

NATIONAL Assessment Centre Services

[Ref: JAR03]

2

Date In: 23/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001428/	SAS e-filing		
Veh No: G2 4546X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/01/20 1450	i-Motor Claim Form	MT/1081713-001	
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: SKS 488X	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

NA200068T	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl 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: Idao 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 GlA 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	23/01/2020 17:16
Date Of Accident	23/01/2020 14:50
Exact Location Of Accident	ALONG WOODLANDS AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ4546X
Insured/Policyholder	
Name Of Registered Owner	LEGATE ENTERPRISE PTE. LTD.
Co Reg No	2XXXXX685R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97802803
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107866307
Cover Note Number	
Driver	
Name of Driver	ANTHUVAN MOHANRAJ
NRIC No	GXXXXX627L
Date Of Birth	03/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86943474
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	1 TAMPINES NORTH DRIVE 1 #08-32 & 09-32 T-SPACE @ TAMPINES
Postcode	528559
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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?	NO
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

MY VEH WAS STATIONARY ALONG WOODLANDS AVE 6 ON THE RIGHT LANE OF A2-LANES RD DUE TO THE RED TRAFFIC LIGHT AHEAD. SUDDENLY MY VEH MOVED FORWARD AND TOUCH THE REAR PORTION OF VEH B.

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	SKS488X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI KOK SENG
NRIC/Passport Number	SXXXX922C
Contact Number	90279401
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

A. Mahalingam

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

2/Jan 23/01/20

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

A - GZ4546X
B - SKS488X



WOODLANDS AVE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

25/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

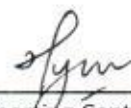
Original Report No : MNH 120011331 Vehicle Registration No: G24546X
Name (as shown in NRIC) : TAO ENG LEONG NRIC/FIN/Passport No : S-0948225/G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 97802803
Email Address : _____
Date of Accident : 23/1/2020 Time of Accident : 14:50
Place of Accident : Along Woodlands Ave 6
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I will like to change our report from claiming
"own damage" to "Reporting only".

LEGATE 
CO-REG-53067419W
Policyholder / Driver's Signature
Date: _____

 04/02/20
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107866307

Cover : Comprehensive

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GZ4546X |
| Chassis Number | : JTFUF34Y703011844 |
| 2. Name of Policyholder | : LEGATE ENTERPRISE PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Apr 2019 |
| 4. Expiry Date of Insurance | : 31 Mar 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNION MOTOR TRADING COMPANY PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)


Agency : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
Date of Issue : 11 Mar 2019 14:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1081713

Policy No.	5107866307	Vehicle No.	GZ4546X	GST Registr
Certificate No.				
Policyholder Name	LEGATE ENTERPRISE PTE. LTD.			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97802803	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
Accident Details				
Report Date	24/01/2020 13:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident hh:mm	14:59	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG WOODLANDS AVE 11			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date	01/02/2015	
GST Registration No.	201022685R	GST Status Verified	Yes	
Modification History	24/01/2020 13:12:02 System changed GST Registration Date from 01/01/2015 to 01/02/2015 24/01/2020 13:12:02 System changed GST Status Verified from No to Yes			
Policyholder Mailing Address				
Address 1	1 TAMPINES NORTH DRIVE 1	Address 2	#08-32 T-SPACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107879957-01	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ANTHUVAN MOHANRAJ	Driver NRIC	GXXXX627L	Driver DOB
Register Date of Driver License	09/12/2018	Driver Age	31	Driving Experi
Contact No.(Mobile)	86943474	Contact No.(Office)	0	Contact No.(I
Address 1	1 TAMPINES NORTH DRIVE 1	Address 2	T-SPACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-32 & 09-32			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
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	L
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	C
Claim Description	GZ4546X / SKS488X ON 23 Jan 2020		
Preferred Workshop		Insured Liability	Fully at Fault
CONTACT No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/01/2020 13:15
		Workshop Repairer	ROSLINDA
Print AK letter			

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/ADR/713
" Yes No

Claim No.
Upload Date

001
14/01/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confid:

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:15	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2020 13:14	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	?
Display in New Window Scan and uploading			

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

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

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

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

By Assessor- 1) Vehicle Information

Veh No: G24546X Yr Regn: 2006 / April

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

Make & Model: Toyota Dyna 150D c.c 2086

Colour: Orange Transmission Type: Auto / Manual

Eng/No: _____ Sp. Reading: _____

C/No: JTF4F 34970591847

Gen. Cond: Good / Fair / Poor / Burnt or _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____
R: _____

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

Front		Rear	
R/Bal. _____	mm	R/Bal. _____	mm
L/Bal. _____	mm	L/Bal. _____	mm

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

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: 28 07 Vehicle in Idac: Yes / No

D.O.I. 29/1/20 Time: _____

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. Govrn 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: _____

Vehicle No:

NAC	INC	Item	CON	AC	Qty
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
2027	991500	Frt Cabin Assy			
2028	991501	Frt Cabin Mounting	?		
2029	991502	Frt Cabin Rear Panel			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
2030	990143	Air Con Evaporator Assy	?		
2031	990106	Air Con Blower	?		
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal			
2034	990627	Clutch Pedal			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1131	990029	Airbag Control Unit			
1133	991922	Frt RH Seat Belt Assy			
1135	995182	Frt LH Seat Belt Assy			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1097	995070	Frt LH Fender			
1097	995072	Frt LH Fender Inner Panel			
1100	991740	Frt LH Fender Inner Shield			
1101	995179	Frt LH Mudflap			
2035	994966	Frt LH Wheel Guard			
1102	995170	Frt LH Wheel Rim			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
2036	994966	Frt RH Wheel Guard			
1111	992087	Frt RH Wheel Rim			
1113	995065	Frt RH Tyre			
1255	995326	Frt LH Door		Rx	
1256	995140	Frt LH Door Protector		Rx	
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror			
1262	995103	Frt LH Door Glass			
1265	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			
1272	991617	Frt LH Door Inner Trim Board			
1316	995327	Frt RH Door		Rx	
1317	991654	Frt RH Door Protector			
1318	991601	Frt RH Door Hinge			
1319	991685	Frt RH Door Wing Mirror			
1323	991584	Frt RH Door Glass			
1324	991595	Frt RH Door Glass Regulator			
1325	991596	Frt RH Door Glass Regulator Motor			
1326	991662	Frt RH Door Rubber			
1327	991636	Frt RH Door Outer Handle			
1333	991617	Frt RH Door Inner Trim Board			
2037	991644	Frt Door Frt Pillar			
2038	991657	Frt Door Rear Pillar			
2039	992072	Frt Wheel Arch Panel			
2040	992069	Frt Wheel Arch Panel Garnish			
2041	991996	Frt Step Panel			
2042	994498	Frt Step Panel Top Garnish			
2043	994495	Frt Step Panel Inner Garnish			
1028	995053	Wiper Washer Tank			
1136	990247	Sticker			
		Air con pipe bracket		bt	-
		Air con pipe		?	
		Company sticker		NEC	2

original copy

Claim Handling

Task Transfer

Exit

Accident MT/1081713

LOS

SAL

SUB

Policy No.

5107666307

Certificate No.

Policyholder Name

LEGATE ENTERPRISE PTE. LTD.

Product Code

COMMERCIAL VEHICLE INSURANCE

Contact No.(Mobile)

97802803

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

G24546X

GST Registration No.

201022685R

Policyholder NRIC

201022685R

Cover Type

Comprehensive

Contact No.(Office)

0

Special Remark

TCA

No

Yes

NCD Entitlement(%)

15

Loading

0

Contact No.(Home)

0

eCode

No

eCode Reason

Private Hire

No

Accident Details

Report Date

24/01/2020 13:08

Date of Accident

23/01/2020

Reporting Centre

NATIONAL ASSESSMENT CENTRE

Accident Location

ALONG WOODLANDS AVE 6

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

14:50

Orange Force

No

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

500.00

TP Standard Excess

0.00

YIED OD Excess

1,000.00

YIED TP Excess

0.00

Driver is Covered?

Covered

Additional Excess

Total TP Excess Applicable

0.00

Benefits

GST Registered Information

GST Registered

Yes

GST Registration No.

201022685R

Modification History

24/01/2020 13:12:02 System changed GST Registration Date from 01/01/2015 to 01/02/2011
24/01/2020 13:12:02 System changed GST Status Verified from No to Yes

GST Registration Date

01/02/2011

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

1 TAMPINES NORTH DRIVE 1

Address 2

#08-32 T-SPACE

Address 3

SINGAPORE 528559

Address 4

Address Type

Singapore address

Post Code

528559

Unit No.

Related Policy Number

5107079957-01

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

03/02/1988

Unnamed driver Name

ANTHUVAN MOHANRAJ

Driver NRIC

GXXXX627L

Driving Experience

1

Register Date of Driver License

09/12/2018

Driver Age

31

Contact No.(Home)

0

Contact No.(Mobile)

86943474

Contact No.(Office)

0

Address 3

SINGAPORE 528559

Address 1

1 TAMPINES NORTH DRIVE 1

Address 2

T-SPACE

Post Code

528559

Address 4

Address Type

Singapore address

Unit No.

#08-32 & 09-32

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

Claim Case Officer Tan Siew Choo

Claim Type

OD-MD

Insured Name

LEGATE ENTERPRISE PTE. LTD.

Insured NRIC

20102268

Contact No.(Mobile)

Contact No. (Home)

62421914

TP Vehicle Number

SK5488X

Email Address

Q1 Vehicle Number

G24546X

Name of Preferred Workshop

MODERN

Claim Description

G24546X / SK5488X ON 23 Jan 2020

Preferred Workshop Request Finalisation

Yes

Preferred Repair Option

Income to assign workshop

Insured Liability report

Fully at Resolved

Date Registered

24/01/2020 13:15

Claim Close Date

Date Received

30/01/202

Report Taken By

ROSILINDA

Workshop Repairer

Total Loss but Repaired

Print AK letter

OD Excess Collected by Workshop

Modification History

https://gicclaim.income.com.sg/gcs/icm/eclaim/damageAssessmentSave.do

1/2

Special Claim Creation Approval

ApprovalReason

Remarks

damage assessmentActivity HandlingAttachment

Vehicle Info

Vehicle MakeTOYOTA

Date of Registration17/04/2006

Towing Required *

YesNo

Type of TenderOwn Damage

IDAC/Workshop NameNATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value(\$)

Vehicle ModelDYNA 150D

Classis No.JTFUF34Y703011844

Vehicle in IDAC *

YesNo

Assessor Name *TAUFIK

IDAC/Workshop Location51 UBI AVENUE 1 #01-25 PAYA

Total Loss *

YesNo

Scrape Value(\$)

Engine Capacity1.8L

Parallel Import *

YesNo

Survey Current Status

Economical Repair Value(\$)

NO OF REPAIR:07 DAYS:FRT WINDSCREEN SEALANT-REPLACE,FRT SIDE MIRROR(ROUND)-REPLACE,FRT WING MIRROR STAY-REPLACE,AIRCON PIPE BRACKET-REPLACE,AIR UNCONFIRM,2X COMPANY STICKER-REPLACE

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Co
root					
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace
ABS	2	16000101	BUMPER (FRONT)	1	Replace
ABSORBER	3	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace
ACCELERATOR	4	27100101	GRILLE (FRONT)	1	Replace
ACTUATOR	5	33000301	PANEL EMBLEM (FRONT)	1	Replace
ADVERTISEMENT STICKER	6	27700101	HEAD LAMP (LEFT)	1	Replace
AIR BAG	7	27700102	HEAD LAMP (RIGHT)	1	Replace
AIR BLOWER	8	454908	WIPER PANEL	1	Replace
AIR BOX	9	344001	RADIATOR	1	Unconfirm
AIR CHAMBER BOX	10	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace
AIR CLEANER	11	161010	CABIN MOUNTING	1	Unconfirm
AIR COMPRESSOR	12	112053	AIR CON EVAPORATOR	1	Unconfirm
AIR CON	13	112003	AIR CON BLOWER	1	Unconfirm
AIR CON (VAN)	14	23300201	DOOR (FRONT LEFT)	1	Repair
AIR COOLER	15	23300202	DOOR (FRONT RIGHT)	1	Repair
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					
AIR INTAKE					
AIR RESONATOR BOX					

Save

Submit



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: G24546X Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Modern

Collection Date: 31/1/20 Time: 16:00 with Keys: Yes / No

Tow Truck No: Ym 51287 Tow Man: keat NRIC: S7986726 H

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: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 31 January 2020 2:25 PM
To: NAC
Subject: GZ4546X, OD claim no : MT/1081713

Importance: High

Dear IDAC,

COR is below excess of \$1,600/- (std : \$600/-, further excess : \$1,000/-) as OID has less than 2 yrs of driving experience.

Owner Mr Sam Tao (tel : 97802803) has been advised accordingly and he is aware that he needs to sign addendum at your centre to change to Reporting Only.

Pls assist to follow up on the addendum.

Regards.

Tan Siew Choo
Senior Executive
Operations, Motor and Personal Lines (PL)
T +65 6430 7882
www.income.com.sg



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