTISEMENT STICKER	6	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	X
AIR BAG	7	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Unconfirm	X
AIR BLOWER	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BOX	9	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR CHAMBER BOX	10	27100101	GRILLE (FRONT)	1	Replace	X
AIR CLEANER	11	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR COMPRESSOR	12	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR CON	13	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR CON (VAN)	14	149001	BONNET	1	Replace	X
AIR COOLER	15	14902201	BONNET HINGE (LEFT)	1	Replace	X
AIR DISTRIBUTOR	16	14902202	BONNET HINGE (RIGHT)	1	Replace	X
AIR FILTER	17	149043	BONNET RUBBER (LONG)	1	Unconfirm	X
AIR FLOW	18	112023	AIR CON CONDENSER	1	Unconfirm	X
AIR GRILLE	19	344001	RADIATOR	1	Unconfirm	X
AIR HORN	20	344005	RADIATOR COWLING	1	Unconfirm	X
AIR INTAKE	21	344008	RADIATOR FAN	1	Unconfirm	X
AIR RESONATOR BOX	22	34402802	RADIATOR HOSE (TOP)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	344007	RADIATOR EXPANSION TANK	1	Unconfirm	X
ALARM	24	141002	BATTERY BRACKET	1	Unconfirm	X
ALTERNATOR	25	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Unconfirm	X
ALUMINIUM PANEL - SIDE	26	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
AMPLIFIER	27	25400103	FENDER (FRONT RIGHT)	1	Replace	X
ANTENNA	28	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
ANTI ROLL	29	43600102	TYRE (FRONT RIGHT)	1	Unconfirm	X

Save Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

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

NAC NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: GBB94822 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Chew Goot

Collection Date: 13-12-19 Time: 5:15pm with Keys: (Yes) / No

Tow Truck No: YP3564P Tow Man: THAN NRIC: 662114051

Signature: [Signature]

For office use

Attended by: ROSLINDA

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: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 13 December 2019 4:19 PM
To: NAC ; Chew Goon-Aaron ; Chew Goon; Chew Goon-Xiao Yan (ad5@chewgoonmotor.com.sg); Chew Goon - Eric (eric@chewgoonmotor.com.sg)
Subject: GBB9482Z, OD claim no : MT/1075393
Importance: High

Dear IDAC and Chew Goon,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear Chew Goon,

OD excess of \$600/- is applicable, pls assist to liaise with OID Mr Lim at tel : 96902431.

We are waiving survey for this case only and it should not be taken as a precedence for future cases.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher after the repairs has been done/ finalized with Surveyor to my email.

Regards.

Tan Siew Choo
Senior Executive
Operations, Motor and Personal Lines (PL)
T +65 6430 7882
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at income.com.sg/careers

in with you

Our Ref: MT/CA/OD/051/1075393-001/TSC

13 Dec 2019

CHEW GOON MOTOR

BLK 10 AMK IND PARK 2A AVE 5

#01-15,16&17 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1075393-001

REPAIR OF VEHICLE NUMBER: GBB9482Z

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

Award Date: 13 Dec 2019

Make: TOYOTA

Model: HIACE

Estimated Repair Days: 6

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 Tan Siew Choo at 64307882 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

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