NATIONAL Assessment Centre Services. (wef 1 Jan'05) MVA1V0006857

Date In: 15/1/20 - 15:02	Job description	Date & Time Completed	Done by
Ref No: MA/INC2000949/GH	SAS e-filing		
Veh No: SFH6526Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 14/1/20. 16:32	i-Motor Claim Form	M1/1080224-001	15/1/20 15:19
(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: SBY9834 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

NA20005Gq

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist	Amt ($) 1st Bill	Amt ($) 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) iFT : 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 (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 witholding 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	15/01/2020 15:02
Date Of Accident	14/01/2020 16:30
Exact Location Of Accident	BEACH RD THE CONCOURSE BUILDING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFG6626Y
Insured/Policyholder	
Name Of Registered Owner	SUN YEMAO
Passport No/FIN	GXXXX688T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85245595
Alternative Phone No	OFFICE-85245595
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA200 (R18)
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	5109842547
Cover Note Number	
Driver	
Name of Driver	SUN YEMAO
Passport No/FIN	GXXXX688T
Date Of Birth	02/02/1986
Occupation	INDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85245595
Fax Number	
Contact Number	OFFICE-85245595
EMail Address	NOEMAIL

Address	59 FLORA DRIVE #03-27 THE INFLORA
Postcode	506846
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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	SBY983H
Vehicle Make/Model/Colour	HYUNDAI AVANTE
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)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

The Concourse Building

Beach Road

A: SFG6626Y

B: SBY 9834

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/01/2020 at about 1630Hrs, while I was driving along Beach Road nearby The Concourse Building, I turn on my left side signal lamp intended to left turn but of sudden one car B from behind and collided onto my car's front portion.

DECLARATION

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

Sun Ze Mao

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.:

Y11-80--

ACCIDENT STATEMENT

ACCIDENT DATE:(14 / 01 / 2020)(DD/MM/YYYY), TIME:(16 : 30)(HH:MM)

LOCATION: Beach Road The Concourse Building

1. **DETAILS OF VEHICLE**
   a)VEHICLE NUMBER: SFG 6676Y
   b)INSURANCE COMPANY: G3238687
   c)POLICY NUMBER: 5109842547
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: mercedes . cla 200
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: private use
   I)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A)NAME: Sun Yemao (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: G3238687 CONTACT: 85245595
   c)ADDRESS: 59 Flora Drive #03-27 The inflora S506846

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

3. **DRIVER**
   a)NAME: Sun Yemao (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: G3238687 CONTACT: 85245595
   c)ADDRESS: 59 Flora Drive #03-27 The inflora S506846
   *d)DATE OF BIRTH: (02 / 02 / 1981)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)YEARS OF DRIVING EXPRERIENCE: 19/12/2017
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b)ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SBX 983 H MODEL: Hyundai Avante
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

No. of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (__)

email =

fax =

VIDEO =

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 14/01/2020 16:30

Vehicle No.(For Motor) SFG6626Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5109842547		SUN YEMAO	G3238688T	GPC	drivo CLASSIC	SFG6626Y	SFG6626Y	31/05/2019	30/05/2020

Continue

Policy Information

Policy No.	5109842547	Policyholder Name	SUN YEMAO	Policyholder NRIC	G3238688T
Certificate No.					
Address	59 FLORA DRIVE #03-27 THE INFLORA SINGAPORE 506846				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/05/2019	Effective Date	31/05/2019 00:00	Expiry Date	30/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	59 FLORA DRIVE	Address 2	#03-27 THE INFLORA	Address 3	SINGAPORE 506846
Address 4		Address Type	Singapore address	Post Code	506846
Unit No.	03-27	Related Policy Number	5109842547		

Insured Object: SFG6626Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1080224

Policy No.	S109842547	Vehicle No.	SFG6626Y	GST Registration No.	
Certificate No.					
Policyholder Name	SUN YEMAO			Policyholder NRIC	G3238688T
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	85245595	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(%)	0	Private Hire	No

Accident Details

Report Date	15/01/2020 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/01/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEACH RD THE CONCOURSE BUILDING				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	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	59 FLORA DRIVE	Address 2	#03-27 THE INFLORA	Address 3	SINGAPORE 506846
Address 4		Address Type	Singapore address	Post Code	506846
Unit No.	03-27	Related Policy Number	S109842547		

OI Driver Info

Driver Name	SUN YEMAO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G3238688T	Driver DOB	02/02/1986
Register Date of Driver License	19/12/2017	Driver Age	33	Driving Experience	2
Contact No.(Mobile)	85245595	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	59 FLORA DRIVE	Address 2	THE INFLORA	Address 3	SINGAPORE 506846
Address 4		Address Type	Singapore address	Post Code	506846
Unit No.	03-27				
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	SUN YEMAO	Insured NRIC	G3238688T
Contact No.(Mobile)		Contact No.(Home)	63447667	Contact No.(Office)	
Email Address		OI Vehicle Number	SFG6626Y	TP Vehicle Number	SBY983H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SFG6626Y / SBY983H ON 14 Jan 2020			Name of Preferred Workshop	STK AUTO (S) PTE LTD
Preferred Workshop Contact No.	63850669	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	15/01/2020 15:19	Claim Close Date		Date Received	15/01/2020 15:20
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1080224	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	15/01/2020 15:20

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	No	Normal	
	Browse... Clear	Please Select	No	Normal	
	Browse... Clear	Please Select	No	Normal	
	Browse... Clear	Please Select	No	Normal	
	Browse... Clear	Please Select	No	Normal	
	Browse... Clear	Please Select	No	Normal	

☐ Send Message

▽ **Attachment List**

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:20	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	SAS		Normal	SAS 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:19	Photos		Normal	Photos 2020-1-15	

▽ **Video List**

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ASS ID :

REF :

Assessor

Date : 16/1/2020

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:

a) Motorcar ( )

b) Mbycle ( )

c) Bicycle ( )

2) Vehicle hit ??

a) Pedestrian ( )

b) Animal ( )

3) Vehicle hit Road Side Objects:

a) Govm Property ( )
(Eg: signboard, lamp, 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 ( )

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: SFG6626Y 1) Regn: 9 May 2014

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Jeep / Truck / Trailer or

Make & Model: Mercedes Benz C 200 cc: 1595

Colour: Black Transmission Type: (Auto) / Manual

Engine No: Sp.Reading: 95038

Chassis No: WDD 117 343 2N 0 823594.

Gen. Cond: Good / (Fair) / Poor / Burnt or

Steering: (Normal) / Jammed / Leaked / Burnt or

Brake: (Normal) / Jammed / Leaked / Burnt or

Mod: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 225/40 R18

R: ←

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

Front			Rear		
R/Bal:	6	mm	R/Bal:	6	mm
L/Bal:	6	mm	L/Bal:	6	mm

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

Repair Type: (LS) / LB.I Towing Required: (Yes) / No

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

D.O.I: 16/1/2020 Time: 9.35 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.Govm 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

Condition (CON)
(01)Bent (02)Dented (03)Removed (04)Cracked (05)Cut (06)Scratched
(07)Deformed (08)Missing (09)Punctured (10)Broken (11)Heavily (12)Missing
(13)Torn (14)Unconfirmed (15)Not Working

MOTOR CAR (LH)

ACTION (ACT)
(1)Replace (R) (2)Repair (P) (3)Check (C)
(4)Not Confirmed (NC)

Aug 2005

Vehicle No: SFG 6626 Y

Left Portion

NAC	INC	Item	CON	ACT	Qty
1255	995326	Frt LH Door			
1256	995140	Frt LH Door Protector			
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror	BR	/	
1259	995102	Frt LH Door Garnish			
1260	991593	Frt LH Door Glass Outer Moulding			
1261	991588	Frt LH Door Glass Inner Moulding			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1267	991607	Frt LH Door Inner Handle			
1268	991625	Frt LH Door Lock w/Key			
1269	991624	Frt LH Door Lock			
1270	991562	Frt LH Door Central Lock			
1271	991675	Frt LH Door Switch			
1272	991617	Frt LH Door Inner Trim Board			
1273	991568	Frt LH Door Checker			
1274	991575	Frt LH Door Felt			
1275	991688	Frt LH Door Wire Harness			
1276	991683	Frt LH Door Window Glass Pillar			
1277	991640	Frt LH Door Outer Pillar			
1278	991613	Frt LH Door Inner Pillar			
1279	991646	Frt LH Door Pillar Inner Garnish			
1280	990554	Centre Pillar LH			
1281	990542	Centre Inner Pillar LH			
1282	990517	Centre Pillar Upper Garnish LH			
1283	990564	Centre Pillar Lower Garnish LH			
1284	991670	Frt LH Door Step Garnish			
1285	994052	Rocker Panel LH			
1286	994049	Rocker Panel Inner Panel LH			
1287	994046	Rocker Panel Garnish LH			
1288	994055	Rocker Panel Outer Side Skirt LH			
1004	991300	Frt Bumper	DD	/	
1006	991325	Frt Bumper ~~Bracket~~ Clips	NEE	/	6
1007	991462	Frt Bumper Side Retainer LH	DIS	/	
1008	991433	Frt Bumper Reinforcement		?	
1010	991468	Frt Bumper Sponge		?	
1011	991427	Frt Bumper ~~Protector~~ LH Grille		?	
1014	991301	Frt Bumper ~~Moulding~~ Sensor		?	
1015	991407	Frt Bumper Lower Spoiler			
1029	995153	Frt LH Headlamp Assy	CUT	/	
1031	995088	Frt LH Side Lamp			
1096	995070	Frt LH Fender	BUC	/	
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Inner Shield	CRA	/	
		Frt LH Wheel Rim	CUT	/	
		" " Tyre		?	100%
		LH Headlamp Washer Jet		?	

NAC	INC	Item	CON	ACT	Qty
1289	995156	Rear LH Door			
1290	993282	Rear LH Door Protector			
1291	995194	Rear LH Door Hinge			
1292	993228	Rear LH Door Garnish			
1293	993278	Rear LH Door Glass Outer Moulding			
1294	993231	Rear LH Door Glass Inner Moulding			
1295	995190	Rear LH Door Glass			
1296	993238	Rear LH Door Glass Regulator			
1297	995192	Rear LH Door Glass Regulator Motor			
1298	993294	Rear LH Door Rubber			
1299	993275	Rear LH Door Outer Handle			
1300	993250	Rear LH Door Inner Handle			
1301	993261	Rear LH Door Lock			
1302	993256	Rear LH Door Inner Trim Board			
1303	993218	Rear LH Door Checker			
1304	993230	Rear LH Door Glass Channel			
1305	993242	Rear LH Door Glass Triangle Garnish			
1306	993285	Rear LH Door 1/4 Glass			
1307	993288	Rear LH Door 1/4 Glass Rubber			
1308	993287	Rear LH Door 1/4 Glass Pillar			
1309	993305	Rear LH Door Step Garnish			
1310	993309	Rear LH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1141	992958	Rear Bumper			
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer			
1149	993045	Rear Bumper Reinforcement			
1151	993077	Rear Bumper Sponge			
1153	993040	Rear Bumper Protector			
1155	993026	Rear Bumper Moulding			
1157	993023	Rear Bumper Lower Spoiler			
1163	993851	Rear LH Taillamp			
1218	993436	Rear LH Fender			
1219	993449	Rear LH Fender Protector			
1139	990247	Sticker			

No of Items: _____ Assessor: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	688T
Vehicle Details	
Vehicle No.:	SFG6626Y
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jan 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA200 (R18)
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	27091030376640
Chassis No.:	WDD1173432N083594
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	$28,666.00
Original Registration Date:	09 May 2014
First Registration Date:	09 May 2014
Transfer Count:	2
Actual ARF Paid:	$22,133.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 May 2024
PARF Rebate Amount:	$15,493.00
Intended COE Rebate Details	
COE Expiry Date:	08 May 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$73,160.00
COE Rebate Amount:	$31,514.00
Total Rebate Amount:	**$47,007.00**

The information contained herein is correct as at 15 Jan 2020

OK

Claim Handling

› Task Transfer › Exit

LOS SAL SUB

Accident MT/1080224

Policy No.	5109842547	Vehicle No.	SFG6626Y	GST Registration No.	
Certificate No.					
Policyholder Name	SUN YEMAO			Policyholder NRIC	G3238688T
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	85245595	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(%)	0	Private Hire	No

Accident Details

Report Date	15/01/2020 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/01/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BEACH RD THE CONCOURSE BUILDING				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	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	59 FLORA DRIVE	Address 2	#03-27 THE INFLORA	Address 3	SINGAPORE 506846
Address 4		Address Type	Singapore address	Post Code	506846
Unit No.	03-27	Related Policy Number	5109842547		

OI Driver Info

Driver Name	SUN YEMAO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G3238688T	Driver DOB	02/02/1986
Register Date of Driver License	19/12/2017	Driver Age	33	Driving Experience	2
Contact No.(Mobile)	85245595	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	59 FLORA DRIVE	Address 2	THE INFLORA	Address 3	SINGAPORE 506846
Address 4		Address Type	Singapore address	Post Code	506846
Unit No.	03-27				
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					

Investigation

Claim 001 OD-MD

LOS SAL SUB

Claim Case Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	SUN YEMAO	Insured NRIC	G3238688T
Contact No.(Mobile)		Contact No.(Home)	63447667	Contact No.(Office)	
Email Address		OI Vehicle Number	SFG6626Y	TP Vehicle Number	SBY983H
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SFG6626Y / SBY983H ON 14 Jan 2020			Name of Preferred Workshop	STK AUTO (S) PTE LTD
Preferred Workshop Contact No.	63860669	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	15/01/2020 15:21	Claim Close Date		Date Received	15/01/2020 15:20
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 | Activity Handling | Attachment

Vehicle Info

Vehicle Make	MERCEDES BENZ	Vehicle Model	CLA 200	Engine Capcity	
Date of Registration	09/05/2014	Classis No.	WDD1173432N083594		
Towing Required *	◉ Yes ○ No	Vehicle in IDAC *	◉ Yes ○ No	Parallel Import *	○ Yes ◉ No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		

Windscreen Parts & Labour Cost

Total Loss * ○ Yes ◉ No

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

Remark: REMARK:NO OF REPAIR DAY :6 DAYS. 1 X FRT LH DOOR WING MIRROR - REPLACE. 1 X LH HEADLAMP WASHER JET - UNCONFIRM.

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

No.	Part No.	Description	Qty *	Repair Code *	
1	16000101	BUMPER (FRONT)	1	Replace	X
2	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
3	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
4	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
5	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm	X
6	16003201	BUMPER GRILLE (FRONT)	1	Unconfirm	X
7	16005501	BUMPER SENSOR (FRONT)	1	Unconfirm	X
8	27700101	HEAD LAMP (LEFT)	1	Replace	X
9	25400102	FENDER (FRONT LEFT)	1	Replace	X
10	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
11	448014	WHEEL RIM	1	Replace	X
12	43600101	TYRE (FRONT LEFT)	1	Unconfirm	X

Save Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Friday, 17 January 2020 1:48 PM
To: LKK Paya Ubi
Subject: SFG6626Y | MT/1080224 (Awarding Letter to STK Auto)

Importance: High

Hi IDAC,

Please release the car to STK Auto.

Thank you.

Yap Chee Ling (Ms)
Executive
Operations, Motor and Personal Lines (PL)
T +65 6430 7893
www.income.com.sg

Our Ref: MT/CA/OD/051/1080224-001/YCL

17 Jan 2020

STK AUTO (K/BKT)
8 KAKI BUKIT AVENUE 4
#03-21 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir

CLAIM NUMBER: MT/1080224-001
REPAIR OF VEHICLE NUMBER: SFG6626Y

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

Award Date: 17 Jan 2020
Make: MERCEDES BENZ
Model: CLA 200
Estimated Repair Days: 5
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits: Not applicable
Excess Applicable: 600
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

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: SFG 6626 Y Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: STK

Collection Date: 17.1.2020 Time: 15:35 with Keys: Yes / No

Tow Truck No: YP7065J Tow Man: [signature] NRIC: G7911816A

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:*** _____