

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MJA120042856

Date In: 20/4/22 - 16:08	Job description	Date & Time Completed	Done by
Ref No: MJA120042856	SAS e-filing		
Veh No: JCD8337	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/4/22 - 13:45	i-Motor Claim Form	MJA120042856-001	20/4/22 16:31
TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: () INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OJ)*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idno 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	20/04/2020 16:08
Date Of Accident	19/04/2020 13:45
Exact Location Of Accident	HOLLAND RD SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8313T
Insured/Policyholder	
Name Of Registered Owner	CHRISTINE YEE MEI YENG
NRIC No	SXXXX571G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98554290
Alternative Phone No	OFFICE-98554290
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	5008 1.6 TURBO (LUX) EXTN
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	5115589542
Cover Note Number	

Driver

Name of Driver	DE SOUZA BRIAN WEI-WEN
NRIC No	SXXXX378C
Date Of Birth	23/11/1980
Occupation	INDOOR
Date Of Driving Pass	01/10/2001
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98219419
Fax Number	
Contact Number	OFFICE-98219419
EEmail Address	NOEMAIL

Address	27 ETTRICK TERRACE
Postcode	458590
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - D/20200420/7022.

Attachment(s)

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

Was there any audio recorded?

NO

SKETCH PLAN

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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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 04 / 2020) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: Holland Rd Shopping Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD8373T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 515589542
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Peugeot 5008
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Driving
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: Christine Yee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8331571G CONTACT: 98554290
c) ADDRESS: 27 Ettrick Terrace S(458590)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Brian Wei-Wen de Souza (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8037378C CONTACT: 98219419
c) ADDRESS: 27 Ettrick Terrace S(458590)

*d) DATE OF BIRTH: (23 / 11 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

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: Clementi Division HQ

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(6)

3x Male
3x Female

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = xtineonline@gmail.com

fax =

VIDEO = X



Driver went upstairs to collect food items. All passengers stayed in car due to COVID-19 restrictions. Wife exited vehicle to check on burning smell and detected that smell seemed to be coming from car engine.

She turned off the car engine and pulled latch to open the car hood.

Smoke was coming out and flames could be seen in the engine.

Luckily, there were two passersby: Father and Daughter.

Daughter assisted to take 3 kids from the car upstairs, while Driver's wife carried the baby out.

Driver's wife went to take a fire extinguisher hanging nearby, while the Father assisted to put out the fire.

After this, Driver returned to the car with the kids and the passer by's Daughter.

Whole party went upstairs to report incident to NTUC Insurance, and SCDF + Police Force was called for assistance.

NTUC Insurance arranged for car to be towed to IDAC Paya Ubi.

Subjects Involved			
Victim			
Person Name	CHRISTINE YEE MEI YENG		
ID Type	NRIC NO	ID No	S8331571G
Gender	Female	Age	36
Race	Chinese	Language	English
Occupation	Consultant	Address Type	
Address	27 ETTRICK TERRACE SINGAPORE 458590	Mobile No	98554290
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
20/04/2020 14:09

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200420/7022

Person Name	CHRISTINE YEE MEI YENG (Informant)
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Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 20/04/2020 14:09
Classification Of Case:

Authentication Stamp

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115589542		CHRISTINE YEE MEI YENG	S8331571G	GPC	drive CLASSIC	SKD8313T	SKD8313T	17/01/2020	31/05/2021

Continue

▼ Policy Information

Policy No.	5115589542	Policyholder Name	CHRISTINE YEE MEI YENG	Policyholder NRIC	S8331571G
Certificate No.					
Address	27 ETTRICK TERRACE FRANKEL ESTATE SINGAPORE 458590				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/01/2020	Effective Date	17/01/2020 00:00	Expiry Date	31/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	27 ETTRICK TERRACE	Address 2	FRANKEL ESTATE	Address 3	SINGAPORE 458590
Address 4		Address Type	Singapore address	Post Code	458590
Unit No.		Related Policy Number	5115589542		

▶ Insured Object: SKD8313T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1091620

Policy No.	5115589542	Vehicle No.	SKD8313T	GST Registration No.	
Certificate No.					
Policyholder Name	CHRISTINE YEE MEI YENG	Policyholder NRIC	58331571G		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98554290	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="NIL"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	20/04/2020 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	19/04/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOLLAND RD SHOPPING CENTRE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

Benefits

Coverage	Sum Insured
Excess Waiver	9999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	27 ETTRICK TERRACE	Address 2	FRANKEL ESTATE	Address 3	SINGAPORE 458590
Address 4		Address Type	Singapore address	Post Code	458590
Unit No.		Related Policy Number	5115589542		

OT Driver Info

Driver Name	De Souza Brian Wei-Wen	Driver Type	Named Driver	Driver DOB	23/11/1980
Unnamed driver Name		Driver NRIC	S8037378C	Driving Experience	18
Register Date of Driver License	01/10/2001	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	96219419	Contact No.(Office)	0	Address 1	27 ETTRICK TERRACE
Address 1	27 ETTRICK TERRACE	Address 2	FRANKEL ESTATE	Address 3	SINGAPORE 458590
Address 4		Address Type	Singapore address	Post Code	458590
Unit No.					
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
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Modification History

Claim 001 **New**

Claim Type *	DD-MD	Insured Name	CHRISTINE YEE MEI YENG	Insured NRIC	58331571G
Contact No.(Mobile)	98554290	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	christine@thewritepe.com	O1 Vehicle Number	SKD8313T	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKD8313T ON 19 Apr 2020		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	20/04/2020 16:31	Claim Close Date		Date Received	20/04/2020 00:00
Report Taken By	Jackson	OD Excess Collected by Workshop			

Save Submit

Attachment

Accident No.	MT/1091620	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/04/2020 16:32

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Browse... Clear

Please Select v

NO v

Normal v

Browse... Clear

Please Select v

NO v

Normal v

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:32	NRIC/ Driving License	Y	NRIC/ Driving License 2020-4-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:32	SAS	Normal	SAS 2020-4-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:31	Photos	Normal	Photos 2020-4-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:31	Photos	Normal	Photos 2020-4-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:31	Photos	Normal	Photos 2020-4-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:31	Photos	Normal	Photos 2020-4-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 20 Apr 2020 16:31	Photos	Normal	Photos 2020-4-20	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; width: 100%;"> Display in New Window Scan and uploading </div>				

ASSIGNMENT (IDAC)

COE May 2021

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) Govm. Property (Eg: signboard, 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

By Assessor- 1) Vehicle Information

Veh No: SKD8313T Yr Regn: May 2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or
 Make & Model: Peugeot 500B c.c 1598
 Colour: White Transmission Type: Auto / Manual
 Eng/No: 10F5BJ1096894 Sp. Reading: 181713
 C/No: VF3DE5FVAB.S061051
 Gen. Cond: Good / Fair / Poor / Burnt or
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R16
 R: — 11 —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Michelin
 Front R/Bal. S mm Rear R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: _____ Vehicle in Idac: Yes / No
 D.O.I. 22/04/2020 Time: 1200 hrs.

Remarks for internal information

Vehicle U/A 1 yr

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss
- 2) SRS Light on
- 3) ABS Light on
- MV 25K
- LTA 19.9K
- HL 5.1K

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: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	571G
Vehicle Details	
Vehicle No.:	SKD8313T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Apr 2020
Vehicle Make:	PEUGEOT
Vehicle Model:	5008 1.6 TURBO (LUX) EXTN
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	10FJBJ1096894
Chassis No.:	VF30E5FVABS061051
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$26,885.00
Original Registration Date:	31 May 2011
First Registration Date:	31 May 2011
Transfer Count:	3
Actual ARF Paid:	\$26,885.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 May 2021
PARF Rebate Amount:	\$14,786.00
Intended COE Rebate Details	
COE Expiry Date:	30 May 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$46,989.00
COE Rebate Amount:	\$5,191.00
Total Rebate Amount:	\$19,977.00

The information contained herein is correct as at 22 Apr 2020

OK



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 at GREAT PRICES

Browse by Category

Sort by Date Posted 20 results/page

1 vehicles

Peugeot 5008

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Peugeot 5008		Any	Any	2011	Any	Any	Any	Available



Peugeot 5008 1.6A Turbo

\$27,500

\$10,690 /yr

15-Sep-2011

1,598 cc

147,000 km

MPV

Available

AA Trust Certified Quality Pre-Owned Vehicle! 7 Individual Seating MPV For 7 Pax! Spacious, Reliable And Yet Low Running Cost Conti M...

AA Trust Automotive

Posted: 28-Feb-2020 Tags: 2011 Peugeot 5008, Peugeot 5008, Peugeot, 5008

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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- SKD 8313T

- 1.) Air intake duct x 1 melted
- 2.) Front bonnet stand x 1 melted
- 3.) Radiator top hose x 1 ?
- 4.) ~~A~~ Air filter housing x 1 ?
- 5.) Wiring connector
below turbo wastegate x 1 melted.
- 6.) Rubber hoses below
turbo wastegate x 1 ?
- 7.) ~~Ft~~ Cleaning engine compartment
and interior compartment due
to fire extinguisher powder
residue.

Repair limit 5K

Claim Handling

Task Transfer Exit

EOS SAI SUB

Accident MT/1091620

Policy No.	5115589542	Vehicle No.	SKD8313T	GST Registration No.	
Certificate No.					
Policyholder Name	CHRISTINE YEE MEI YENG	Policyholder NRIC	S8331571G		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98554290	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
HPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	20/04/2020 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	19/04/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	HOLLAND RD SHOPPING CENTRE				

Total Excess Applicable

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

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	27 ETTRICK TERRACE	Address 2	FRANKEL ESTATE	Address 3	SINGAPORE 458590
Address 4		Address Type	Singapore address	Post Code	458590
Unit No.		Related Policy Number	5115589542		

DI Driver Info

Driver Name	De Souza Brian Wei-Wen	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	S8037378C
Register Date of Driver License	01/10/2001	Driver Age	39
Contact No.(Mobile)	98239419	Contact No.(Office)	0
Address 1	27 ETTRICK TERRACE	Address 2	FRANKEL ESTATE
Address 4		Address Type	Singapore address
Unit No.		Address 3	SINGAPORE 458590
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	458590
		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 Tan Siew Choo

EOS SAI SUB

Claim Type	OD-MD	Insured Name	CHRISTINE YEE MEI YENG	Insured NRIC	S8331571G
Contact No.(Mobile)	98554290	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	christine@thewritenpe.com	DI Vehicle Number	SKD8313T	TP Vehicle Number	
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SKD8313T ON 19 Apr 2020	Insured Liability	Not at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	income to assign workshop	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	20/04/2020 00:00
Date Registered	20/04/2020 16:33	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Activity Handling Attachment

Vehicle Info

Vehicle Make	PEUGEOT	Vehicle Model	5008	Engine Capacity	
Date of Registration	31/05/2011	Classis No.	VF30E5FVAB5061051		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Type of Tender * Assessor Name * Survey Current Status

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR IDAC/Workshop Location S1 UBI AVENUE 1 #01-25 PAYA

Windscreen Parts & Labour Cost Total Loss * Yes No

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

REMARK: 1 X AIR INTAKE DUCT - MELTED, 1 X FRIT BONNET STAND - MELTED, 1 X AIR FILTER HOUSING - UNCONFIRM, 1X WIRING CONNECTOR BELOW TURBO WASTEGATE - MELTED, 1 X RUBBER HOSES BELOW TURBO WASTEGATE - UNCONFIRM, CLEANING ENGINE COMPARTMENT AND INTERIOR COMPARTMENT DUE TO FIRE EXTINGUISHER POWDER RESIDUE, REPAIR LIMIT \$K.

Remark for Supplementary

Damage Listing

- Find a Part
- 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	34402802	RADIATOR HOSE (TOP)	<input type="text" value="1"/>	<input type="text" value="Unconfirm"/>

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 24 April 2020 12:43 PM
To: NAC ; Hock Wah Motor Pte Ltd
Subject: SKD8313T, OD claim no : MT/1091620

Importance: High

Dear IDAC and Hock Wah,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear Hock Wah,

I had awarded repairs to your workshop at your tender quote of \$4,000/-.

As this veh caught fire whilst parked, hence when veh is in your workshop, we would require you to put up your estimate of \$4,000/- to arrange for survey personally at mtsurvey@income.com.sg

We will be assigning independent surveyor to survey this veh.

Pls **do NOT proceed** with any repair works and we will get back to you once the survey's report is back.

Regards.

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



Our Ref: MT/CA/OD/051/1091620-001/TSC
24 Apr 2020
HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1091620-001

REPAIR OF VEHICLE NUMBER: SKD8313T

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

Award Date: 24 Apr 2020
Make: PEUGEOT

Model: 5008

Estimated Repair Days: 10

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Excess Waiver

Excess Applicable: 0.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SKD 8313 T Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock Wai

Collection Date: 20/11/2020 Time: 1320 with Keys: Yes / No

Tow Truck No: YH 1388L Tow Man: Eng Eng NRIC: S7048447A

Signature: [Signature]

For office use

Attended by: Shan Mei

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: _____