

**NATIONAL Assessment Centre Services.** [ver 1 Jan 2003] **NA/2002/45322**

Date In: <b>08/05/2002 16:05</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC/2000 5626/Y</b>	SAS e-filing		
Veh No: <b>4BR 1261Z</b>	E-mail (E-filing sheet, AIC sheet)		
DOA: <b>01/05/2002 14:25</b>	I-Motor Claim Form	<b>08/10/2002 13:00</b>	<b>09/05/2002 10:57</b>
<b>(OD) : TP : Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( )

TP Particulars: Vch No: **UNKNOWN CAR** 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Location: ( )

**NA2002/903**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Auditors' Comments: ( )

Sal. L: ( )

2/3

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claim against INC Only (ver 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	\$3
*NS: Courtesy Car / Tpl Allowance	\$10
*N6: Repairs Coordination	\$25
*N7: Post Repair Inspection	\$3
*N8: DV / Collect License Coordination	\$30
TE (N11) : TP (N11) against INC	\$0
2) N12: Idas Mobile	
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	08/05/2020 16:05
Date Of Accident	01/05/2020 14:25
Exact Location Of Accident	ALONG BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1261Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHIN RHEE TERENCE
NRIC No	SXXXX477B
Email Address	TERENCE_LIMCR@SATS.COM.SG
Mobile Phone No	(LOCAL) +65-93804521
Alternative Phone No	OTHERS-93804521

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE S 200I ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107540442-01
Cover Note Number	

Driver

Name of Driver	LIM CHIN RHEE TERENCE
NRIC No	SXXXX477B
Date Of Birth	16/10/1967
Occupation	INDOOR
Date Of Driving Pass	17/10/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93804521
Fax Number	
Contact Number	OTHERS-93804521
EMail Address	TERENCE_LIMCR@SATS.COM.SG

Address	BLK 972 HOUGANG STREET 91 #09-194
Postcode	530972
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200506/2038

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LIM CHIN RHEE TERENCE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP1261Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Street BANGKOK GRUHA

pelangi village.

A) FRP 12612

B) unknown car

→ sudden stop.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report, 1/20200506/2038

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.:





# SINGAPORE POLICE FORCE



T/20200506/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200506/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/05/2020 14:24	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: LIM CHIN RHEE TERENCE		Address: APT BLK 972 HOUGANG STREET 91 #09-194 SINGAPORE 530972	
ID Type / ID No.: NRIC NO / S1835477B		Contact No.: Home/Office: Mobile: 93804521	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 16/10/1967	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: CATERING SUPERVISOR		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/05/2020 14:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUANGKOK GREEN SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1261Z	Motorcycle	SYM	JOYRIDE S 200I ABS	Black		0
	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1261Z	NTUC Income Insurance Co-Operative Limited	5107540442-01	14/02/2020	13/02/2021



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIM CHIN RHEE TERENCE	ID No.	S1835477B
Related Vehicle	FBP1261Z (Motorcycle)	Contact No.	93804521
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/05/2020	Date Discharge	05/05/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

At stated date and time, I was travelling along Buangkok Green towards Sengkang East Road before the junction of Buangkok Drive. I was travelling on the extreme left of 3 lanes as I approached Pelangi Village. A car in front of me was also travelling on the extreme left of 3 lanes. Suddenly the car turned into Pelangi Village to the left. I tried to avoid the car in the front and swerved to the right and hit against the right side of the car. I then fell on my left side a distance away. I was conveyed to Tan Tock Seng Hospital.

IO in charge: IO Syed Ext 65476090





SINGAPORE  
POLICE FORCE



T/20200506/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200506/2038

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:  
TP /  
SNG HONG AIK, ENRIC

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/05/2020 14:24

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_

# ACCIDENT STATEMENT

ACCIDENT DATE: (01/05/2020) (DD/MM/YYYY), TIME: (14:25) (HH:MM)

LOCATION: Along Buangkok Green Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP1261Z  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: SYM 200i  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: LIM CHIN RHRE TERENCE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1835477B CONTACT: 93804521  
 c) ADDRESS: BLK 972 #09-194 HONGKANG ST 91  
SINGAPORE 530972

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LIM CHIN RHRE TERENCE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1835477B CONTACT: 93804521  
 c) ADDRESS: BLK 972 #09-194 HONGKANG ST 91  
SINGAPORE 530972

\*d) DATE OF BIRTH: (16/10/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: SINCE 1989

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN CAR 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)  
 (01)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

email = terence.lim@sat.com.sg

fax =

VIDEO = X



Claim Handling

Accident MT/1092413

Policy No.

5107540442-01

Certificate No.

Policyholder Name

LIM CHIN RHEE TERENCE

Product Code

MOTORCYCLE INSURANCE

Contact No.(Mobile)

93804521

Email Address

terence\_limcr@sats.com.sg

KFK

No

Yes

NCD Protection

No

Vehicle No.

FBP1261Z

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

14:25

Orange Force

GST Registration No.

Policyholder NRIC

S1835477B

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Accident Details

Report Date

09/05/2020 10:44

Date of Accident

01/05/2020

Reporting Centre

Accident Location

ALONG BUANGKOK GREEN

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

OD Standard Excess

300.00

YIED OD Excess

0.00

Additional Excess

Total OD Excess Applicable

300.00

TP Standard Excess

0.00

YIED TP Excess

0.00

Total TP Excess Applicable

0.00

Driver Is Covered?

Not Covered

Benefits

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 972 #09-194

Address 2

HOU GANG STREET 91

Address 3

SINGAPORE

Address 4

Address Type

Singapore address

Post Code

530972

Unit No.

09-194

Related Policy Number

5107540442-01

01 Driver Info

Driver Name

LIM CHIN RHEE TERENCE

Driver Type

Main Driver

Driver DOB

16/10/1967

Unnamed driver Name

Driver NRIC

S1835477B

Driving Experience

31

Register Date of Driver License

13/02/1989

Driver Age

52

Contact No.(Home)

Contact No.(Mobile)

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 972 #09-194

Address 2

HOU GANG STREET 91

Address 3

SINGAPORE

Address 4

Address Type

Singapore address

Post Code

530972

Unit No.

09-194

Driver Vehicle No.

FBP1261Z

Driver Insurer Company

NTUC

Does he own a Singapore Registered car?

Yes

No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Claim 001

New

Claim Type \*

OD-MD

Contact No.(Mobile)

97605923

Email Address

Claim Description

FBP1261Z / UNKNOWN CAR ON 1 May 2020

Preferred Workshop

Yes

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

09/05/2020 10:53

Report Taken By

ROS LI WAHAB

Print AK letter

Insured Name

LIM CHIN RHEE TERENCE

Contact No.(Home)

NIL

OT Vehicle Number

FBP1261Z

Claim Close Date

Date Recd

OD Exce Coll by Worl

Save

Submit

Attachment

Accident No.

MT/1092413

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

09/05/2020 10:57

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category \*

Please Select

Confidential

NO

Urgency \*

Normal

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

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

1/2

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

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

2/2

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

01/05/2020 10:46

Vehicle No.(For Motor)

FBP1261Z

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"/>	5107540442-01		LIM CHIN RHEE TERENCE	S1835477B	GMC	Comprehensive	FBP1261Z	FBP1261Z	14/02/2020	13/02/2021

Continue





AUTOSWIFT RECOVERY PTE LTD

**TOW JOB WORK ORDER**GST Reg No. : 19-9806389-N  
Co. Reg No. : 199806389N

Contract :

NTUC

W/Order No. : T 173146

**PART A: JOB DETAILS**

Service Date

08 05 2020

Time Received

0905

Member / Customer's Name

LIM

Time Arrived

0936

Membership / NRIC No.

Time Completed

1045

Contact No.

93804521

Total Mileage

6

Vehicle Registration No.

F8P12612

Car Make / Model

SYM RILE 200

Breakdown Location

S17 AIRPORT RD

Towed Destination

PAYA UBI

NAC

IDAC

NORMAL TOWING	ADDITIONAL SERVICES
<input checked="" type="checkbox"/> Straight Towing	<input type="checkbox"/> Multi-Storey / Basement Car Park
<input type="checkbox"/> Straight Towing with King Dolley	<input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link
<input type="checkbox"/> Flat Bed / Car Carrier	<input type="checkbox"/> Accident Towing
<input type="checkbox"/> Flat Bed / Car Carrier with King Dolley	<input checked="" type="checkbox"/> Car Ditched / Winched Up / Crane Up
<input type="checkbox"/> Heavy Goods Vehicle (Class 5 Towing)	<input type="checkbox"/> Dismantle Shaft / Release Brakes
<input type="checkbox"/>	<input type="checkbox"/>

SURCHARGES / OTHERS	ROADSIDE SERVICES
<input type="checkbox"/> Sunday / Public Holiday Towing (full day)	<input type="checkbox"/> Jump Start
<input type="checkbox"/> Midnight Towing (2400hrs to 0700hrs)	<input type="checkbox"/> Tyre Replacement
<input type="checkbox"/> Call Cancelled / Car Missing	<input type="checkbox"/> Patch Tyre Service
<input type="checkbox"/> Standby / Waiting Time	<input type="checkbox"/> Repair Tyre & Returned
Duration : _____	<input type="checkbox"/> Battery Replacement
<input type="checkbox"/> AA Membership Enrolment / AA Renewal	Battery Receipt No: _____

**REMARKS / COMMENTS BY TOW CREW**  
  

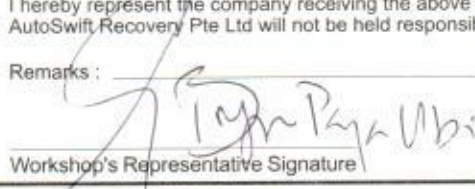
72 JHL


1886

Tow Crew ID / Signature      Truck No.      Operation Officer's Signature

**PART B: MEMBER / CUSTOMER ACKNOWLEDGEMENT**  
1 I authorise AutoSwift Recovery Pte Ltd to tow my vehicle to the above-mentioned workshop of my choice.  
2 I have been advised to remove all valuables (handphone, laptop, parking coupons, cash cards etc) from the vehicle.  
3 I understand that items left behind are at my own risk and that AutoSwift Recovery Pte Ltd will not be held responsible for any losses.  
4 I accept that there may be damages to my vehicle arising from the towing operation and I will not hold AutoSwift Recovery liable for the damages.  
5 Remarks : \_\_\_\_\_  
  
Member / Customer Signature      Date

**PART C: WORKSHOP / AGENT DECLARATION**  
1 I hereby represent the company receiving the above mentioned vehicle.  
2 AutoSwift Recovery Pte Ltd will not be held responsible for any damages or loss of valuables discovered while the vehicle is in our possession.  
3 Remarks : \_\_\_\_\_  





2KEY

Workshop's Representative Signature      Workshop's Stamp      Date

CUSTOMER COPY

Swift and Safe

**AutoSwift Recovery Pte Ltd**  
(A wholly-owned subsidiary of AA Singapore)

Head Office: 2 Kung Chong Road #06-01 AA Centre Singapore Tel: 6333 8811 Fax: 6733 5094





AUTOSWIFT RECOVERY PTE LTD

**TOW JOB WORK ORDER**GST Reg No. : 19-9806389-N  
Co. Reg No. : 199806389N

Contract :

NTUC

W/Order No. : T 173146

**PART A: JOB DETAILS**

Service Date 08 05 2020 Time Received 0905  
Member / Customer's Name LIM Time Arrived 0936  
Membership / NRIC No. 1045  
Contact No. 93804521 Total Mileage 6  
Vehicle Registration No. FBP1261Z Car Make / Model SYM RILE 200  
Breakdown Location 517 AIRPORT RD Towed Destination PMA URI NAC IDAC

NORMAL TOWING	ADDITIONAL SERVICES
<input checked="" type="checkbox"/> Straight Towing	<input type="checkbox"/> Multi-Storey / Basement Car Park
<input type="checkbox"/> Straight Towing with King Dolley	<input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link
<input type="checkbox"/> Flat Bed / Car Carrier	<input type="checkbox"/> Accident Towing
<input type="checkbox"/> Flat Bed / Car Carrier with King Dolley	<input checked="" type="checkbox"/> Car Ditched / Winched Up / Crane Up
<input type="checkbox"/> Heavy Goods Vehicle (Class 5 Towing)	<input type="checkbox"/> Dismantle Shaft / Release Brakes

SURCHARGES / OTHERS	ROADSIDE SERVICES
<input type="checkbox"/> Sunday / Public Holiday Towing (full day)	<input type="checkbox"/> Jump Start
<input type="checkbox"/> Midnight Towing (2400hrs to 0700hrs)	<input type="checkbox"/> Tyre Replacement
<input type="checkbox"/> Call Cancelled / Car Missing	<input type="checkbox"/> Patch Tyre Service
<input type="checkbox"/> Standby / Waiting Time	<input type="checkbox"/> Repair Tyre & Returned
Duration : _____	<input type="checkbox"/> Battery Replacement
<input type="checkbox"/> AA Membership Enrolment / AA Renewal	Battery Receipt No: _____

**REMARKS / COMMENTS BY TOW CREW**

Tow Crew ID / Signature

Truck No. 1886

Operation Officer's Signature

**PART B: MEMBER / CUSTOMER ACKNOWLEDGEMENT**

- I authorise AutoSwift Recovery Pte Ltd to tow my vehicle to the above-mentioned workshop of my choice.
  - I have been advised to remove all valuables (handphone, laptop, parking coupons, cash cards etc) from the vehicle.
  - I understand that items left behind are at my own risk and that AutoSwift Recovery Pte Ltd will not be held responsible for any losses.
  - I accept that there may be damages to my vehicle arising from the towing operation and I will not hold AutoSwift Recovery liable for the damages.
- 5 Remarks : \_\_\_\_\_

Member / Customer Signature

Date

**PART C: WORKSHOP / AGENT DECLARATION**

- I hereby represent the company receiving the above mentioned vehicle.
  - AutoSwift Recovery Pte Ltd will not be held responsible for any damages or loss of valuables discovered while the vehicle is in our possession.
- 3 Remarks : \_\_\_\_\_

Workshop's Representative Signature

Workshop's Stamp

Date

WORKSHOP COPY

Swift and Safe

**AutoSwift Recovery Pte Ltd**

(A wholly-owned subsidiary of AA Singapore)

Head Office: 2 Kung Chong Road #06-01 AA Centre Singapore Tel: 6333 8811 Fax: 6733 5094



**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) Govn. 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: FBP 1261Z Yr Regn: 2019 Feb

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

Make & Model: SYM Joy Ride C.C.

Colour: Grey Transmission Type: Auto / Manual

Eng/No: MG 502474 Sp. Reading:

C/No: RFGLPA501KSA02485

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: 110/90-13  
R: 130/70-12

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

Front Rear

R/Bal. 3 mm R/Bal. 3 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: 4 Vehicle in Idac: Yes / No

D.O.I. 08/05/2020 Time: 1400hrs

**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. Govn 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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	477B
<b>Vehicle Details</b>	
Vehicle No.:	FBP1261Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 May 2020
Vehicle Make:	SYM
Vehicle Model:	JOYRIDE S 200i ABS
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	MG502474
Chassis No.:	RFGLFA501K5A02485
Maximum Power Output:	-
Open Market Value:	\$3,019.00
Original Registration Date:	07 Feb 2019
First Registration Date:	07 Feb 2019
Transfer Count:	1
Actual ARF Paid:	\$453.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	06 Feb 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,610.00
COE Rebate Amount:	\$2,888.00
<b>Total Rebate Amount:</b>	<b>\$2,888.00</b>

The information contained herein is correct as at 08 May 2020

OK



**FOR MOTORCYCLE**

- *Motorcycle*[illegible]

No of Items:

Assessor: \_\_\_\_\_

Vehicle No: FBP 1261Z

[illegible]

Original Copy

- 1.) Visor X 1 cut X
- 2.) Front number plate X 1 Hec X
- 3.) LH wing mirror X 1 broken X
- 4.) LH brake LWR X 1 cut X
- 5.) LH balancer X 1 cut X
- 6.) Front mudguard X 1 broken X
- 7.) Front fork X 1 bf X
- 8.) — " — underbracket X 1 ? X
- 9.) Front LH signal lamp X 1 scratched X
- 10.) Rev LH foot rest ~~foot~~ X 1 cut X
- 11.) Handle bar X 1 ? X
- 12.) LH stop panel X 1 cut X
- 13.) LH Front top cowl X 1 cut X
- 14.) LH Front lower cowl X 1 cut X
- 15.) LH side lower cowl X 1 cut X
- 16.) LH chain guard X 1 cut X
- 17.) Rear ~~box~~ box X 1 cut X
- 18.) Front LH headlamp X 1 scratched. X



Claim Handling

Task Transfer

Exit

Accident MT/1092413

LOS

SAL

SUB

Policy No.	5107540442-01	Vehicle No.	FBP1261Z	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHIN RHEE TERENCE			Policyholder NRIC	S1835477B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93804521	Contact No.(Office)		Contact No.(Home)	
Email Address	terence_limcn@sats.com.sg	Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	09/05/2020 10:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/05/2020	Time of Accident hh:mm	14:25	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ALONG BUANGKOK GREEN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	300.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 972 #09-194	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530972
Address 4		Address Type	Singapore address	Post Code	530972
Unit No.	09-194	Related Policy Number	5107540442-01		

OI Driver Info

Driver Name	LIM CHIN RHEE TERENCE	Driver Type	Main Driver	Driver DOB	16/10/1967
Unnamed driver Name		Driver NRIC	S1835477B	Driving Experience	31
Register Date of Driver License	13/02/1989	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 530972
Address 1	BLK 972 #09-194	Address 2	HOUGANG STREET 91	Post Code	530972
Address 4		Address Type	Singapore address		
Unit No.	09-194				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBP1261Z	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Ng Hak Joo

LOS

SAL

SUB

Claim Type	OD-MD	Insured Name	LIM CHIN RHEE TERENCE	Insured NRIC	S1835477B
Contact No.(Mobile)	97605923	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	FBP1261Z	TP Vehicle Number	UNKNOWN CAR
Claim Description	FBP1261Z / UNKNOWN CAR ON 1 May 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability		Date Received	09/05/2020 00:00
Preferred Repair Option		Fully at Fault		Total Loss but Repaired	
Preferred Workshop Name	unknown	Insured report		OD Excess Collected by Workshop	
Date Registered	09/05/2020 11:09	Claim Close Date			
Report Taken By	ROSJI WAHAB	Workshop Repairer			

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	SYM	Vehicle Model	JOYRIDE 200	Engine Capacity	
Date of Registration	07/02/2019	Classis No.	RFGLFA501KSA02485		

Towing Required \*  
☒ Yes ☐ No

Vehicle in IDAC \*  
☒ Yes ☐ No

Parallel Import \*  
☐ Yes ☒ No

Type of Tender  
Own Damage

Assessor Name \*  
ROSLI WAHAB

Survey Current Status

IDAC/Workshop Name  
NATIONAL ASSESSMENT CENTR

IDAC/Workshop Location  
51 UBI AVENUE 1 #01-25 PAYA

Windscreen  
Parts & Labour  
Cost

Total Loss \*  
☐ Yes ☒ No

Market Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

Remark

Remark for  
Supplementary

▼ Damage Listing

Find a Part

root

Not Applicable

ABS

ABSORBER

ACCELERATOR

ACTUATOR

ADVERTISEMENT STICKER

AIR BAG

AIR BLOWER

AIR BOX

AIR CHAMBER BOX

AIR CLEANER

AIR COMPRESSOR

AIR CON

AIR CON (VAN)

AIR COOLER

AIR DISTRIBUTOR

AIR FILTER

AIR FLOW

AIR GRILLE

AIR HORN

AIR INTAKE

AIR RESONATOR BOX

AIR THROTTLE BODY AND SENSOR

ALARM

ALTERNATOR

ALUMINIUM PANEL - SIDE

AMPLIFIER

ANTENNA

No.	Part No.	Description	Qty *	Repair Code *	
1	4110	SUN VISOR	<div>1</div>	<div>Replace</div>	<div>X</div>
2	32200101	NUMBER PLATE (FRONT)	<div>1</div>	<div>Replace</div>	<div>X</div>
3	45300101	WING MIRROR (LEFT)	<div>1</div>	<div>Replace</div>	<div>X</div>
4	159004	BRAKE (M/C) LEVER	<div>1</div>	<div>Replace</div>	<div>X</div>
5	320002	MUFFLE (M/C) HEAT SHIELD	<div>1</div>	<div>Unconfirm</div>	<div>X</div>
6	262009	FORK (M/C) BRACKET	<div>1</div>	<div>Unconfirm</div>	<div>X</div>
7	262004	FORK (M/C) CONE WITH BEARING	<div>1</div>	<div>Replace</div>	<div>X</div>
8	386001	SIGNAL (M/C) LAMP	<div>1</div>	<div>Replace</div>	<div>X</div>
9	261001	FOOT REST (M/C)	<div>1</div>	<div>Replace</div>	<div>X</div>
10	27400101	HANDLE BAR (M/C) (FRONT)	<div>1</div>	<div>Unconfirm</div>	<div>X</div>
11	27400201	HANDLE BAR (M/C) BALANCER (LEFT)	<div>1</div>	<div>Replace</div>	<div>X</div>
12	40300201	STEP BOARD PANEL MAY (LEFT)	<div>1</div>	<div>Replace</div>	<div>X</div>
13	25200107	FAIRING (TOP)	<div>1</div>	<div>Replace</div>	<div>X</div>
14	25200101	FAIRING (BOTTOM)	<div>1</div>	<div>Replace</div>	<div>X</div>
15	25200102	FAIRING (CENTRE)	<div>1</div>	<div>Replace</div>	<div>X</div>
16	1430	BELT COVER (M/C)	<div>1</div>	<div>Replace</div>	<div>X</div>
17	1440	BELT TENSIONER	<div>1</div>	<div>Unconfirm</div>	<div>X</div>
18	15100102	BOX (M/C) (REAR)	<div>1</div>	<div>Replace</div>	<div>X</div>
19	27700101	HEAD LAMP (LEFT)	<div>1</div>	<div>Replace</div>	<div>X</div>
20	31900202	MUDFLAP PANEL (FRONT RIGHT)	<div>1</div>	<div>Replace</div>	<div>X</div>

Save

Submit





Vehicle Movement Form

Vehicle Check-In

Vehicle No: FBP1261Z Date In: 08/05/20 Time In: 14:00 with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Panero Bikes

Collection Date: 12/5/20 Time: 12:00 with Keys: Yes / No

Tow Truck No: GZ5568B Tow Man: Mohan NRIC: S1657774/2

Signature: [Signature]

*For office use*

Attended by: Shan Hui

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:** Ng Hak Joo <hakjoo.ng@income.com.sg>  
**Sent:** Tuesday, 12 May 2020 10:37 am  
**To:** Terence Limcr; paneurobikes@singnet.com.sg  
**Cc:** Teng Ken Leong; Clarence Richard Anthony; LKK Paya Ubi; MTSurvey  
**Subject:** RE: FBP1261Z under Own Damage Claim: MT/1092413  
**Attachments:** SAS+2020-5-9.pdf

Dear Mr Terence Lim, owner of FBP1261Z, thank you for your email.

Dear Mr Kin Wah of Mah Pte Ltd, we spoke, please tow this bike from Idac NAC, Paya Ubi and put up an estimate, thereafter,

Please contact 64307900 or e-mail [mtsurvey@income.com.sg](mailto:mtsurvey@income.com.sg) one day in advance before 4.30pm for survey arrangement.

We attached the Gia report.

Dear Idac, please release the bike to Mah Pte Ltd.

Thank You

**Ng Hak Joo**  
Executive  
Operations, Motor and Personal Lines  
T +65 64307890  
[www.income.com.sg](http://www.income.com.sg)



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**From:** Terence Limcr [mailto:terence\_limcr@sats.com.sg]  
**Sent:** Monday, 11 May 2020 5:53 PM  
**To:** Ng Hak Joo <hakjoo.ng@income.com.sg>  
**Cc:** Teng Ken Leong <kenleong.teng@income.com.sg>; Clarence Richard Anthony <clarence.anthony@income.com.sg>  
**Subject:** Re: FBP1261Z under Own Damage Claim: MT/1092413

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Hi Ng Hak Joo.  
I will prefer **Mah Pte Ltd**  
1179 Serangoon Road  
Singapore 328232  
Tel: 6299 8620 / 6295 6393



As I brought the bike at this shop.

Rgds

Sent from my iPhone

On 11 May 2020, at 17:15, Ng Hak Joo <[hakjoo.ng@income.com.sg](mailto:hakjoo.ng@income.com.sg)> wrote:

**Mah Pte Ltd**  
1179 Serangoon Road  
Singapore 328232  
Tel: 6299 8620 / 6295 6393

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