NATIONAL Assessment Centr		VUBPPOONANY		
Date In: 1/12- 1242	Jeb description	Date & Time Completed	Done b	iì.
Rel No: MAI INC DO JETS P24	SAS e-filing	i		
Veh No: Nel 4187	E-mail (within Shrs, AIC 3hrs)		200	
D.O.A: 4/5/20- 89:50	i-Motor Claim Form	M7/192207-201	51512 10	:40
TP / Reporting Only	i-Motor W/O (Within: OD 2	hrs, 7P 4hrs)		
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	INC	(,)/Non-INC().	100	
Owner / Driver: (Tel:)	
Policy No: () Per	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () \	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	00()/\$2,000()			
General Remarks:-			130 A	2014
() Walk-In Customer: Customer's infor				-constant
() Total Loss Case : to e-mail Insure				
Drive-In ()/ Towed-In (); Invoice		Towing Co: ()
			772588401758	1111
Remarks:- (INC hotline: 6788 6616)		Date & Timb Completed	Done	y
1) Apply for Transport Allowance ()/C				
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
Injury:				77
Date/Time Actions		and the second	II.	Vanish Co.
Date/Time Actions			SSPROADER.	
	1		3t so	
		CL 11	Anit (S)	Amt (1)
NA2062900		eparation Checklist	Tú Bill	Add Bill
laimant's Particulars :-	1) AR : Accide	ent Reporting (530); ge Assessment (5100); INC (58	0)	110000000000000000000000000000000000000
	3) TF : Towing	Fee . \$40	/\$45	
river/Owner:	4) FT : Follow	Through Survey Through Survey (Resurvey)	\$120	
ontact No:	For claiming	against INC Only (wef 10 Jan 2005)	-
amaged Portion:	6) TR: Re-ins		\$75	
		A + SMRT Survey		
C Checked by (Engr-In-Charge):	OD:		\$5	
Control by (Brightin Charge).		sy Cer / Tpt Allowance Co-ordination	510	
uditors' Comments :-	•N7: Fost R	epair Inspection	\$25	
		Collect Excess Coordination TP (Nun INC) against INC	\$20	N.
<u>. 1:</u>	9) N12: Idac N	fobile	30	ahm 7 ₂ 2
2/3;	Invaice dated	The state of the s		
2/3;		Fee Charged Fee Charged		and the

For per at 100 per

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
基础的 基础之间。在中有2000年1	ACCIDENT STATEMENT
Date Of Report	05/05/2020 10:40
Date Of Accident	04/05/2020 09:50
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL4158J
Insured/Policyholder	
Name Of Registered Owner	TAY SOON HENG
NRIC No	SXXXX504C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96652423
Alternative Phone No	OFFICE-96652423
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	145 2.0 AT ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at	PRIVATE LICE

se for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5114023974

Cover Note Number

Driver

TAY SOON HENG (DAI SHUNXING) Name of Driver

SXXXX504C NRIC No 01/07/1973 Date Of Birth INDOOR Occupation

Date Of Driving Pass 14/02/1995

25 YEARS AND 2 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-96652423

Fax Number

OFFICE-96652423 Contact Number

NOEMAIL EMail Address

BLK 303 YISHUN CENTRAL Address

#08-129

Postcode 760303

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 COLLIDED INTO PROPERTY

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

1

YES

NO

2

YES

NAME: : -

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200504/2073.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

	in onto	(TY)					
	tailing	K				A: SIC	LUITEJ
			1		3		
					(36)		
					5		
				区	9 /5		
				IVI			
			11				

- Traveling towards Changi Airport along PIE

- At After Steven road exentance, car skidded and rear postore

- Car came to a stop underneath steven Flyorer had one

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 .:

ACCIDENT STATEMENT

ACCIDENT DATE: 04 05, 20 JOD	/MM/YYYY), TIME:(09 : 50)(HH:MM)
LOCATION: Steven & fly over	Cunderneutul - PIE
1. DETAILS OF VEHICLE	+1585
C)POLICY NUMBER:	Muc
d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)WAKE & WODEL:	in the second se
h)PURPOSE OF USING AT ACCIDENT	DWN INSURANCE WESTING
IF NO, PLEASE STATE (THIRD PARTY C 2. INSURED / POLICY HOLDER	
A)NAME:	SOON HENG (MALE / FEMALE)
DINRIC/FIN/PASSPORT: 57265	04 C CONTACT: 9665 2423
CIADDRESS: 3°3, 4: Shin Cent	al #04-129 S(760303)
* CONTINUE TO 3.d IF DRIVER ALSO PO DRIVER (Including driver) * CONTINUE TO 3.d IF DRIVER ALSO PO DRIVER DINBERGENUPASSOCIA	OLICY HOLDER (MALE / FEMALE)
(2) b)NRIC/FIN/PASSPORT:	CONTACT:
J) 10 D 11 E 50,	
f) YEARS OF DRIVING EXPRERIENCE:	7.04 1150
 WAS DRIVER AN EMPLOYEE OF THE 	INSUBER'S COMPANYS (VEC. 1412)
INO, RELATIONSHIP OF THE DRIV	ER WITH INSUDED. ON LAND
5. a) WEATHER CONDITION: (CLEAR) RAII b) ROAD SURFACE: (DRY (WET) / OTHER	NING / OTHERS
6. WAS ANYBODY INJURED (YES NO)	25
7. a) REPORTED TO POLICE (YES NO)	
IF YES, PLEASE STATE WHICH POLICE S	TATION:
Ho of passenger a) VEHICLE NUMBER: Paiking	MODEL:
(Induding driver) b) DRIVER'S NAME:	
9. THIRD PARTY VEHICLE	CONTACT:
No of passenger of DRIVERIS NAME.	MODEL:
(Includion dispers of DRIVER'S NAME:	
(Including driver) f) DRIVER'S NAME:	CONTACT:
	£
(4)	

email =

fax =

VIDEO = -





1 of 3

Report No. T/20200504/2073

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Date/Time Report Made: 04/05/2020 20:33			Vide Report No.:	Station Diary No.: 85			
Informa	nt's Particu	lars		SALES STREET, WHICH SHEET SHEET			
	Informant: ON HENG		Address: APT BLK 167 JALAN JURONG 598671	G KECHIL #06-01 SINGAPORE			
ID Type / ID No.: NRIC NO / S7322504C			Contact No.: Home/Office:	Mobile: 96652423			
National SINGAP	ity: PORE CITIZ	'EN	Email: shtay@straitscargo.com				
Sex: Male	Age. 46	Date of Birth. 01/07/1973	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3.4	Date of Expiry:			

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 04/05/2020 09:45	Type of Location Bend	
		Road Surface:	p Post No: 932A	Road Speed Limit:	
Drizzling Traffic Flow:		Wet Traffic Control: Not Controlled		Traffic Volume:	
One Way Type of Collision Moving Vehicle	on: a Against - Road Divider/h	(erb/Railings		Anyone conveyed by ambulance:	

Details of V	OF THE PROPERTY OF THE PARTY OF		Model	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Application of the second	-		
SKL4158J	Car	HYUNDAI	ABS AIRBAG 2WD 4DR	White	Slightly Damaged	

	MENTAL SECTION		
Details of Vehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No. Insurance Company			



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



2 of 3 Report No. T/20200504/2073

CONTINUATION OF REPORT

	ehicle Insurance Insurance Company	Insurance No	Effective	Expiry Date
SKL4158J	NTUC Income Insurance Co-Operative	5114023974	16/11/2019	The same of the sa

Brief Details.

- 1. On 04/05/2020 at about 0945hrs, I was driving my vehicle registration No: SKL4158J along PIE towards Changi Airport. This is three lane road and I am unable to recall which lane I was driving at due to the sudden shock. My colleague (Ms Samantha/ 86663328) was seated at the front passenger seat.
- As I approached the bend area located along PIE at Mount Pleasant Flyover before Lamp Post No: 932A, my vehicle suddenly skidded towards the left and I lost control and collided onto the silver metal railing of the road. Both me and my passenger was not injured due to the collision and also other vehicle road users.
- 3. I alighted to make a check and there was no damage to the railing, but my vehicle right rear bumper was damage. I took a picture of the railing to show proof that it was not damage on my mobile phone and I have the pictures.
- 4. Separate from this accident, I would like to state that I am no longer residing at my previous residential address which I had sold off which is located at Block 167 Jalan Jurong Kechil #06-01 and have shifted to Block 303 Yishun Central #08-129. I will be emailing ICA to have my address changed



T/20200504/2073

3 of 3

Report No. T/20200504/2073

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report Signature Of Informant SSI ANDY LUCAS Date/Time: Signature Of Interpreter: 04/05/2020 20:33 Not applicable Classification of Case: Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Signature Contact No.: 65476414 Singapore Police Force Authentication Stamp NP168

fello, NAC_PAYA_UBI_80	0601						· Change	e Language	· Char	ge Password	· Log Ou
My Desktop	Poli	cy Query									Log O
Notice of Loss	Policy No. 5114023974					Date o	of Accident	ĺ	04/05/2020 09:50		
	Vehicle	No.(For Motor)	SKL415	8)		Certifi	cate Number	Ĩ			
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114023974		TAY SOON HENG	57322504C	GPC	drivo CLASSIC	SKL4158)		16/11/2019	26/11/2020

Co- insurance	No				3651197121A755507		
madranice	NO						
Flag							
Open Policy Info							
Open Policy Info Certificate Info							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info	older Mailing Address 167 JALAN JURONG KEC	HIL Addre	ss 2	#06-01 CHARISMA	VIEW /	Address 3	SINGAPORE 598671
Open Policy Info Certificate Info Policyh Iddress 1	ALCOHOLD SECTION AND ADDRESS OF THE PARTY OF		ss 2 ss Type	#06-01 CHARISMA Singapore address		Address 3	
Open Policy Info Certificate Info Policyh	ALCOHOLD SECTION AND ADDRESS OF THE PARTY OF	Addre Relate	ss Type ed Policy				SINGAPORE 598671 598671
open olicy Info certificate onfo Policyh ddress 1 ddress 4 onit No.	167 JALAN JURONG KEC	Addre	ss Type ed Policy	Singapore address			
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open olicy Info certificate of olicy Policyh ddress 1 ddress 4 onit No.	167 JALAN JURONG KEC	Addre Relate	ss Type ed Policy	Singapore address			
open olicy Info certificate onfo Policyh ddress 1 ddress 4 onit No.	167 JALAN JURONG KEC Object: SKL4158J	Addre Relate Numb	ss Type ed Policy	Singapore address 5114023974		Post Code	

Claim Handling					
ocident MT/1092207					
Policy No.	5114023974	Vehicle No.	EXI,4158)	GST Registration No.	
ertificate No.			(ADDIE PATRI)	SS Tregues acoust eac.	
Yolicyholder Name	YAY SOON HENG			Policyholder NR3C	******
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		\$7322504C
ornact No.(Mobile)	96652423	Contact No.(Office)	ů.	Loading	0
mail Address		Special Remark		Contact No. (Home)	0
×	® No ○ Yes	TCA	8 au 0 v	eCode	A. V
2D Protection	No.		® No ○Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	50	Private Hire	No
port Date	05/05/2020 10:49	Accident Report Within 24 hrs.	Yes	Accident Type	Collided into Property
e of Accident	04/05/2020	Time of Accident hh:mm	09:50	Country of Accident	Singapore
parting Centre		Orange Force			arngepore
odern Location	PIE TWDS CHANGE			ICM No.	
Total Excess Applicable					
was Type	Per Accident	Windscreen Excess	100.00		
			100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	VIED TP Excess		Bernard Brown and	0 (489) 8.50
tional Excess	0	ACCESSATION ASSESSMENT	0.00	Driver is Covered?	Covered
I OO Excess Applicable		Tarri Th Harris A	533		
Benefits	600.00	Total TP Excess Applicable	0.00		
GST Registered Inform	ation				
GST Registered Inform Registered	Name of the last o		I, useful restaurante		
Registration No.	No		GST Registration Date		
Registration reg. Reation History			GST Status Verified	Yes	
- Mary					
Policyholder Mailing Ad	idress				
resa 1		Address 3	144 94 94 94 94 94 94 94 94 94 94 94 94 9		
	167 JALAN JURONG KECHIL	Address 2	#06-01 CHARISMA VIEW	Address 3	SINGAPORE 598671
/ESS 4		Address Type	Singapore address	Post Code	598671
No.		Related Policy Number	5114023974		
OI Driver Info					
er Name	TAY SOON HENG	Driver Type	Main Driver		
med driver Name		Drover NRIC	57322504C	Driver DOB	01/07/1973
Ster Date of Oriver License	14/02/1995	Driver Age	46	Driving Expenence	25
act No. (Mobile)	96652423	Corract No.(Office)	a	Contact No. (Home)	0
ress 1	BLK 303	Address 2	YISHUN CENTRAL	Address 3	
ress 4		Address Type			SINGAPORE 760303
No.	08-129	Address Type	Singapore address	Post Code	760303
the own a Singapore					
stered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
thelyser or Blood Test					
ling?	0 mg	Any injury?	○ Yes ® No		
fication History					
aim 001 New					
Type *	OD-MD V	200 T 200 O T			
ict No.(Mobile)		Insured Name	TAY SOON HENG	Intured NRIC	57322504C
	96652423	Contact No.(Home)	MIL	Contact No.(Office)	
Address	taysh@ymail.com	OI Vehicle Number	SKL4158)	TP Vehicle Number	
	Please Select	Type of Benefit *	Please Select		50
ent Name *	>>	Claimant NRIC *			
ant Address					
Description	SKL4158J ON 4 May 2020			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
red Workshop Contact	98888885	Insured Caluta, 4	Side of the h		Sen consociant FIE LIL
a Patricipal			Fully at Fault		
ne Finalisation	Yes 🗸		Preferred Workshop (refer below)	GIA report	Received
Registered	05/05/2020 10:50	Claim Close Date		Date Received	05/05/2020 00:00
t Taken By	Jackson				
rine AK letter				OD Excess Collected by	
		€		Workshop	
		5	Save Submit		
chment					
ent No.	MT/1092207	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	05/95/2020 10:53		
	Pain *		Category *	Confidential	22
	X 277, 17	Browse		Confidential Urgen	
			Coar Please Select	NO V Normal	<u> </u>
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				The state of the s	
		Browse	Clear Please Select	V NO V Normal	V
		Browse	Clear Please Select	Mormal Mormal Mormal	y .

Attachment				-00	13.00%			
	Optoar	led By/Date	Category	9	Urgency	9	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NAT CES) on OS	ONAL ASSESSMENT CENTRE SERVI May 2020 10:53	NRJC/ Driving License	٧	Normal	NRIC/ Driv	ing License 2020-5-5	
19	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:52		SAS		Normal	SA	s 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos Normal		Normal	Photos 2020-5-5		
N.	NAC_PAYA_UB1.800601(NATIONAL ASSESSMENT CENTRE SERVI CEST on 05 May 2020 10:51		Photos Normal		Normal	Photos 2020-5-5		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos Normal		Normal	Photos 2020-5-5		
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CBS) on 05 May 2020 10:51		SAS	Normal SAS 2020-5-5				
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos		Normal	Photos 2020-5-5		
A.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos	Normal Photos 2020-5-5				
<u> </u>	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos		Normal	Pho	tos 2020-5-5	
	NAC_PAYA_UBI_BODGO1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos Norma		Normal	Photos 2020-5-5		
V	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:S1		Photos		Normal	Phocos 2020-5-5		
6	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos Normal		Normal	Photos 2020-5-5		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 May 2020 10:51		Photos Normal			Photos 2020-5-5		
Video List								

ASS. REC. BY:

REF:

Assessor:

Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident	<u>.</u>			By Assessor- 1) Vehicle Information			
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: SKL4158 J Yr Regn: 2020 / May			
a) Motorcar ()	a) Pedestrian	()	Type M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV			
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or			
c) Bicycle ()				Make & Model: Hyundi I45 c.c 1998			
3) Vehicle hit Road Side Objects:				Colour White Transmission Type: Auto / Manual			
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: G4KDAA355704 Sp.Reading: 152724			
(Eg: signboard, barrier, tree etc) c) Private Property)	CINO: KMHEC41BMBA105462			
4) Vehicle drop into drain				Gen. Cond: Good / Fair / Poor / Burnt or			
5) Damage due to Act of God:				Steering: Inorder / Jammed / Leaked / Burnt or			
a) Fallen Object ()	b) Flood	()	Brake: Norder / Jammed / Leaked / Burnt or			
c) Other,				Modi: Nil / STRim / STD A/Rim or			
6) Parked & Found Damaged:				Tyre Size: F: 215/55 717			
a) Vandalism ()	b) Hit by Moving Object	()	R:			
) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
a) Stolen ()	b) Damage found	()	TOYO/YOKO OF Goodyen			
	when recovered.			<u>Front</u> <u>Rear</u>			
B) Fire				R/Bal. 6 mm R/Bal. 6 mm			
a) Whilst driving ()	b) Parked	()	L/Bal. 6 mm L/Bal. 6 mm			
				m - M			
9) Accident date more than 24hrs		()	Parallel Import: Yes / No Towed-In: Yes / No			
		_		Repair Type: (LS) I.B.I Towing Required: (Yes) / No			
Remarks for internal information				No of Repair Days: 9 475. Vehicle in Idac: Yes / No			
\$				D.O.I. 05 05 2020 Time: 1200 mg			
				By Assessor- 2) Comments			
				Damages not due to recent accident.			
*			-	2) Damages do not seem hit onto:			
Remarks to appear in Works Orde	r & Assessment report			a,Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()			
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()			
2) SRS Light on ()				h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()			
3) ABS Light on ()				3) Vehicle does not seem damaged as a result of:			
				a.Fallen Object() b.Flood() c.Vandalism() d.Fire()			
MV 351c				e.Moving Object () f.Stolen () g.Stolen & Recovered ()			
LTA 17.616	¥0			Time Started: Time completed:			
NL 17.4K				1) CSO			
				20,455			

3) Entire Operation Completed Time:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	
Owner ID:	Singapore NRIC
Vehicle Details	504C
Vehicle No.:	SKL4158J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 May 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	145 2.0 AT ABS AIRBAG 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	G4KDAA355704
Chassis No.:	KMHEC41BMBA105462
Maximum Power Output:	121.4 kW (162 bhp)
Open Market Value:	\$19.164.00
Original Registration Date:	25 May 2010
First Registration Date:	25 May 2010
Transfer Count:	5
Actual ARF Paid:	\$19.164.00
ntended PARF Rebate Details	Taring
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 May 2020
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
OE Expiry Date:	30 Nov 2024
OE Category:	B - Car (1601cc & above)
COE Period(Years):	5
QP Paid:	\$19,565.00
OE Rebate Amount:	\$17,651.00
otal Rebate Amount: Nessage	\$17,651.00
W. W	pe further renewed. The vahicle must be dead in the dead of the de

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 05 May 2020

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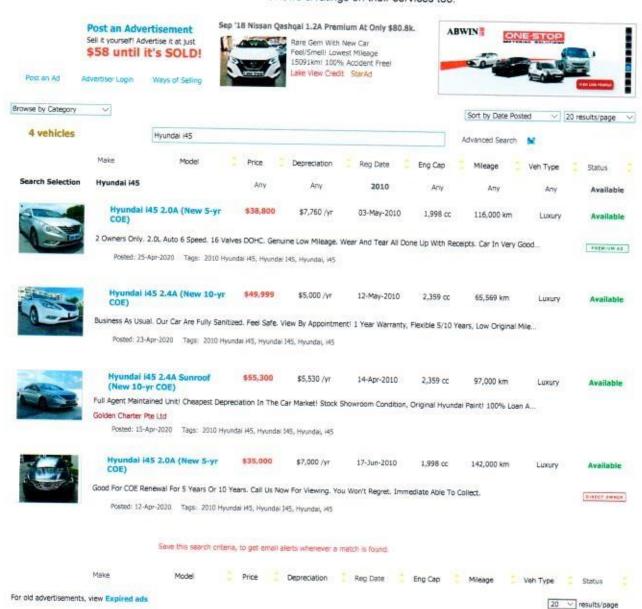
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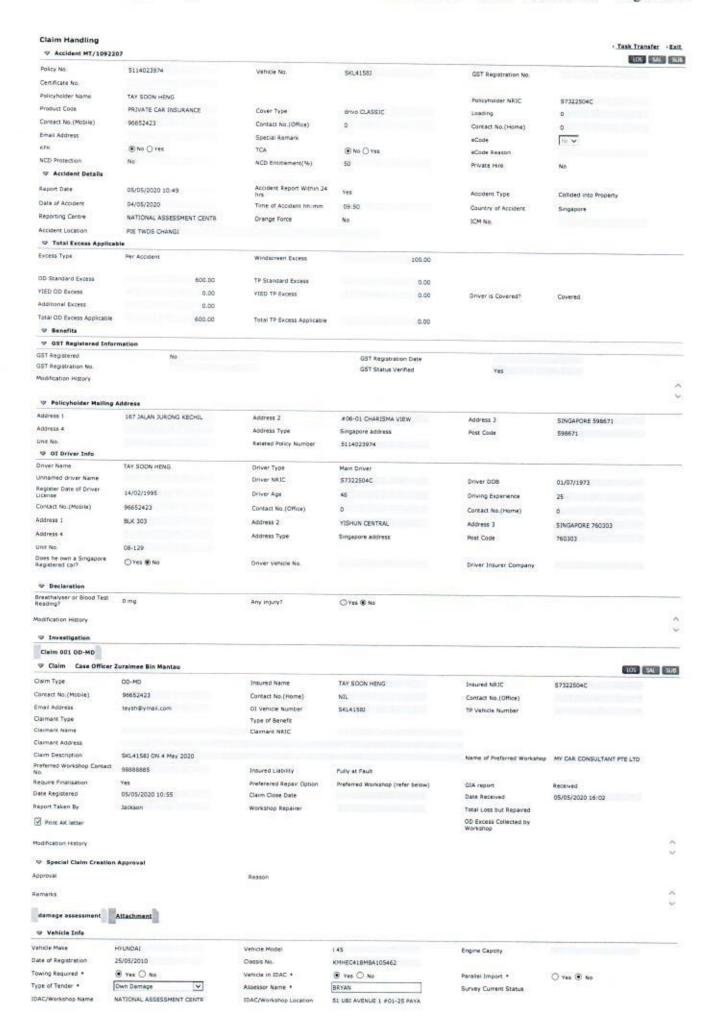
1x Rear bumper X 1 tom 2.5 Rew bunger clips X 1 set Her 35 -11 - Peterna RH XI Bt 45 -11- reflector RH XI dislodger 5.) -11- reverse sensor X 1 set Dom 65 -11- sponge x1 torn -11- reinforcement × 1 broken 85 Ren End penel XI Buc - 11 - garmsh X 1 Bt - 11 - garnish clips x 1 set Nec IN Rev RH onder lamp X 1 booken 12.) Rew bestud lamp X 1 135 Rew LH and long XI ? 145 Now LH brothed long + 1 ? 15 Men brothed X 1 BAC lower lock x 1 ? upper lode XI Dan

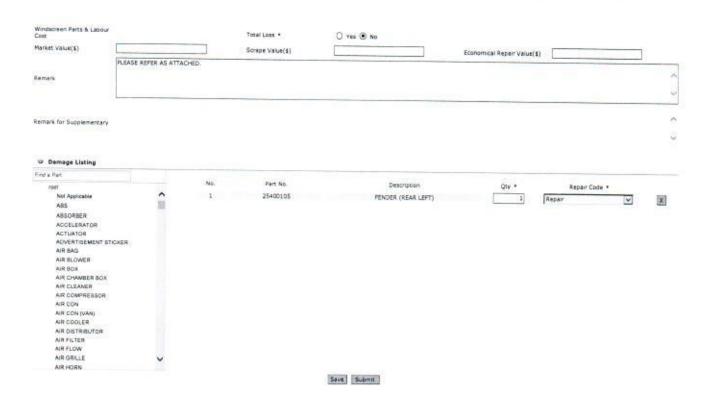
18: X Rew bittid order chrome moulding X 1 CARL 19.7 - 11 - comblem / 1090 X 3 2007 - 11- Nober X 1 deformer 27. / - 11- Inner trum board XI 16+ 22.) __ 11- Inner trim board dips X 1 set the 25.1 - 11- hinge X 2 Bt 24.) Rev spare tyre ponel x 1 28.) Rea PH teillenp penal X 1 Dans 1 26/1 Rew 2H air guide X 1 distralged 27.8 Rew RH Jender XI Inc 28-5 __ 11 - mind quara x 1 tour cut 29% ___ II— Inner sheld XI torn 11 inna trim board X 1 15+ - 11- Inner Penel XI Dardin 321 Rew Hindschan X 1 34.7 - 11 - Sedent X 1 Nec 34.) -11- millaing XI Her 35.) Rew IH fender XI repair

REMARK: NO OF REPAIR DAY: 9 DAYS.

Vehicle number SKL 4158J

- 1. 1 X REAR BUMPER- TORN.
- 2. 1 SET REAR BUMPER CLIPS-NEC.
- 1 X REAR RH BUMPER RETAINER- BT.
- 4. 1 X REAR RH BUMPER REFLECTOR- DISLODGED.
- 5. 1 SET REAR BUMPER REVERSE SENSOR- DOM.
- 6. 1 X REAR BUMPER SPONGE-TORN.
- 7. 1 X REAR BUMPER REINFORCEMENT- BROKEN.
- 8. 1 X REAR END PANEL- BNC.
- 9. 1 X REAR END GARNISH- BT.
- 10.1 SET REAR END GARNISH CLIPS- NEC.
- 11.1 X REAR RH OUTER LAMP BROKEN.
- 12.1 REAR RH BOOTLED LAMP BROKEN.
- 13.1 X REAR LH OUTER LAMP UNCONFIRM.
- 14.1 X REAR LH BOOTLED LAMP UNCONFIRM.
- 15.1 X REAR BOOTLED BNC.
- 16.1 X REAR BOOTLED LOWER LOCK UNCONFIRM.
- 17.1 X REAR BOOTLED UPPER LOCK DAM.
- 18. 1 X REAR BOOTLED OUTER CHROME MOULDING CRACK.
- 19.3 X REAR BOOTLED EMBLEM NEC.
- 20.1 X REAR BOOTLED RUBBER TONNED.
- 21.1 X REAR BOOTLED INNER TRIM BOARD -BT.
- 22.1 SET REAR BOOTLED INNER TRIM BOARD CLIPS -NEC.
- 23.2 X REAR BOOTLED HINGE- BT.
- 24.1 X REAR SPARE TYRE PANEL- UNCONFIRM.
- 25.1 X REAR RH TAIL LAMP PANEL- DENTED.
- 26. 1 X REAR RH AIR GUIDE-DISLODGED.
- 27.1 X REAR RH FENDER-BNC.
- 28.1 X REAR RH MUD GUARD-CUT.
- 29.1 X REAR RH FENDER INNER SHIELD TORN.
- 30.1 X REAR RH INNER TRIM BOARD BT.
- 31.1 X REAR RH INNER PANEL DENTED.
- 32.1 X REAR WINDSCREEN BROKEN.
- 33.1 X REAR WINDSCREEN SEALANT NEC.
- 34.1 X REAR WINDSCREEN MOULDING NEC.
- 35.1 X REAR NUMBER PLATE BT.
- 36.1 X REAR NUMBER PLATE GARNISH BT.





LKK Paya Ubi

From:

Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>

Sent:

Wednesday, 6 May 2020 5:42 PM

To:

admin@mycar.sg

Cc:

LKK Paya Ubi

Subject:

Vehicle SKL4158J, OD Claim No: MT/1092207-001, DOA: 04/05/2020 (CLASSIC Plan)

Dear My Car Consultant Pte Ltd

OD Excess \$600 applies.

We award the repair at the agreed amount of \$3200/- global with no further supplementary allowed.

Please help update owner on the repair status. Survey before repair is required.

Please forward the invoice and DV within 7 working days to us once repairs has been done and survey conducted.

Thank you

Zuraimee Bin Mantau

Senior Executive
Operations, Motor & Personal Lines
T+65 6430 7891





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NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)



(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: SKL 4158 J	Date In:	riphyo: Time In:	with Keys: Yes / No		
		For Offic	e use		
		Attended by:			
Workshop Collection of Vehicle			The state of the s		
Workshop: My Car Cin	soltents.	_	-2		
Collection Date: 08 05 2525	Time: _	with Keys: Yes	No		
Tow Truck No:	Tow Man: _	Boz NR	10:7205823 h		
Signature:	e e e e e e e e e e e e e e e e e e e				
For office use					
Attended by: Ros L		Approved	by:		
Workshop Return of Vehicle					
Workshop:	-	74.			
Returned Date:					
* Tow In / Drive In Tow Man / Workshop Representative:		NRIC	:		
Signature:		For office	use .		
			:		
Owner Collection of Vehicle					
Collection Date:	Time:	with Key: Yes / No			
Owner:					
gnature:					
or office use					
ttended by:	See S	Approved	l by:		