

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNA12004024**

Date In: 9/1/20-16:20	Job description	Date & Time Completed	Done by
Ref No: MNA12000611/24	SAS e-filing		
Veh No: 5599014	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 1/1/20-07:00	i-Motor Claim Form	M/11078885-00V	9/1/20 16:38
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: **55027735** 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

Narababak	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Auditors' Comments :-	8) NTUC Additional Services:-		
	OD:		
Cat 1:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat 2 / 3:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	09/01/2020 16:20
Date Of Accident	01/01/2020 07:00
Exact Location Of Accident	CTE BEFORE PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9901Y
Insured/Policyholder	
Name Of Registered Owner	LUC BERNARD ANGOVE
NRIC No	SXXXX717A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96795144
Alternative Phone No	OFFICE-96795144

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AUTO 1K21Q5 7 SPD
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	5107782904
Cover Note Number	

Driver

Name of Driver	LUC BERNARD ANGOVE
NRIC No	SXXXX717A
Date Of Birth	11/09/1996
Occupation	INDOOR
Date Of Driving Pass	22/04/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96795144
Fax Number	
Contact Number	OFFICE-96795144
Email Address	NOEMAIL

Address	BLK 514 SERANGOON NORTH AVENUE 4 #06-117
Postcode	550541
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	CHAIN COLLISION
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	3
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200101/2077.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBQ2733S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH8287U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be 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:



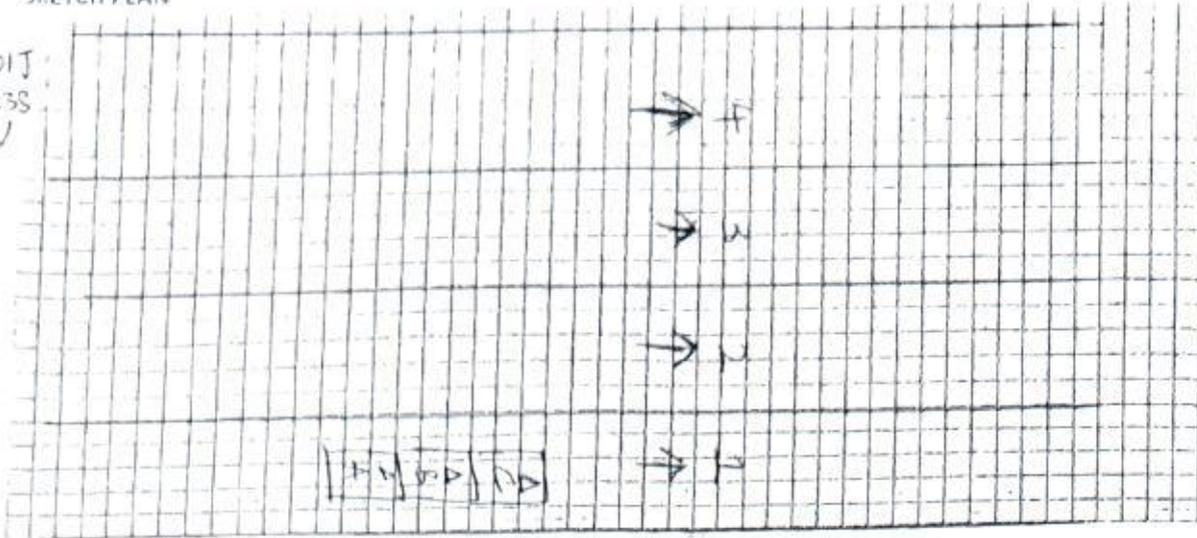
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Δ A SJS 9901J
Δ B SBR 2723S
Δ C 3418287V



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Based on police report T/20200101/2077

DECLARATION

(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.:

Date of Accident : 01/01/2020 Accident Time: 0700HQ (24-HR-Format)

Accident Place : (TE before exit of PIE (many))

Vehicle Reg. No. (Car Plate No.) : SJG 9901 Y

Vehicle Make/Model : VOLKSWAGEN SETTA

Insurance Company : LITVE Policy No. 5107782904

Owner or Company Name / IC No. : LUC ~~BERNARD~~ BERNARD ANGOVE S963671A

Owner or Company Contact No. : 96795144 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : "

DRIVER'S Date Of Birth : 11/09/1996 DRIVER'S License Pass Date 22/07/2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : Blk 541 Serangoon North Ave 4 #06-117 (550541)

DRIVER'S Contact No / Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : admin@mycar.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>S802733J</u>	Vehicle Reg. No: <u>SH 8287W</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20200101/2077

1 of 3

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4890999

Report No T/20200101/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 01/01/2020 17:31	Vide Report No.:	Station Diary No.: 119
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Informant's Particulars			
Name of Informant LUC BERNARD ANGOVE		Address APT BLK 541 SERANGOON NORTH AVENUE 4 #06-117 SINGAPORE 550541	
ID Type / ID No. NRIC NO / S9636717A		Contact No.: Home/Office: Mobile: 96795144	
Nationality SINGAPORE CITIZEN		Email:	
Sex Male	Age 23	Date of Birth 11/09/1996	Type of Informant: Driver
Race Caucasian		Language: English	Institution / School Name:
Occupation: Business Development Manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/01/2020 07:00	Type of Location: Straight Road	
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE before exit of PIE (Changi)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJS9901Y	Car	VOLKSWAGO N	JETTA 1.4 TSI AUTO 1K21Q5 7 SPD	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS9901Y	NTUC Income Insurance Co-Operative Limited	5107782904	06/03/2019	17/03/2020



**SINGAPORE
POLICE FORCE**



T/20200101/2077

Police Station Of Origin
Hougang N.P.C
50 Hougang Avenue 9 SINGAPORE 538775
Tel No: *800-4890999

2 of 3

Report No: T/20200101/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Driver			
Name	JJC BERNARD ANGOVE	ID No	S9636717A
Related Vehicle	SJS9901Y (Car)	Contact No	96795144
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/01/2020 at about 0700hrs. I was driving my vehicle along Central Expressway on the right-most lane. My vehicle is a Black Volkswagen Jetta with the plate number SJS9901Y. I accidentally dozed off and rear-ended a vehicle in front of mine. The vehicle was a Silver Sedan car (Unknown details). During the accident, I hit my head on my steering wheel upon impact. I then came out of the vehicle to find out what happened. I was approached by a male Chinese in his 40s. I suspect that I did not manage to brake in time and rear-ended onto his vehicle however, I am in sure if his vehicle (in front of mine) was stationary.

The person then crossed over the expressway and I followed along. At that point of time, I was feeling a bit sleepy and did not know what to do. Hence, I walked to the nearest exit and took a taxi home.

I wish to state that I have yet to see a doctor for my head's injury. I feel light-headed around my head area. That is all. To my knowledge, I believe that my vehicle's CCTV was on recording. I am unsure of any other details. I also wish to state that I was not under the influence of alcohol or any substance while the accident took place.



**SINGAPORE
POLICE FORCE**



T/20200101/2077

3 of 3

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200101/2077

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: F / Sr Staff Sgt HO-ZI-GAI- <i>Salamun</i>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2020 17:31
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	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

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107782904		LUC BERNARD ANGOVE	S9636717A	GPC	drive CLASSIC	SJS9901Y	SJS9901Y	06/03/2019	17/03/2020

Continue

Claim Handling

Accident MT/1078585

Policy No.	S107782904	Vehicle No.	S159901Y	GST Registration No.	
Certificate No.				Policyholder NRIC	S9626717A
Policyholder Name	LUC BERNARD ANGOVE	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Not available
NCD Protection	No	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Accident Details		Time of Accident occur	06:55	Country of Accident	Singapore
Report Date	06/01/2020 11:12	Orange Force		ICM No.	
Date of Accident	01/01/2020				
Reporting Centre					
Accident Location	SLE / CTE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
DO Standard Excess	600.00	TP Standard Excess	0.00		
YIED DO Excess		YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable	0.00		
Total DO Excess Applicable	600.00				

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 541 #06-117	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550541
Address 4		Address Type	Singapore address	Post Code	550541
Unit No.	39-01	Related Policy Number	S107782904		

DI Driver Info

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

Modification History

Claim 002 **New**

Claim Type *	OD-MD	Insured Name	LUC BERNARD ANGOVE	Insured NRIC	S9626717A
Contact No.(Mobile)	96795144	Contact No.(Home)		Contact No.(Office)	
Email Address	LLUCANGOVE@gmail.com	DI Vehicle Number	S159901Y	TP Vehicle Number	SBQ27335
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S159901Y / SBQ27335 ON 1 Jan 2020		Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD	
Preferred Workshop Contact No.	98888885	Insured Liability *	fully at fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	09/01/2020 00:00
Date Registered	09/01/2020 16:38	Claim Close Date		OD Excess Collected by Workshop	
Report Taken By	Jackson				

Invo AK letter

Save Submit

Attachment

Accident No.	MT/1078585	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2020 16:39

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)

Uploaded By/Date	Folder	Date	File Name	Source	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		SAS	Normal	SAS 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV		Photos	Normal	Photos 2020-1-9

Video List

Display in New Window

Scan and uploading

ASSIGNMENT (IDAC)

COE Expiry - 31/3/2024

By CSO - Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorcar ()
 - b) Motorcycle ()
 - c) Bicycle ()
- 2) Vehicle hit 77:
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govt Property ()
(i.e. signboard, banner, fence)
 - 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 ()

By Assessor - 1) Vehicle Information

Vehicle: **SJS990LY** a/c No: **18 Sep 2009**
 Type: M.C. / Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make & Model: **Volkswagen Jetta 1.4 TSI**
 Colour: **Silver** Transmission Type: Manual / Automatic
 Eng/No: **1390** Sp Reading: **No Display**
 Ch/No: **WVWZZZ1KZ9U02118P**
 Gen. Cond: Good / Poor / Burnt or
 Steering: Harder / Jammed / Leaked / Burnt or
 Brake: Harder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **225/40 R18 - Continental**
 R: **225/45 R18 NEXEN**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Continental**

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

 Parallel Import: Yes No Towed in: Yes / No
 Repair Type: L.S. / I.B.I. Towing Required: Yes No
 No of Repair Days: **8** Vehicle in Idac: Yes No
 D.O.I: **10/10/2020** Time: **2.50 pm.**

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 - 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

9:50

3:55

3) Failure Operation Completed Time

> Back to OneMotoring

4-3

M.V. \$25,000

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	717A
Vehicle Details	
Vehicle No.:	SJS9901Y
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2020
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	JETTA 1.4 TSI AUTO 1K21Q5 7 SPD
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	CAV095048
Chassis No.:	WVWZZZ1KZ9U021188
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$21,635.00
Original Registration Date:	18 Sep 2009
First Registration Date:	18 Sep 2009
Transfer Count:	2
Actual ARF Paid:	\$21,635.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$12,763.00
COE Rebate Amount:	\$10,779.00
Total Rebate Amount:	\$10,779.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 09 Jan 2020

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16 vehicles

Volkswagen Jetta

Advanced Search

Name	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Sta
Search Selection	Volkswagen Jetta	Any	Any	> 10 year(s) old	Any	Any	Any	
	Volkswagen Jetta 1.4A TSI (COE till 11/2024)	\$30,500	\$6,300 /yr	12-Nov-2009	1,390 cc	-	Sedan	A
Recent Done Up MU, 4 Tires And More With Receipt, No Major Repair Require, Bank And In House Loan Available, Low Interest Rate, High Trade In, Fast And Easy Approval, No Guarantor Needed, All Vehicles Inspected By Our Own Workshop, Low Mileage, Accident Fre...								
Posted: 07-Jan-2020 Tags: 2009 Volkswagen Jetta, 2009 volkswagen jetta, Volkswagen Jetta, volkswagen jetta, Volkswagen, Jetta, jetta, Used Volkswagen								
	Volkswagen Jetta Sport 1.4A TSI (New 10-yr COE)	\$47,800	\$4,780 /yr	14-Dec-2009	1,390 cc	-	Sedan	A
No Further Repaired Needed. Sport Model Producing 160BHP! AA Trust Certified Quality Pre Owned Vehicle! Hot Selling Sedan Car! Option To Renew COE For 10/ 5 Years. Economical Car To Drive Around With Good Fuel Consumption And Power! Super Huge Cabin Space For...								
AA Trust Automotive								
Posted: 29-Dec-2019 Tags: 2009 Volkswagen Jetta, 2009 volkswagen jetta, Volkswagen Jetta, volkswagen jetta, Volkswagen, Jetta, jetta, Used Volkswagen								
	Volkswagen Jetta 1.4A TSI (COE till 10/2024)	\$29,800	\$6,250 /yr	14-Oct-2009	1,390 cc	-	Sedan	A
Full Loan Available At \$700 Plus Per Month! We Can Help To Convert To Z10 Usage If Needed! In House Loan Or Bank Loan Available! Fast, Easy And Flexible Loan Approval! We Are sgCarMart Premium Dealer! Buy With Confidence! Viewing And Test Drive Available Daily...								
88 Motor Trading								
Posted: 28-Dec-2019 Tags: 2009 Volkswagen Jetta, 2009 volkswagen jetta, Volkswagen Jetta, volkswagen jetta, Volkswagen, Jetta, jetta, Used Volkswagen								
	Volkswagen Jetta Sport 1.4A TSI (New 5-yr COE)	-	N.A	08-Jan-2010	1,390 cc	-	Sedan	
Full Loan Available Monthly \$700 Plus, We Can Help To Convert To Z10 Usage If Needed. In House Loan Or Bank Loan Available! Fast, Easy And Flexible Loan Approval! We Are sgCarMart Premium Dealer! Buy With Confidence! Viewing And Test Drive Available Daily Inclu...								
88 Motor Trading								
Posted: 22-Dec-2019 Tags: 2010 Volkswagen Jetta, 2010 volkswagen jetta, Volkswagen Jetta, volkswagen jetta, Volkswagen, Jetta, jetta, Used Volkswagen								
	Volkswagen Jetta 1.4A TSI (New 5-yr COE)	-	N.A	01-Dec-2009	1,390 cc	-	Sedan	
Full Loan Available Monthly \$700 Plus, We Can Help To Convert To Z10 Usage If Needed. In House Loan Or Bank Loan Available! Fast, Easy And Flexible Loan Approval! We Are sgCarMart Premium Dealer! Buy With Confidence! Viewing And Test Drive Available Daily Inclu...								
88 Motor Trading								
Post: Tags: 2009 Volkswagen Jetta, 2009 volkswagen jetta, Volkswagen Jetta, volkswagen jetta, Volkswagen, Jetta, jetta, Used Volkswagen								

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Accident MT/1078585

Policy No.	5107782904	Vehicle No.	SIS9901Y	GST Registration No.	
Certificate No.					
Policyholder Name	LUC BERNARD ANGOVE			Policyholder NRIC	S9636717A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	06/01/2020 11:12	Accident Report Within 24 hrs	No	Accident Type	Chain Collision
Date of Accident	01/01/2020	Time of Accident (h:mm)	06:55	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	4339698
Accident Location	SLE / CTE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED DD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 541 #05-117	Address 2	SERANGOODN NORTH AVENUE 4	Address 3	SINGAPORE 550541
Address 4		Address Type	Singapore address	Post Code	550541
Unit No.	19-01	Related Policy Number	S107782904		

OI Driver Info

Driver Name	LUC BERNARD ANGOVE	Driver Type	Main Driver	Driver DOB	11/09/1996
Unnamed Driver Name		Driver NRIC	S9636717A	Driving Experience	4
Register Date of Driver License	22/04/2015	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	96795144	Contact No.(Office)		Address 1	SINGAPORE 550541
Address 1	BLK 541 #05-117	Address 2	SERANGOODN NORTH AVENUE 4	Address 3	SINGAPORE 550541
Address 4		Address Type	Singapore address	Post Code	550541
Unit No.	19-01				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Modification History	11/01/2020 08:34 #035020 Modify Orange Force(N->Y) 11/01/2020 08:34 #035020 Modify ICM No(->4339698) 13/01/2020 13:57 #018940 Modify Private Hire(not available->No)		

Investigation

Claim 002 OD-OD

Claim Case Officer Zuraieme Bin Mantau

Claim Type	OD-OD	Insured Name	LUC BERNARD ANGOVE	Insured NRIC	S9636717A
Contact No.(Mobile)	96795144	Contact No.(Home)		Contact No.(Office)	
Email Address	LLUCANGOVEE@GMAIL.COM	OI Vehicle Number	SIS9901Y	TP Vehicle Number	SBQ27335
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address				Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Claim Description	SIS9901Y / SBQ27335 ON 1 Jan 2020	Insured Liability	Fully at Fault	GIA report	Received
Preferred Workshop Contact No.	98888885	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	10/01/2020 16:55
Require Finalisation	Yes	Claim Close Date		Total Loss but Repaired	
Date Registered	09/01/2020 16:39	Workshop Repairer		OD Excess Collected by Workshop	
Report Taken By	Jackson				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment **Activity Handling** **Attachment**

Vehicle Info

Vehicle Make	VOLKSWAGEN	Vehicle Model	JETTA	Engine Capacity	
Date of Registration	18/09/2009	Class No.	WVWZZZ1KZ9J021188	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender *	Dwn Damage	Assessor Name *	SIMON		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-26 PAYA		

Windscreen Parts & Labour Cost Total Loss * Yes No

Market Value(\$) Scrape Value(\$) Economical Repair Value(\$)

Remark: REMARK: NO OF REPAIR DAY: 8 DAYS. 1 X FRNT BUMPER LOWER SPOILER - REPLACE. 1 X FRNT SUPPORT PANEL FOR GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOW PRESSURE) - REPLACE. 1 X AIR CON SUCTION HOSE - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - REPLACE. 1 X AIR CON LIQUID PIPE - UNCONFIRM. 1 X AIR DUCT - REPLACE. 1 X AIR CLEANER ASSY - REPLACE. 1 X ABS PUMP CONTROL UNIT - UNCONFIRM. 2 X FRNT AIR DEFLECTOR - REPLACE

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
roof						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Unconfirm	X
ABSORBER	3	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
ACCELERATOR	4	16000101	BUMPER (FRONT)	1	Replace	X
ACTUATOR	5	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ADVERTISEMENT STICKER	6	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BAG	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR BLOWER	8	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR BOX	9	16004602	BUMPER PROTECTOR (FRONT RIGHT)	1	Replace	X
AIR CHAMBER BOX	10	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR CLEANER	11	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	3	Unconfirm	X
AIR COMPRESSOR	12	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR CON	13	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR CON (VAN)	14	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace	X
AIR COOLER	15	27100101	GRILLE (FRONT)	1	Replace	X
AIR DISTRIBUTOR	16	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR FILTER	17	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR FLOW	18	28500102	HORN (RIGHT)	1	Unconfirm	X
AIR GALLE	19	15600101	BRACE PANEL (FRONT)	1	Replace	X
AIR HORN	20	27700102	HEAD LAMP (RIGHT)	1	Replace	X
AIR INTAKE	21	149001	BONNET	1	Replace	X
AIR RESONATOR BOX	22	14903401	BONNET LOCK (LOWER)	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	149029	BONNET INSULATOR	1	Unconfirm	X
ALARM	24	14902201	BONNET HINGE (LEFT)	1	Replace	X
ALTERNATOR	25	14902202	BONNET HINGE (RIGHT)	1	Replace	X
ALUMINIUM PANEL - SIDE	26	14901301	BONNET DAMPER (LEFT)	1	Unconfirm	X
AMPLIFIER	27	149041	BONNET RUBBER (CENTRE)	1	Unconfirm	X
ANTENNA	28	112023	AIR CON CONDENSER	1	Replace	X
ANTI ROLL	29	112043	AIR CON DISCHARGE HOSE	1	Unconfirm	X
APRON	30	344001	RADIATOR	1	Replace	X
ARCH	31	344005	RADIATOR COWLING	1	Unconfirm	X
ARM REST	32	344008	RADIATOR FAN	1	Unconfirm	X
ASH TRAY	33	344011	RADIATOR FAN CLUTCH	1	Unconfirm	X
AUTO CLUTCH	34	34402802	RADIATOR HOSE (TOP)	1	Replace	X
AUTO COOLER PIPE	35	34402801	RADIATOR HOSE (BOTTOM)	1	Unconfirm	X
AUTO CRUISE MOTOR	36	344007	RADIATOR EXPANSION TANK	1	Unconfirm	X
AUTO TRANSMISSION	37	110014	AIR CLEANER HOSE (LONG)	1	Unconfirm	X
AXLE	38	110037	AIR CLEANER RESONATOR	1	Unconfirm	X
BACK REST (MC)	39	141001	BATTERY	1	Replace	X
BACK SEAT	40	141002	BATTERY BRACKET	1	Replace	X
BALANCER	41	141007	BATTERY TRAY	1	Unconfirm	X
BATTERY	42	454012	WIPER WASHER TANK	1	Replace	X
BEADING (MC)	43	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
BELT COVER (MC)	44	124001	ALTERNATOR	1	Unconfirm	X
BELT TENSIONER	45	243014	ENGINE LOWER COVER	1	Replace	X
BODY	46	25400102	FENDER (FRONT LEFT)	1	Repair	X
BODY (MC)	47	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
BOLT CAP (MC)	48	25400103	FENDER (FRONT RIGHT)	1	Replace	X
BOLT HEAD COVER (MC)	49	25400802	FENDER INNER PANEL (FRONT RIGHT)	1	Repair	X
BONNET	50	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
BOOT	51	23300202	DOOR (FRONT RIGHT)	1	Repair	X
BOX (MC)						
BOX BRACKET (MC)						
BOX CARRIER (MC)						
BOX DOOR						
BOX STICKER (MC)						
BRACE PANEL						
BRAKE						
BRAKE - ABS						
BRAKE (MC)						
BUMPER						
CABIN						
CAMBER						
CAMSHAFT						
CAR AUDIO SYSTEM						
CAR JACK						
CARBURATOR						
CARGO						
CARRIAGE						
CARRIER MOUNTING						
CASTOR						
CATALYTIC CONVERTOR						
CD CHANGER						
CD PLAYER						
CDI UNIT (MC)						
CENTRE BOTTOM						

Save Submit

LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Wednesday, 5 February 2020 2:39 PM
To: LKK Paya Ubi
Cc: Teng Ken Leong
Subject: RE: Vehicle SJS9901Y, OD Claim No: MT/1078585-002, DOA: 01/01/2020

Importance: High

Dear NAC Paya Ubi

Noted on your email.

However, the vehicle was released on 20/01/2020 and no update from your centre on the status.

Regards

Zuraimee Bin Mantau
Senior Executive
Operations, Motor & Personal Lines (PL)
T +65 6430 7891
www.income.com.sg

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From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Wednesday, 5 February 2020 12:53 PM
To: Zuraimee Bin Mantau
Cc: 'LKK Paya Ubi'
Subject: RE: Vehicle SJS9901Y, OD Claim No: MT/1078585-002, DOA: 01/01/2020
Importance: High

Hi

The driver called up earlier morning on 20/1/20 that as he wanted to withdraw claim, and arranged the tow truck to tow out this vehicle at our compound at noon time. I need mentioned to him that in order to withdraw the claim, the owner need to come down to sign the addendum form revert the report from own damage claim to reporting only. However the owner of this vehicle mentioned to me that he currently busy. He will come down to my centre to sign the addendum form when he is free.

Attached is the proof of documents that was towed away from our compound as owner requested.

“Wishing you a Happy and Prosperous Lunar New Year”



Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

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

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

From: Zuraimee Bin Mantau [<mailto:zuraimee.mantau@income.com.sg>]

Sent: Wednesday, 5 February 2020 12:34 PM

To: LKK Paya Ubi <rspu@lkkauto.com>

Cc: Teng Ken Leong <kenleong.teng@income.com.sg>

Subject: Vehicle SJS9901Y, OD Claim No: MT/1078585-002, DOA: 01/01/2020

Importance: High

Dear NAC Paya Ubi

Refer to the above vehicle.

We called owner today to assign the repair to the successful tender repairer. However owner informed that he had repaired the vehicle at his own workshop.

Owner has been advised that he has to submit the Addendum form to withdraw the claim should he decided to repair on his own.

There was no email update from your centre that vehicle was taken away by owner.

Please advise us:

- Who authorise the release of the vehicle to owner's workshop?
- Was the Addendum form submitted to withdraw the claim?

Thank you

Zuraimee Bin Mantau

Senior Executive

Operations, Motor & Personal Lines (PL)

T +65 6430 7891

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NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

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



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJ 99014 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Ackiso

Collection Date: 20/01/20 Time: 1230 with Keys: Yes / No

Tow Truck No: YN7988K Tow Man: Jady Leo NRIC: 19225100

Signature: [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: _____