

NATIONAL Assessment Centre Services

[wef 1 Jan'08] **MAH 9167031**

Date In: 11/12/19-14:18	Job description	Date & Time Completed	Done by
Ref No: HA/INC19021824/K24	SAS e-filing		
Veh No: 6BE76927	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12/19-08:30	i-Motor Claim Form	11/12/19 14:34	
☒ OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: **6BE1375B**

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

HA190935V

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

Invoice Preparation Checklist

Amst (\$) / Bill

Amst (\$) / Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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	11/12/2019 14:18
Date Of Accident	11/12/2019 08:30
Exact Location Of Accident	DEFU LANE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7697T
Insured/Policyholder	
Name Of Registered Owner	YEW HENG AUTO PARTS PTE LTD
Co Reg No	201130046W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098760130-01
Cover Note Number	

Driver

Name of Driver	LIM YEW MENG, HENRY
NRIC No	S1305141J
Date Of Birth	23/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92959451
Fax Number	
Contact Number	OFFICE-92959451
Email Address	NOEMAIL

Address	BLK 402 HOUGANG AVENUE 10 #13-1182
Postcode	530402
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
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	GBG1375B
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)	1

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

Defu
Lane
10



DOA: 11/12/19

A: GBE 7697T

B: GBG 1375B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car suddenly jammed brake, I failed to
brake hit onto the rear of Veh B.

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.:

Personal Particulars

Date of Accident: 11/12/19 Time of Accident: 8:30am
Exact Location of Accident: Defu Lane 10
Owner's Name: Yew Heng Auto Parts PL NRIC No: _____ HP No: _____
Driver's Name: Lim Yew Meng Henry NRIC No: S1305141J HP No: 92959451
Date of Birth: 23/8/1958 Driving Licence Passing Date: 5/11/1978 Occupation: Indoor / Outdoor
Address: 402 Hougang Ave 10 #13-1182 (530402)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: G8E 71977 Make & Model: Toyota
Insurance Co: NTUC Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / ☐ Others: _____ ☒ Wet / ☐ Dry / ☐ Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No) ☒

Third Party Driver's Particulars

Vehicle B No: G8G 1375B Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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
☐	5098760130-01		YEW HENG AUTO PARTS PTE LTD	201130046W	GCV	Comprehensive	GBE7697T	GBE7697T	23/03/2019	22/03/2020

 Policy Information

Policy No.	5098760130-01	Policyholder Name	YEW HENG AUTO PARTS PTE LT	Policyholder NRIC	201130046W
Certificate No.					
Address	BLK 3017 #04-129 UBI ROAD 1 SINGAPORE 408708				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy issue Date	13/02/2019	Effective Date	23/03/2019 00:00	Expiry Date	22/03/2020 23:59
Excess Type			All Claims Excess		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess			OS Premium	0	Young/Ine
Outside Singapore OD Excess			Outside Singapore TP Excess		
Agent	ONG HUI SENG LIFE & GENERAI	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

 Policyholder Mailing Address

Address 1	BLK 3017 #04-129	Address 2	UBI ROAD 1	Address 3	SINGAPORE 408708
Address 4			Address Type	Singapore address	Post Code
Unit No.			Related Policy Number	5113133248	

 Insured Object: GBE7697T

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1075271

Policy No.	5098760130-01	Vehicle No.	GBE7697T	GST Registration No.	
Certificate No.					
Policyholder Name	YEW HENG AUTO PARTS PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	201130046W
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KPIK	☒ No ☐ Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	11/12/2019 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/12/2019	Time of Accident (hh:mm)	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEPU LANE 10				
Excess					
Own damage Excess	800.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	21/11/2011		
GST Registration No.	201130046W	GST Status Verified	Yes		
Modification History	11/12/2019 14:33:46 System changed GST Registered from No to Yes 11/12/2019 14:33:46 System changed GST Registration No. from null to 201130046W 11/12/2019 14:33:46 System changed GST Registration Date from null to 21/11/2011				
Policyholder Mailing Address					
Address 1	BLK 1017 #04-129	Address 2	USI ROAD 1	Address 3	SINGAPORE 408708
Address 4		Address Type	Singapore address	Post Code	408708
Unit No.		Related Policy Number	S11313248		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/08/1958
Unnamed driver Name	LIM YEW MENG, HENRY	Driver NRIC	S13051411	Driving Experience	41
Register Date of Driver License	05/10/1978	Driver Age	61	Contact No. (Home)	0
Contact No. (Mobile)	92959451	Contact No. (Office)	0	Address 1	SINGAPORE 530402
Address 1	BLK 402	Address 2	HOUGANG AVENUE 10	Address 3	
Address 4		Address Type	Singapore address	Post Code	530402
Unit No.	13-1182				
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		

Modification History

Claim 001 New

Claim Type *	OD-ND	Injured Name	YEW HENG AUTO PARTS PTE LT	Insured NRIC	201130046W
Contact No. (Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	63920830
Email Address	ANTHONY.LIM_@YEWHENG.AUTOPARTS.COM	01 Vehicle Number	GBE7697T	TP Vehicle Number	GBG1375B
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBE7697T / GBG1375B ON 15 Dec 2019				
Preferred Workshop Contact No.	96813469	Insured Liability *	Fully at Fault	Name of Preferred Workshop	J-MART AUTO SERVICES
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	11/12/2019 14:34	Claim Close Date		Date Received	11/12/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter					
OO Excess Collected by Workshop					
Save Submit					

Attachment

Accident No.	MT/1075271	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	11/12/2019 14:35		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	☐ Yes ☒ No	Normal	
	Browse... Clear	Please Select	☐ Yes ☒ No	Normal	
	Browse... Clear	Please Select	☐ Yes ☒ No	Normal	
	Browse... Clear	Please Select	☐ Yes ☒ No	Normal	
	Browse... Clear	Please Select	☐ Yes ☒ No	Normal	
	Browse... Clear	Please Select	☐ Yes ☒ No	Normal	
Attachment List					
☐ Send Message					

Msg Sent?

Attachment	Uploaded By/Date	Category	?	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:35	SAS		Normal	SAS 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:35	Photos		Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:35	Photos		Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:35	Photos		Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:34	Photos		Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:34	Photos		Normal	Photos 2019-12-11	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:34	Photos		Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Dec 2019 14:34	Photos		Normal	Photos 2019-12-11	
Video List						
Uploaded By/Date	Folder Date	File Name	?	Source	Action	
Display in New Window Scan and uploading						

ASSIGNMENT (DAC)

By CSO: Nature of Accident:

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ? ☐
- a) Pedestrian ☐ b) Protection ☐
- c) Motorcycle ☐ d) Animal ☐
- e) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govn Property ☐ b) Road Work Object ☐
- (e.g. signpost, 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

Vch No: **GBE7697T** Date: **23 Mar 2016**
 Type: M.Car / M.Cycle / Bus / Van / Truck / Light / Prime Mover / ☐
 / Truck / Trailer or
 Make & Model: **Toyota Dyna 150** C: **2982**
 Colour: **Silver** Transmission Type: Auto / Manual
 Eng/No: **96875**
 C/No: **JTFAT35Y701K 206097**
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **195/75R15 - BS**
 R: **155R12C - YOKO**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **As above**

Front		Rear	
R/Bal.	4 mm	R/Bal.	5/5 mm
L/Bal.	4 mm	L/Bal.	5/5 mm

Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / B.I. Towing Required: Yes / No
 No of Repair Days: **6** Vehicle in Idac: Yes / No
 D.O.I. **12/12/2019** Time: **2.40pm**

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:

By CSO

By ASS

3) Entire Operation Completed Time:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	046W
Vehicle Details	
Vehicle No.:	GBE7697T
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2589108
Chassis No.:	JTFAT35Y70K206097
Maximum Power Output:	-
Open Market Value:	\$24,944.00
Original Registration Date:	23 Mar 2016
First Registration Date:	23 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$1,248.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$31,281.00
COE Rebate Amount:	\$19,626.00
Total Rebate Amount:	\$19,626.00

The information contained herein is correct as at 11 Dec 2019

OK

Claim Handling

[Task Transfer](#) [Exit](#)

Accident MT/1075271

[GDS](#) [SAL](#) [SUB](#)

Policy No.	5098790130-01	Vehicle No.	GBE7697T	GST Registration No.	201130046W
Certificate No.					
Policyholder Name	YEW HENG AUTO PARTS PTE LTD			Policyholder NRIC	201130046W
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	11/12/2019 14:32	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/12/2019	Time of Accident (H:mm)	08:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	DEPU LANE 10				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	21/11/2011
GST Registration No.	201130046W	GST Status Verified	Yes
Modification History	11/12/2019 14:33:46 System changed GST Registered from No to Yes 11/12/2019 14:33:46 System changed GST Registration No. from null to 201130046W 11/12/2019 14:33:46 System changed GST Registration Date from null to 21/11/2011		

Policyholder Mailing Address

Address 1	BLK 3017 #04-129	Address 2	UBI ROAD 1	Address 3	SINGAPORE 409708
Address 4		Address Type	Singapore address	Post Code	408708
Unit No.		Related Policy Number	S113133248		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM YEW MENG, HENRY	Driver NRIC	S1305141J	Driver DOB	23/08/1958
Register Date of Driver License	05/10/1978	Driver Age	61	Driving Experience	41
Contact No.(Mobile)	92959451	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 402	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530402
Address 4		Address Type	Singapore address	Post Code	530402
Unit No.	13-1182				
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

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraima Bin Mantau

[GDS](#) [SAL](#) [SUB](#)

Claim Type	OD-MD	Insured Name	YEW HENG AUTO PARTS PTE LTD	Insured NRIC	201130046W
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	63920830
Email Address	ANTHONYLIM_@YEWHENGALTC	OI Vehicle Number	GBE7697T	TP Vehicle Number	GBG13758
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	GBE7697T / GBG13758 ON 11 Dec 2019			Name of Preferred Workshop	J-MART AUTO SERVICES
Preferred Workshop Contact No.	96813469	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	11/12/2019 14:36	Claim Close Date		Date Received	11/12/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment

Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	DYNA 150D	Engine Capacity	1.82
Date of Registration	23/03/2016	Class No.	JTFAT35Y7DK206097		
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	S1 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: 6 DAYS. 1 X FRT SIDE MIRROR (BIG) - UNCONFIRM. 1 X FRT SIDE MIRROR (SMALL) - UNCONFIRM. 1 X FRT WING MIRROR STAY - REPLACE. 1 X FRT STEP PANEL INNER GARNISH - UNCONFIRM. 1 X STICKER - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part

root

Not Applicable
ABS
ABSORBER
ACCELERATOR
ACTUATOR
ADVERTISEMENT STICKER
AIR BAG
AIR BLOWER
AIR BOX
AIR CHAMBER BOX
AIR CLEANER
AIR COMPRESSOR
AIR CON
AIR CON (VAN)
AIR COOLER
AIR DISTRIBUTOR
AIR FILTER
AIR FLOW
AIR GRILLE
AIR HORN
AIR INTAKE
AIR RESONATOR BOX
AIR THROTTLE BODY AND SENSOR
ALARM
ALTERNATOR
ALUMINIUM PANEL - SIDE
AMPLIFIER
ANTENNA

No.

Part No.

Description

Qty *

Repair Code *

1
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3
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18
19

32200101
16020101
16002401
16001301
16001302
27100101
27100801
33000101
33000301
33000401
27700101
27700102
45101901
112023
112050
112053
112003
23300201
23300202

NUMBER PLATE (FRONT)
BUMPER (FRONT)
BUMPER CLIPS (FRONT)
BUMPER BRACKET (FRONT LEFT)
BUMPER BRACKET (FRONT RIGHT)
GRILLE (FRONT)
GRILLE EMBLEM (FRONT)
PANEL (FRONT)
PANEL EMBLEM (FRONT)
PANEL GARNISH (FRONT)
HEAD LAMP (LEFT)
HEAD LAMP (RIGHT)
WINDSCREEN RUBBER (FRONT LEFT)
AIR CON CONDENSER
AIR CON FAN
AIR CON EVAPORATOR
AIR CON BLOWER
DOOR (FRONT LEFT)
DOOR (FRONT RIGHT)

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Replace
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Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Friday, 13 December 2019 3:05 PM
To: J-Mart; LKK Paya Ubi
Cc: MTSurvey
Subject: RE: GBE7697T UNDER OD CLAIM: MT/1075271
Attachments: work order GBE7697T.pdf

Dear Ms Angie of J Mart

We spoke, you have agreed to accept the full and final global sum **repair cost of \$1950/-, subject to the OD excess of \$600/-**.

Please note that strictly no supplementary is allowed. Kindly arrange for survey AFTER 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.

You have informed us that you will update owner on the repair accordingly since they are your loyal client.

Dear Idac, please release the vehicle to J Mart.

Thank You

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



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From: J-Mart [mailto:jmartauto@gmail.com]
Sent: Friday, 13 December 2019 2:48 PM
To: Ng Hak Joo <hakjoo.ng@income.com.sg>
Subject: RE: GBE7697T UNDER OD CLAIM: MT/1075271

Hi Hak Joo,

I would like to counter offer at \$2000 and survey after repair. Thank you.

Regards,
Angie

From: Ng Hak Joo [mailto:hakjoo.ng@income.com.sg]
Sent: Friday, 13 December 2019 2:39 PM
To: J-Mart <jmartauto@gmail.com>
Subject: GBE7697T UNDER OD CLAIM: MT/1075271

Dear Ms Angie of J Mart

We spoke to offer the **GLOBAL SUM** repair cost of \$1700/-- 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.

We have also attached the Work Oder created by Idac.

Thank You

Ng Hak Joo
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in

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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

NAC NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: GBE 76971 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: S-mart

Collection Date: 13/12/19 Time: 1630 with Keys: Yes / No

Tow Truck No: YN1024 Tow Man: JOH LING KHAAM NRIC: 589180377

Signature: [Signature] 96662462

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: _____