

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 12 0002805

Date In: 7/1/20-14:31	Job description	Date & Time Completed	Done by
Ref No: HA/INC2000390/CW	SAS e-filing		
Veh No: JKR3528A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 7/1/20-07:30	i-Motor Claim Form	M7/1078919-001	7/1/20 14:4
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

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

HA 2000395

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N'n INC) against INC \$20		
9) N12: Idac Mobile 30		

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	07/01/2020 14:31
Date Of Accident	07/01/2020 07:30
Exact Location Of Accident	MCNAIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3528A
Insured/Policyholder	
Name Of Registered Owner	LIM HUI ENG
NRIC No	SXXXX093G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96383971
Alternative Phone No	OFFICE-96383971
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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	5107216129
Cover Note Number	

Driver

Name of Driver	ONG YORK LAN
NRIC No	SXXXX365H
Date Of Birth	22/09/1963
Occupation	INDOOR
Date Of Driving Pass	07/05/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96398371
Fax Number	
Contact Number	OFFICE-96398371
Email Address	NOEMAIL

Address	BLK 110 MCNAIR ROAD #03-269
Postcode	320110
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRY

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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200107/7007.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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:

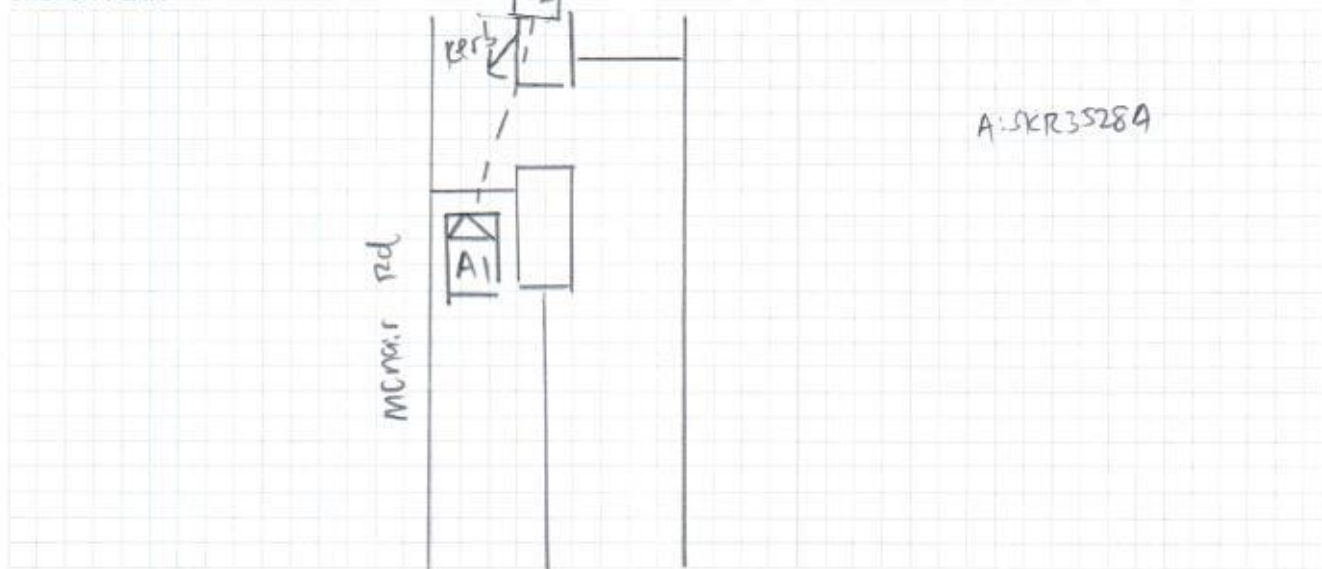


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20201027/2007.

DECLARATION

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

Das

Policyholder's Signature

Date & Time:

Yang

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200107/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200107/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2020 13:12		Vide Report No.: A/20200107/0044		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG YORK LAN			Address: APT BLK 110 MCNAIR ROAD #03-269 SINGAPORE 320110		
ID Type / ID No.: NRIC NO / S1608365H			Contact No.: Home/Office:		Mobile: 96398371
Nationality: SINGAPORE CITIZEN			Email: patricia@elid.net		
Sex: Female	Age: 56	Date of Birth: 22/09/1963	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Administrator		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2020 07:30	Type of Location: Gradient
Location: MCNAIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SKR3528A	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200107/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200107/7007

CONTINUATION OF REPORT

Driver			
Name	ONG YORK LAN	ID No.	S1608365H
Related Vehicle	SKR3528A (Car)	Contact No.	96398371
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 07/01/2019 at 0730 hours , I was driving along McNair Road at a speed of around 20 km/hr. While my vehicle negotiate the ramp up , my vehicle suddenly swerved to the right. I tried to turn the vehicle back, the vehicle mounted the road divider, hit the signboard and stopped. No person was injured. I wished to highlight that the road divider was too shallow due to the erected position and not able to stop any vehicle from mounting . It should not be erected in such a position that is on the ramp, It should have been erected at the end of the downward ramp that is level to the road surface. Please refer to attached photos.



**SINGAPORE
POLICE FORCE**



T/20200107/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200107/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/01/2020 13:12

Classification Of Case:

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	07/01/2020 07:30							
Vehicle No. (For Motor)	SKR3528A	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5107216129		LIM HUI ENG	S1382093G	GPC	drive CLASSIC	SKR3528A	SKR3528A	30/01/2019	29/01/2020
Continue										

 Policy Information

Policy No.	5107216129	Policyholder Name	LIM HUI ENG	Policyholder NRIC	S1382093G
Certificate No.					
Address	26 BEDOK NORTH DRIVE #15-36 BEDOK RESIDENCES SINGAPORE 465499				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/01/2019	Effective Date	30/01/2019 00:00	Expiry Date	29/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	26 BEDOK NORTH DRIVE	Address 2	#15-36 BEDOK RESIDENCES	Address 3	SINGAPORE 465499
Address 4		Address Type	Singapore address	Post Code	465499
Unit No.	03-269	Related Policy Number	5103746411-01		

 Insured Object: SKR3528A

 Endorsements

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

Claim Handling

Accident MT/1078919

Policy No.	S107216129	Vehicle No.	SKR352BA	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HUI ENG	Cover Type	drive CLASSIC	Policyholder NRIC	S1382093G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96383971	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	07/01/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	07/01/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCNAIR RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	26 BEDOK NORTH DRIVE	Address 2	#15-36 BEDOK RESIDENCES	Address 3	SINGAPORE 465499
Address 4		Address Type	Singapore address	Post Code	465499
Unit No.	03-269	Related Policy Number	S103746411-01		
01 Driver Info					
Driver Name	ONG YORR LAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1608305H	Driver DOB	22/09/1963
Register Date of Driver License	07/05/1992	Driver Age	56	Driving Experience	27
Contact No.(Mobile)	96398371	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 110	Address 2	MCNAIR ROAD	Address 3	SINGAPORE 320110
Address 4		Address Type	Singapore address	Post Code	320110
Unit No.	03-269				
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 OD-MD **New**

Claim Type *	OD-MD	Insured Name	LIM HUI ENG	Insured NRIC	S1382093G
Contact No.(Mobile)	96383971	Contact No.(Home)		Contact No.(Office)	
Email Address	ELMYNLIM@GMAIL.COM	01 Vehicle Number	SKR352BA	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKR352BA ON 7 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	07/01/2020 14:49	Claim Close Date		Date Received	07/01/2020 14:49
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1078919	Claim No.	001																									
Last Doc. Received	☒ Yes ☐ No	Upload Date	07/01/2020 14:49																									
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>☐</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>☐</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>☐</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>☐</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	☐	Normal		Browse... Clear	Please Select	☐	Normal		Browse... Clear	Please Select	☐	Normal		Browse... Clear	Please Select	☐	Normal	
Path *	Category *	Confidential	Urgency *	Description *																								
Browse... Clear	Please Select	☐	Normal																									
Browse... Clear	Please Select	☐	Normal																									
Browse... Clear	Please Select	☐	Normal																									
Browse... Clear	Please Select	☐	Normal																									

ASSIGNMENT (IDAC)

By CSO: Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorist ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit ?
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govn Property ()
(e.g. signpost, barrier, fence etc.)
 - b) Road Work Object ()
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object ()
 - b) Flood ()
 - c) Other, ()
- 6) Parked & Found Damaged:
 - a) Vandalism ()
 - b) Hit by Moving Object ()
- 7) Theft Case:
 - a) Stolen ()
 - b) Damage found when recovered ()
- 8) Fire:
 - a) Whilst driving ()
 - b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Veh No: **SKR3528 A** at Resp: **30 Jan 2015**

Type: ☒ M/Cat / ☐ M/Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ ☐ Truck / ☐ Trailer or

Make & Model: **Mazda 6** 1998

Colour: **White** Transmission Type: ☒ Auto / ☐ Manual

Eng/No: **JM6GJ 1071 F147302** Sp/Reading: **38122**

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt or

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

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size: F: **215/55 R17 - TOYO**

R: **215/55 R17 - TOYO**

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

Front	R/Bal	mm	Rear	R/Bal	mm
4			4		
4			4		

Parallel Import: Yes / ☒ No

Repair Type: ☒ LS / ☐ LBJ

No of Repair Days: **7**

D.O.L: **8/1/2020**

Towed-In: ☒ Yes / ☐ No

Towing Required: ☒ Yes / ☐ No

Vehicle in Idac: ☒ Yes / ☐ No

Time: **11.30 am**

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
 - e. Animal () f. 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

(1) Bent (2) Dented (3) Distorted (4) Crushed (5) Cut (6) Scratched (7) Deformed (8) Shaded (9) Broken (10) Broken (11) Necessary (12) Missing (13) Torn (14) Unconfirmed (15) Not Working

MOTOR CAR (Frt)

ACT/REPL/AC (1) Replace (✓) (2) Replace (X) (3) Check (✓) (4) Not Condition (NC)

Page 2000 1072

Front Portion

Vehicle No: SKR 3528A

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	DD	✓	
1002	991887	Frt Number Plate Base	CRA	✓	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	BR	✓	
1005	992341	Frt Bumper Clips	NEC	✓	6
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	DIS	✓	2
1008	991433	Frt Bumper Reinforcement			
1009	991318	Frt Bumper Beam	MIS	✓	
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	CRA	✓	
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	?		
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille	CRA	✓	
1022	991328	Frt Grille Emblem	NEC	✓	
1023	991799	Frt Grille Chrome Moulding			
1024	991222	Frt Apron Panel	SCR	✓	
1025	992013	Frt Support Panel	DD	✓	
1026	992025	Frt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frt Brace Panel			
1029	995153	Frt LH Headlamp Assy	?		
1030	991821	Frt RH Headlamp Assy	?		
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	?		
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator	?		
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct	CUT	✓	
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank	?		
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover	TN	✓	
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield	CRA	✓	
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield	CRA	✓	
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim	CUT	✓	
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre	TN	✓	50%
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Sticker			

No of Items:

Accessories:

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

MOTOR CAR (UC)

ACTION(AU)
 (1)Replace (✓) (2)Repair (X) (3)Check (?)
 (4)Not Consistent (NC)

2162

Vehicle No: SKR 3528 A

Undercarriage

NAC	INC	Item	CON	AC	Qty
1372	995163	Frt LH Shock Absorber			
1373	991944	Frt LH Shock Absorber Mounting			
1374	990632	Frt LH Coil Spring			
1375	995198	Frt LH Knuckle Arm			
1376	995199	Frt LH Knuckle Arm Bearing			
1377	995178	Frt LH Lower Arm			
1378	995169	Frt LH Upper Arm			
1379	995183	Frt LH Tie Rod			
1380	995143	Frt LH Drive Shaft			
1381	990661	Frt LH Control Arm			
1382	992062	Frt LH Trailing Arm			
1383	991848	Frt LH Leaf Spring			
1384	991293	Frt LH Brake Disc Rotor			
1385	991281	Frt LH Brake Caliper			
1386	991292	Frt LH Brake Pipe			
1387	991287	Frt LH Brake Hose			
1388	991295	Frt LH Brake Sensor Wire			
1389	991989	Frt Stay Bar Bracket			
1390	994455	Steering Rack & Pinion			
1391	994435	Steering Cross Member			
1392	994519	Frt Sub Frame			
1393	992003	Frt Sub Frame Mounting			
1394	991217	Frt Anti Roll Bar			
1395	991219	Frt Anti Roll Bar Linkage			
1396	990887	Engine Block			
1397	990890	Engine Block Gasket			
1398	990972	Engine Oil Sump			
1399	990960	Engine Oil			
1400	992224	Gear Box Assy			
1401	992229	Gear Box Gasket			
1402	992241	Gear Box Oil Sump			
1403	992257	Gear Oil			
1210	990534	Centre Exhaust Pipe Assy			
1211	990532	Centre Exhaust Mounting			
1404	991134	Floor Panel			
1405	993719	Rear LH Shock Absorber			
1406	993723	Rear LH Shock Absorber Mounting			
1407	993170	Rear LH Coil Spring			
1408	993550	Rear LH Knuckle Arm			
1409	993551	Rear LH Knuckle Arm Bearing			
1410	993597	Rear LH Lower Arm			
1411	993884	Rear LH Upper Arm			
1412	995161	Rear LH Drive Shaft			
1413	995216	Rear LH Control Arm			
1414	993881	Rear LH Trailing Arm			
1415	993573	Rear LH Leaf Spring			
1416	992941	Rear LH Brake Disc Rotor			
1417	992937	Rear LH Brake Caliper Assy			
1418	990434	Rear LH Brake Pipe			
1419	992946	Rear LH Brake Hose			
1420	993819	Rear Sub Frame			
1421	993820	Rear Sub Frame Mounting			
1422	992813	Rear Anti Roll Bar			
1423	990168	Rear Anti Roll Bar Linkage			
1424	990202	Axle Beam			
1425	990170	Rear Axle Panhard Rod			
1426	990810	Differential Assy			
1427	992706	Propeller Shaft			

NAC	INC	Item	CON	AC	Qty
1428	991935	Frt RH Shock Absorber			
1429	991944	Frt RH Shock Absorber Mounting			
1430	990632	Frt RH Coil Spring			
1431	991844	Frt RH Knuckle Arm			
1432	991845	Frt RH Knuckle Arm Bearing			
1433	991851	Frt RH Lower Arm			
1434	992064	Frt RH Upper Arm			
1435	992040	Frt RH Tie Rod			
1436	991692	Frt RH Drive Shaft			
1437	990661	Frt RH Control Arm			
1438	992062	Frt RH Trailing Arm			
1439	991848	Frt RH Leaf Spring			
1440	991293	Frt RH Brake Disc Rotor			
1441	991281	Frt RH Brake Caliper			
1442	991292	Frt RH Brake Pipe			
1443	991287	Frt RH Brake Hose			
1444	991295	Frt RH Brake Sensor Wire			
1445	993720	Rear RH Shock Absorber			
1446	993723	Rear RH Shock Absorber Mounting			
1447	993173	Rear RH Coil Spring			
1448	993550	Rear RH Knuckle Arm			
1449	993551	Rear RH Knuckle Arm Bearing			
1450	993601	Rear RH Lower Arm			
1451	993885	Rear RH Upper Arm			
1452	993322	Rear RH Drive Shaft			
1453	993178	Rear RH Control Arm			
1454	995117	Rear RH Trailing Arm			
1455	995110	Rear RH Leaf Spring			
1456	992942	Rear RH Brake Disc Rotor			
1457	992938	Rear RH Brake Caliper Assy			
1458	990434	Rear RH Wheel Rim			
1459	992947	Rear RH Tyre			
		Rear RH Fender			
		RH Undercarriage Cover			

No of Items: _____ Assessor: _____

Original copy

Claim Handling

Task Transfer Exit

Accident MT/1078919

GCS SAL SUB

Policy No.	5107216129	Vehicle No.	SKR3528A	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HUI ENG	Cover Type	drive CLASSIC	Policyholder NRIC	S1382093G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	96383971	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	☒
KPK	☒ No ☐ Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	07/01/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision into Property
Date of Accident	07/01/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	MCN4IR RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage		Sum Insured	99999999.99		
Excess Waiver					

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	26 BEDOK NORTH DRIVE	Address 2	#15-36 BEDOK RESIDENCES	Address 3	SINGAPORE 465499
Address 4		Address Type	Singapore address	Post Code	465499
Unit No.	03-269	Related Policy Number	5103746411-01		

OT Driver Info

Driver Name	CNG YORK LAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1608365H	Driver DOB	22/09/1963
Register Date of Driver License	07/05/1992	Driver Age	56	Driving Experience	27
Contact No.(Mobile)	96399371	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 110	Address 2	MCN4IR ROAD	Address 3	SINGAPORE 320110
Address 4		Address Type	Singapore address	Post Code	320110
Unit No.	03-269				
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

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

GCS SAL SUB

Claim Type	OD-MD	Insured Name	LIM HUI ENG	Insured NRIC	S1382093G
Contact No.(Mobile)	96383971	Contact No.(Home)		Contact No.(Office)	
Email Address	ELMYNLIMJ@GMAIL.COM	OT Vehicle Number	SKR3528A	TP Vehicle Number	
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address				Name of Preferred Workshop	
Claim Description	SKR3528A On 7 Jan 2020	Insured Liability	Fully at Fault		
Preferred Workshop Contact No.		Preferred Repair Option	Income to assign workshop	GSA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	07/03/2020 14:49
Date Registered	07/01/2020 14:50	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval		Reason			
Remarks					

damage assessment Activity Handling Attachment

Vehicle Info

Vehicle Make	MAZDA	Vehicle Model	5	Engine Capacity	
Date of Registration	30/01/2015	Class No.	JM6G1071P0147302		
Towing Required *	☒ Yes ☐ No	Vehicle in 3DAC *	☒ Yes ☐ No	Parallel Import *	☐ Yes ☒ No

Type of Tender *	Own Damage	Assessor Name *	SEMON	Survey Current Status
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTRE	IDAC/Workshop Location	31 UBI AVENUE 1 #01-25 PAYA	
Windscreen Parts & Labour Cost		Total Loss *	☐ Yes ☒ No	
Market Value(\$)		Scrap Value(\$)		Economical Repair Value(\$)
REMARK: NO OF REPAIR DAY: 7 DAYS, 1 X FRT BUMPER TOW EYE COVER - REPLACE, 1 X AIR DUCT - REPLACE, 1 X RH UNDERCARRIAGE COVER - REPLACE;				
Remark:				

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	401028	STEERING RACK & PINION	1	Unconfirm	X
ABS	2	401021	STEERING CROSS MEMBER	1	Unconfirm	X
ABSORBER	3	36600102	SHOCK ABSORBER (FRONT RIGHT)	1	Unconfirm	X
ACCELERATOR	4	36600602	SHOCK ABSORBER MOUNTING (FRONT RIGHT)	1	Unconfirm	X
ACTUATOR	5	30000102	KNUCKLE ARM (FRONT RIGHT)	1	Unconfirm	X
ADVERTISEMENT STICKER	6	30000202	KNUCKLE ARM BEARING (FRONT RIGHT)	1	Unconfirm	X
AIR BAG	7	30500102	LOWER ARM (FRONT RIGHT)	1	Unconfirm	X
AIR BLOWER	8	23600102	DRIVE SHAFT (FRONT RIGHT)	1	Unconfirm	X
AIR BOX	9	36600104	SHOCK ABSORBER (REAR RIGHT)	1	Unconfirm	X
AIR CHAMBER BOX	10	20200404	COIL SPRING (REAR RIGHT)	1	Unconfirm	X
AIR CLEANER	11	30000104	KNUCKLE ARM (REAR RIGHT)	1	Unconfirm	X
AIR COMPRESSOR	12	30000204	KNUCKLE ARM BEARING (REAR RIGHT)	1	Unconfirm	X
AIR CON	13	30500104	LOWER ARM (REAR RIGHT)	1	Unconfirm	X
AIR CON (VAN)	14	43600104	TYRE (REAR RIGHT)	1	Unconfirm	X
AIR COOLER	15	25400106	FENDER (REAR RIGHT)	1	Repair	X
AIR DISTRIBUTOR	16	32200101	NUMBER PLATE (FRONT)	1	Replace	X
AIR FILTER	17	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
AIR FLOW	18	16000101	BUMPER (FRONT)	1	Replace	X
AIR GRILLE	19	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
AIR HORN	20	16001301	BUMPER BRACKET (FRONT LEFT)	1	Unconfirm	X
AIR INTAKE	21	16000501	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR RESONATOR BOX	22	16000502	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
ALARM	24	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
ALTERNATOR	25	27100101	GRILLE (FRONT)	1	Replace	X
ALUMINIUM PANEL - SIDE	26	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AMPLIFIER	27	12900301	APRON PANEL (FRONT)	1	Repair	X
ANTENNA	28	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
ANTI ROLL	29	27700101	HEAD LAMP (LEFT)	1	Unconfirm	X
APRON	30	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	X
ARCH	31	112023	AIR CON CONDENSER	1	Unconfirm	X
ARM REST	32	344001	RADIATOR	1	Unconfirm	X
ASH TRAY	33	454012	WIPER WASHER TANK	1	Unconfirm	X
AUTO CLUTCH	34	243014	ENGINE LOWER COVER	1	Replace	X
AUTO COOLER PIPE	35	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
AUTO CRUISE MOTOR	36	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
AUTO TRANSMISSION	37	448014	WHEEL RIM	2	Replace	X
AXLE	38	43600102	TYRE (FRONT RIGHT)	1	Replace	X
BACK REST (MC)						
BACK SEAT						
BALANCER						
BATTERY						
BEADING (MC)						
BELT COVER (MC)						
BELT TENSIONER						
BODY						
BODY (MC)						
BOLT CAP (MC)						
BOLT HEAD COVER (MC)						
BONNET						
BOOT						
BOX (MC)						
BOX BRACKET (MC)						
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						

Save Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Thursday, 9 January 2020 2:14 PM
To: City Auto; LKK Paya Ubi
Subject: SKR3528A | MT/1078919 (Awarding Letter to City Auto)

Importance: High

Hi IDAC and City Auto

Vehicle is currently in IDAC

Excess waiver is applicable.

Please liaise with the driver – Ms Ong York Lan at tel: 9639 8371 on the necessary.

Thank you.

Yap Chee Ling (Ms)

Executive

Operations, Motor and Personal Lines (PL)

T +65 6430 7893

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



Our Ref: MT/CA/OD/051/1078919-001/YCL

09 Jan 2020

CITY AUTO PTE LTD
BLK 8 #01-58TO66
SIN MING INDUSTRIAL EST SECTOR C
SINGAPORE 575643

Dear Sir

CLAIM NUMBER: MT/1078919-001
REPAIR OF VEHICLE NUMBER: SKR3528A

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

Award Date: 09 Jan 2020
Make: MAZDA

Model: 6

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Excess Waiver

Excess Applicable: 0

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Disclaimer

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.



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: SKR 352817 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: City auto

Collection Date: 2/1/20 Time: 1455 with Keys: Yes / No

Tow Truck No: YL 55448 Tow Man: BEW NRIC: 886235085

Signature: _____

For office use

Attended by: Jackson

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

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

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

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

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____