

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 12000844 ✓

Date In: 18/1/20-13:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000112/24	SAS e-filing		
Veh No: 5KE27702	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/1/20-13:30	i-Motor Claim Form	18/1/200750-001	18/1/20 13:46
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: 5J136855	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%; F: 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

NA 20130	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 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	18/01/2020 13:19
Date Of Accident	18/01/2020 10:30
Exact Location Of Accident	PUNGGOL WAY TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2770R
Insured/Policyholder	
Name Of Registered Owner	YAN KAM SIEW
NRIC No	SXXXX858J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90469750
Alternative Phone No	OFFICE-90469750

Vehicle Particulars

Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104515616
Cover Note Number	

Driver

Name of Driver	YAN KAM SIEW
NRIC No	SXXXX858J
Date Of Birth	06/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90469750
Fax Number	
Contact Number	OFFICE-90469750
Email Address	NOEMAIL

Address	BLK 271C PUNGGOL WALK #07-535
Postcode	823271
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 - HEAD TO REAR
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	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

ON STATE DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SJT5685S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIONH GEK HWEE, REAGAN (JIANG YUHUI, REAGAN)
NRIC/Passport Number	SXXXX603C
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.



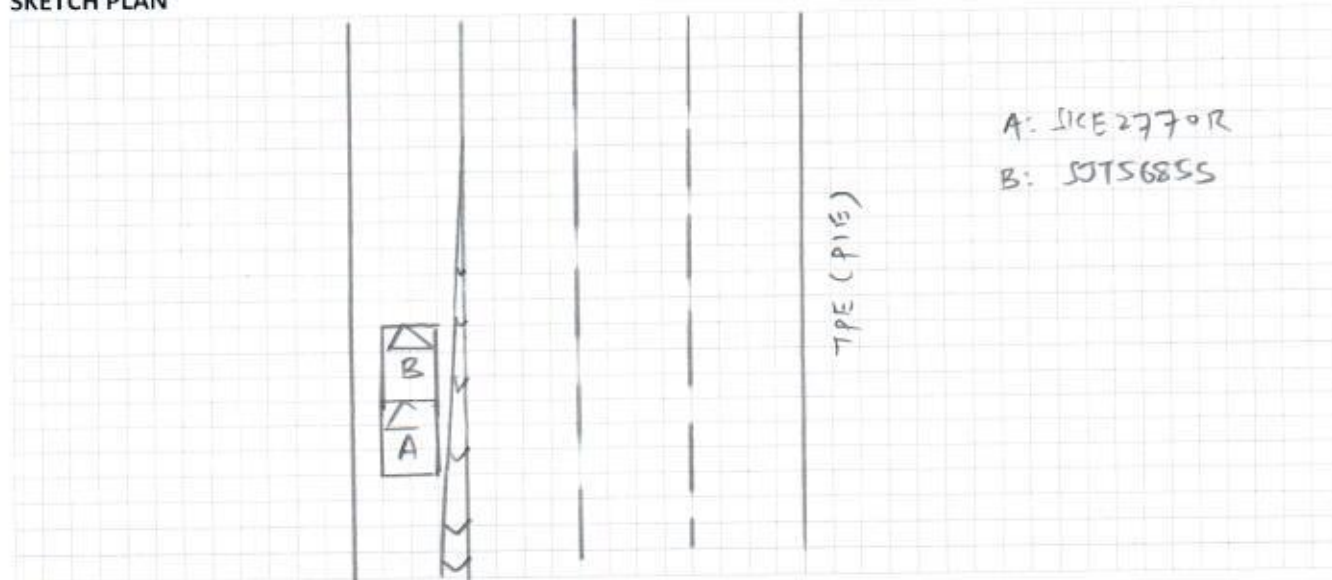
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

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


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

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/01/2020 10:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SKE2770R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104515616		YAN KAM SIEW	S0119858J	GPC	drive CLASSIC	SKE2770R	SKE2770R	09/10/2018	20/02/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	S104515616	Policyholder Name	YAN KAM SIEW	Policyholder NRIC	S0119858J				
Certificate No.									
Address	20 JALAN RAJA UDANG #02-03 GLOBAL VILLE SINGAPORE 329192								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	08/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	20/02/2020 23:59				
Excess Type	All Claims Excess								
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess					
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	20 JALAN RAJA UDANG	Address 2	#02-03 GLOBAL VILLE	Address 3	SINGAPORE 329192
Address 4		Address Type	Singapore address	Post Code	329192
Unit No.	02-03	Related Policy Number	5104515616		

Insured Object: SKE2770R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/08/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 09 Oct 2018 TO 20 Feb 2020 In view of this amendment, an additional premium of \$342.43 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue

Cancel

Accident MT/1080750

Modification History

Claim 001 New

Claim Type *	<input type="text" value="CO-MD"/>	Insured Name	<input type="text" value="YAN KAM SIEW"/>	Insured NRIC	<input type="text" value="S01198582"/>
Contact No.(Mobile)	<input type="text" value="90469750"/>	Contact No.(Home)	<input type="text" value="66735363"/>	Contact No.(Office)	<input type="text"/>
Email Address	<input type="text" value="mlyan38@yahoo.com.sg"/>	OT Vehicle Number	<input type="text" value="SKE2770R"/>	TP Vehicle Number	<input type="text" value="SJT56855"/>
Claimant Type Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text"/>		Claimant NRIC *	<input type="text"/>	
Claimant Address	<input type="text"/>				
Claim Description	<input type="text" value="SKE2770R / SJT56855 ON 18 Jan 2020"/>			Name of Preferred Workshop	<input type="text" value="MY CAR CONSULTANT PTE LTD"/>
Preferred Workshop Contact No.	<input type="text" value="98888885"/>	Insured Liability *	<input type="text" value="Fully at Fault"/>	GIA report	<input type="text" value="Received"/>
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop (refer below)"/>	Date Received	<input type="text" value="18/01/2020 00:00"/>
Date Registered	<input type="text" value="18/01/2020 13:46"/>	Claim Close Date	<input type="text"/>		
Report Taken By	<input type="text" value="Jackson"/>			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1050750	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2020 13:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	NKIC/ Driving License	Y	Normal	NKIC/ Driving License 2020-1-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	SAS		Normal	SAS 2020-1-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	Photos		Normal	Photos 2020-1-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	Photos		Normal	Photos 2020-1-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	Photos		Normal	Photos 2020-1-18	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	Photos		Normal	Photos 2020-1-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 18 Jan 2020 13:47	Photos		Normal	Photos 2020-1-18	
Video List						
• Uploaded By/Date	Folder Date	File Name		Source	Action	
		Display in New Window	Scan and uploading			

ASSIGNMENT (IDAC)

By Assessor- 1) 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 Object:
 - a) Govt Property ()
(e.g. signpost, barrier, tree 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: **SKE 2770R** Date: **21 Feb 2012**
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / ☐ Trailer or
 Make & Model: **Nissan Almera 1.5** 1498
 Colour: **Black** Transmission Type: ☒ Auto / ☐ Manual
 Eng/Plr: Sp/Reading: **196994**
 C/Nr: **MNTBBAN17Z0000035**
 Gen. Cond: Good ☒ Poor / ☐ Burnt or
 Steering: ☒ Jammed / ☐ Leaked / ☐ Burnt or
 Braker: ☒ Jammed / ☐ Leaked / ☐ Burnt or
 Modr: ☒ Nil / ☐ STD A/Rim or
 Type Size: F: **185/65R15**
 R: **✓**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / ☒ YOKO or
 Front: **6** Rear: **5**
 R/Bal: **6** mm R/Bal: **5** mm
 L/Bal: **6** mm L/Bal: **5** mm
 Parallel Import: Yes ☒ No
 Repair Type: ☒ LS ☐ LB.I
 No of Repair Days: **7**
 D.O.I: **20/1/2020**
 Towed-In: Yes ☐ No
 Towing Required: ☒ Yes ☐ No
 Vehicle in Idac: ☒ Yes ☐ No
 Time: **10.05am**

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
 - e. Animal () f. Govt Object () g. Road Work Object ()
 - h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
 - e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started

Time Completed

1) CSO

2) ASS

3) Entire Operation Completed Time:

MOTOR CAR (Frt)

Front Portion

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate	BT	✓	
1002	991887	Frt Number Plate Base	CRA	✓	
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	DD	✓	
1005	992341	Frt Bumper Clips	NEC	6	
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer	CUT	2	
1008	991433	Frt Bumper Reinforcement	BT	✓	
1009	991318	Frt Bumper Beam			
1010	991468	Frt Bumper Sponge	CRA	✓	
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille	?		
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Side Eye Cover	CUT	✓	
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover			
1019	995079	Frt LH Bumper Fog Lamp	CRA	✓	
1020	995080	Frt RH Bumper Fog Lamp	CRA	✓	
1021	991793	Frt Grille	CRA	✓	
1022	991328	Frt Grille Emblem	CRA	✓	
1023	991799	Frt Grille Chrome Moulding	CRA	✓	
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BT	✓	
1026	992025	Frt Support Panel Top Garnish Cover	DIS	✓	
1027	992416	Horn	BT	✓	
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	BUC	✓	
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock	BT	✓	
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Damper	?	2	
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser	DD	✓	
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			
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			

Vehicle No: **SKE2770R**

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	CRA	✓	
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	BT	R	
1093	991520	Frt RH Chassis Member	BT	R	
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender	SCR	R	
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	SCR	R	
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			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992093	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			
		Frt Side Air Deflector	DIS	2	
		Frt LH Door	SCR	R	

No of Items:

Author:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	858J
Vehicle Details	
Vehicle No.:	SKE2770R
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jan 2020
Vehicle Make:	NISSAN
Vehicle Model:	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT
Primary Colour:	Black
Manufacturing Year:	2012
Engine No.:	HR15912738B
Chassis No.:	MNTBBAN17Z0000035
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$14,244.00
Original Registration Date:	21 Feb 2012
First Registration Date:	21 Feb 2012
Transfer Count:	1
Actual ARF Paid:	\$14,244.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Feb 2022
PARF Rebate Amount:	\$8,546.00
Intended COE Rebate Details	
COE Expiry Date:	20 Feb 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$50,001.00
COE Rebate Amount:	\$10,418.00
Total Rebate Amount:	\$18,964.00

The information contained herein is correct as at 20 Jan 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1080750

LOS SAL SUB

Policy No.	S104515616	Vehicle No.	SKE2770R	GST Registration No.	
Certificate No.					
Policyholder Name	YAN KAM SIEW	Cover Type	drive CLASSIC	Policyholder NRIC	S01198581
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90469750	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Private Hire	Yes		
Accident Details					
Report Date	18/01/2020 13:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/01/2020	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	PUNGGOL WAY TWDS TPE (P/E)				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	20 JALAN RAJA UDANG	Address 2	#02-03 GLOBAL VILLE	Address 3	SINGAPORE 329192
Address 4		Address Type	Singapore address	Post Code	329192
Unit No.	02-03	Related Policy Number	S104515616		
OT Driver Info					
Driver Name	YAN KAM SIEW	Driver Type	Main Driver	Driver DOB	05/11/1954
Unnamed driver Name		Driver NRIC	S01198581	Driving Experience	40
Register Date of Driver License	10/07/1979	Driver Age	65	Contact No. (Home)	0
Contact No. (Mobile)	90469750	Contact No. (Office)	0	Address 3	PUNGGOL RESIDENCES
Address 1	BLK 271C	Address 2	PUNGGOL WALK	Post Code	823271
Address 4	SINGAPORE 823271	Address Type	Singapore address		
Unit No.	07-535				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	YAN KAM SIEW	Insured NRIC	S01198581
Contact No. (Mobile)	90469750	Contact No. (Home)	66735363	Contact No. (Office)	
Email Address	wryan28@yahoo.com.sg	OT Vehicle Number	SKE2770R	TP Vehicle Number	SJT56855
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SKE2770R / SJT56855 ON 18 Jan 2020	Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD		
Preferred Workshop Contact No.	9888885	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	18/01/2020 13:48	Claim Close Date		Date Received	18/01/2020 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> 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	NISSAN	Vehicle Model	ALMERA	Engine Capacity	
Date of Registration	21/02/2012	Class No.	MNTBBAN17Z0000035	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	Own Damage	Assessor Name	SIMON		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTRE	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss	<input type="radio"/> Yes <input checked="" type="radio"/> 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 FRT SUPPORT PANEL TOP GARNISH COVER - REPLACE. 1 X AIR CON SUCTION PIPE (LOWPRESSURE) - UNCONFIRM. 1 X AIR CON DISCHARGE PIPE (HIGH PRESSURE) - UNCONFIRM. 2 X FRT SIDE AIR DEFLECTOR - REPLACE.

Remark

Remark for Supplementary

Damage Listing

Find a Part

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace	X
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ACTUATOR	5	16005101	BUMPER RETAINER (FRONT LEFT)	1	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	16003301	BUMPER GRILLE (FRONT)	1	Unconfirm	X
AIR CHAMBER BOX	10	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Replace	X
AIR CLEANER	11	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace	X
AIR COMPRESSOR	12	27100101	GRILLE (FRONT)	1	Replace	X
AIR CON	13	27100801	GRILLE EMBLEM (FRONT)	1	Replace	X
AIR CON (VAN)	14	27101001	GRILLE MOULDING (FRONT)	1	Replace	X
AIR COOLER	15	41200101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR DISTRIBUTOR	16	28500101	HORN (LEFT)	1	Unconfirm	X
AIR FILTER	17	15600101	BRACE PANEL (FRONT)	1	Replace	X
AIR FLOW	18	149001	BONNET	1	Replace	X
AIR GRILLE	19	14903401	BONNET LOCK (LOWER)	1	Replace	X
AIR HORN	20	14902201	BONNET HINGE (LEFT)	1	Unconfirm	X
AIR INTAKE	21	14902202	BONNET HINGE (RIGHT)	1	Unconfirm	X
AIR RESONATOR BOX	22	112023	AIR CON CONDENSER	1	Replace	X
AIR THROTTLE BODY AND SENSOR	23	112011	AIR CON COMPRESSOR	1	Unconfirm	X
ALARM	24	344001	RADIATOR	1	Unconfirm	X
ALTERNATOR	25	344005	RADIATOR COWLING	1	Unconfirm	X
ALUMINIUM PANEL - SIDE	26	344008	RADIATOR FAN	1	Unconfirm	X
AMPLIFIER	27	243014	ENGINE LOWER COVER	1	Replace	X
ANTENNA	28	19600501	CHASSIS MEMBER (FRONT LEFT)	1	Repair	X
ANTI ROLL	29	19600502	CHASSIS MEMBER (FRONT RIGHT)	1	Repair	X
APRON	30	25400102	FENDER (FRONT LEFT)	1	Repair	X
ARCH	31	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
ARM REST	32	25400103	FENDER (FRONT RIGHT)	1	Repair	X
ASH TRAY	33	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
AUTO CLUTCH	34	23300201	DOOR (FRONT LEFT)	1	Repair	X
AUTO COOLER PIPE						
AUTO CRUISE MOTOR						
AUTO TRANSMISSION						
AXLE						
BACK REST (M/C)						
BACK SEAT						
BALANCER						
BATTERY						
BEADING (M/C)						
BELT COVER (M/C)						
BELT TENSIONER						
BODY						
BODY (M/C)						
BOLT CAP (M/C)						
BOLT HEAD COVER (M/C)						
BONNET						
BOOT						

Save Submit

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Tuesday, 21 January 2020 5:07 PM
To: admin@mycar.sg
Cc: LKK Paya Ubi
Subject: FW: SKE2770R UNDER OD CLAIM: MT/1080750
Attachments: work order.pdf

Dear Ms Hui Qin of My Car Consultant

We spoke, we shall waived the survey before repair, therefore you may try to complete before CNY, however, please arrange a physical survey after repair or during repair.

Thank You

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



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

in

From: Ng Hak Joo
Sent: Tuesday, 21 January 2020 4:38 PM
To: 'admin@mycar.sg' <admin@mycar.sg>; MTSurvey <MTSurvey@income.com.sg>
Cc: LKK Paya Ubi <rspu@lkkauto.com>
Subject: RE: FW: SKE2770R UNDER OD CLAIM: MT/1080750

Dear Ms Hui Qin of My Car Consultant

We spoke, you have agreed to accept the full and final global sum **repair cost of \$4300/-- subject to the OD excess of \$2000.**

Please note that strictly no supplementary is allowed. Kindly arrange for survey before repair with the attached Work order by

contacting 64307900 or e-mail mtsurvey@income.com.sg one day in advance before 4 .30pm for survey arrangement.

Please update owner Mr Yan at 90469750 on the repair as we have informed him to liase with you on the repair days required.

Dear Idac, please release the vehicle to My Car Consultant.

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines (PL)

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in

From: My Car Consultant [<mailto:admin@mycar.sg>]

Sent: Tuesday, 21 January 2020 4:23 PM

To: Ng Hak Joo <hakjoo.ng@income.com.sg>

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

Subject: re: FW: SKE2770R UNDER OD CLAIM: MT/1080750

WITHOUT PREJUDICE

Dear Hak Joo,

Please award the vehicle to My Car Consultant Pte Ltd for repairs.

Best Regards,

Huiqin

Claims | My Car Consultant Pte Ltd

- ☐ +65 88668832
- ☐ Admin@mycar.sg
- ☐ Mycar.sg
- ☐ 53 Ubi Ave 1, Paya Ubi Industrial Park, 01-33, S408934

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Thank you.

From: "Ng Hak Joo" <hakjoo.ng@income.com.sg>

Sent: Tuesday, January 21, 2020 4:17 PM

To: "admin@mycar.sg" <admin@mycar.sg>

Cc: "LKK Paya Ubi" <rspu@lkkauto.com>

Subject: FW: SKE2770R UNDER OD CLAIM: MT/1080750

Dear Ms Hui Qin of My Car Consultant

We spoke to offer the full and final **Global Sum repair cost of \$4300/-- subject to the OD excess of \$2000/-**.

Please take note that if acceptable by your workshop, there will be strictly NO Supplementary allowed and a Survey Before Repair will be conducted.

Your prompt response to this email is appreciated. This is to prevent any delays to the repair of the vehicle.

We have also attached the Work Oder created by Idac.

Please revert ASAP

Thank You

Ng Hak Joo

Executive

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From: Ng Hak Joo

Sent: Tuesday, 21 January 2020 1:03 PM

To: 'admin@mycar.sg' <admin@mycar.sg>

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

Subject: FW: SKE2770R UNDER OD CLAIM: MT/1080750

Dear Ms Hui Qin of My Car Consultant

We spoke to offer the **Global Sum repair cost of \$3800/-- subject to the OD excess of \$2000/-.**

Please take note that if acceptable by your workshop, there will be strictly NO Supplementary allowed and a Survey Before Repair will be conducted.

Your prompt response to this email is appreciated. This is to prevent any delays to the repair of the vehicle.

We have also attached the Work Oder created by Idac.

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines (PL)

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NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

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

NAC NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SLE2770R Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: MCC

Collection Date: 28/1/20 Time: 12:00 with Keys: Yes / No

Tow Truck No: _____ Tow Man: Jeremy Yeo NRIC: S8633133J

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: _____