

NATIONAL Assessment Centre Services

[ver 1 Jan 02]

MMA 120045473

Date In: 11/5/20 08:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/IMC20005633/h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SKV 18055	I-Motor Claim Form	MT/1092447 ⁰⁰¹	11/5/20 10:14
Date A: 8/5/20 17:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
<input checked="" type="radio"/> TP / Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profund Wksp / INC Assign Wksp / QW: (Ryder Auto Pte Ltd) Tel: 90908277 Fax:

IP Particulars: Veh No: PA 9115Z 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:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Action

NA2002883	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00	
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wof 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Coordination \$10	10.00	
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idea Mobile \$0		
	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	11/05/2020 08:45
Date Of Accident	08/05/2020 17:50
Exact Location Of Accident	BUKIT PANJANG RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1805S
Insured/Policyholder	
Name Of Registered Owner	TAN JIAN YE
NRIC No	SXXXX843F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93360678
Alternative Phone No	OFFICE-93360678

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	5116663976
Cover Note Number	

Driver

Name of Driver	TAN JIAN YE
NRIC No	SXXXX843F
Date Of Birth	30/11/1992
Occupation	INDOOR
Date Of Driving Pass	20/08/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93360678
Fax Number	
Contact Number	OFFICE-93360678
EMail Address	NOEMAIL

Address	BLK 352 TAMPINES ST 33 #04-492
Postcode	520352
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

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	PA9115Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

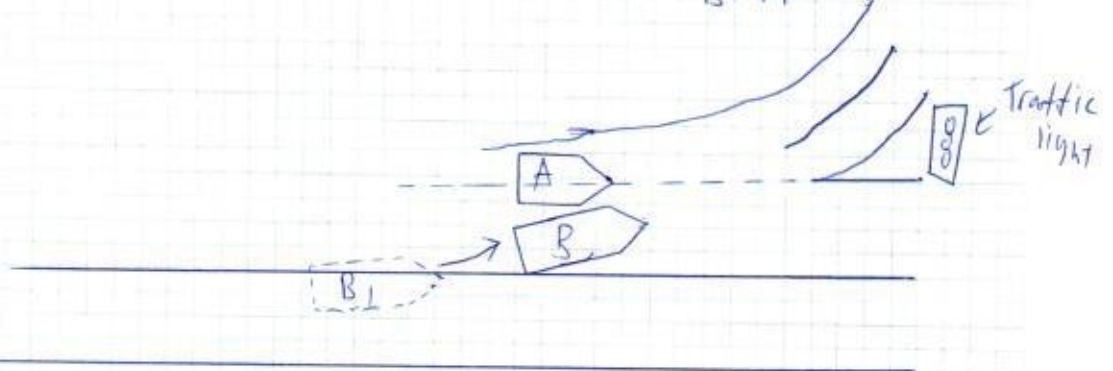
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BUKIT PANJANG RING ROAD

A - SKV 18055

B - PA 9115Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BUKIT PANJANG RING ROAD. THERE WERE 2 LANE FILTERING TO THE MAIN ROAD AND I WAS ON THE OUTER LANE. SUDDENLY VEHICLE B SIDE SWIPE THE RIGHT SIDE OF MY VEHICLE.

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.:

4:06 PM MERC

DATE OF ACCIDENT	8/5/2020	
TIME OF ACCIDENT	1750	AM / PM
LOCATION OF ACCIDENT	BUKIT PANJANG RING ROAD	
Exact Purpose use during accident		
NAME OF OWNER	TAN JIAN YE	
TELP NO	93360678	
NRIC	S9244843F	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	OD
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	SAME AS ABOVE	
NRIC	As above / If No:	Any passengers: 0
TE OF BIRTH		
OCCUPATION	Outdoor / indoor	
DATE OF DRIVING PASS		
GENDER	Male / Female	
CONTACT NO.	93360678	Office: Home:
ADDRESS	APT BLK 352 TAMPINES STREET 33 #04-492 S(520352)	
DRIVER HAVE ANY OWN Vehicle	No / If yes : Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	CLEAR
ROAD SURFACE	Dry / Wet / Other:	DRY
ANY INJURIES	No / If yes : Who?	
CONTACT NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	PA9115Z	Any Passenger :
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger :
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd	
TELP NO	2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit,	
CONTACT PERSON	Singapore 417921	
FAX NO.	ryderautoworkshop@gmail.com	

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5116663976
The Policyholder	: TAN JIAN YE
	: BLK 352 #04-492
	: TAMPINES STREET 33
	: SINGAPORE 520352

Period of Insurance	: 11 Mar 2020 To 10 Mar 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,452.08

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: TAN JIAN YE		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: MERCEDES BENZ/C180	Capacity	: 1600cc
Registration Number	: SKV1805S	Registration Year	: 2015
Chassis Number	: WDD2050402R093567	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 11 Mar 2020 10:07 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116663976		TAN JIAN YE	S9244843F	GPC	drivo CLASSIC	SKV18055	SKV18055	11/03/2020	10/03/2021

Claim Handling

Accident MT/1092447

Policy No.	5116663976	Vehicle No.	SKV18055	GST Registrati
Certificate No.				
Policyholder Name	TAN JIAN YE			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93360678	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<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(%)	20	Private Hire

▼ Accident Details

Report Date	11/05/2020 10:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/05/2020	Time of Accident hh:mm	17:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT PANJANG RING ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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 352 #04-492	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-492	Related Policy Number	5116663976	

▼ OI Driver Info

Driver Name	TAN JIAN YE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9244843F	Driver DOB
Register Date of Driver License	20/08/2011	Driver Age	27	Driving Experi
Contact No.(Mobile)	93360678	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 352 #04-492	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-492			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop No.	90908277	Insured Liability	Partially at Fault	GIA report	Received	Insured Name	TAN
Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)			Contact No. (Home)	678
Date Registered						OI Vehicle Number	SKV
Report Taken By							

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1092447 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/05/2020 10:14

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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Category *

Confider

Please Select ▼ NO

Please Select ▼ NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:14	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:14	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:14	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2020 10:13	Photos		Normal	Ph

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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

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

Remarks for Internal Information**Remarks to appear in Works Order & Assessment report**

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

After market parts damaged.

1.) front bumper lower skirt

2.) RH front bumper corner

By Assessor- 1) Vehicle Information

Veh No: SKV 18055 Yr Regn: 2015/ Sept

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

Make & Model: Mercedes Benz C180 c.c. 1595

Colour: Silver Transmission Type: Auto / Manual

Eng/No: 27491030416354 Sp. Reading: 56681

C/No: WDD2050402R093567

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: 225/50 R17
R: — 11 —

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

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: 5

D.O.I. 11/05/2020

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 0930 hrs

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
- e. Animal () f. Govrn Object () g. Road Work Object ()
- h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
- e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

SKV 1805 S

- ✓ 1.) Front bumper X 1 broken
- ✓ 2.) —||— retainer ~~to~~ right side X 1 broken
- ✓ 3.) —||— tow hook cover X 1 cut
- ✓ 4.) —||— sponge X 1 torn
- ✓ 5.) —||— ~~front~~ parking sensor X 1 set Dam
- ✓ 6.) —||— parking sensor bracket X 1 set Dam
- ✓ 7.) —||— parking sensor wire X 1 set torn
- ✓ 8.) Front RH headlamp X 1 broken
- ✓ 9.) —||— bracket X 1 broken
- ✓ 10.) Front RH fender X 1 Dent
- ✓ 11.) —||— inner shield X 1 deformed
- ✓ 12.) Front RH wheel rim X 1 cut
- ✓ 13.) Front Collision Prevention Assist X 1 ?
- ✓ 14.) Front bumper bracket RH X 1 deformed / St
- ✓ 15.) Front ~~engine~~ under cover RH X 1 deformed.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	843F
Vehicle Details	
Vehicle No.:	SKV18055
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 May 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE (R17 LED)
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	27491030416354
Chassis No.:	WDD2050402R093567
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$35,294.00
Original Registration Date:	01 Sep 2015
First Registration Date:	01 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$36,412.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Aug 2025
PARF Rebate Amount:	\$27,309.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$71,509.00
COE Rebate Amount:	\$37,926.00
Total Rebate Amount:	\$65,235.00

The information contained herein is correct as at 11 May 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1092447

LOS SAL SUB

Policy No.	5116663976	Vehicle No.	SKV1805S	GST Registration No.	
Certificate No.					
Policyholder Name	TAN JIAN YE			Policyholder NRIC	S9244843F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93360678	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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(%)	20	Private Hire	No

Accident Details

Report Date	11/05/2020 10:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/05/2020	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BUKIT PANJANG RING ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	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 352 #04-492	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520352
Address 4		Address Type	Singapore address	Post Code	520352
Unit No.	#04-492	Related Policy Number	5116663976		

OI Driver Info

Driver Name	TAN JIAN YE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9244843F	Driver DOB	30/11/1992
Register Date of Driver License	20/08/2011	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	93360678	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 352 #04-492	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520352
Address 4		Address Type	Singapore address	Post Code	520352
Unit No.	#04-492				
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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	TAN JIAN YE	Insured NRIC	S9244843
Contact No.(Mobile)	93360678	Contact No. (Home)	67893230	Contact No. (Office)	
Email Address	joei@hongyat.com	OI Vehicle Number	SKV1805S	TP Vehicle Number	PA9115Z
Claim Description	SKV1805S / PA9115Z ON 8 May 2020			Name of Preferred Workshop	RYDER AL
Preferred Workshop Contact No. 90908277	Preferred Repair Option	Preferred Workshop (refer below)	Insured Liability report	Partially at Fault Received	
Date Registered	11/05/2020 10:15	Claim Close Date		Date Received	11/05/2020
Report Taken By	SHAN HUI	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
Modification History					

▼ Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment Attachment

▼ Vehicle Info

Vehicle Make	MERCEDES BENZ	Vehicle Model	C180	Engine Capacity	
Date of Registration	01/09/2015	Classis No.	WDD2050402R093567		
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 *	Own Damage	Assessor Name *	BRYAN	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 *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAYS:5 DAYS.1X FRT BUMPER PARKING SENSOR BRACKET - REPLACE.1X FRT BUMPER PARKING SENSOR WIRE - REPLACE.1X FRT RH HEADLAMP B FRT RH WHEEL RIM - REPLACE.1X FRT COLLISION PREVENTION ASSIST - UNCONFIRM.1X FRT RH BUMPER UNDER COVER - REPLACE.

Remark

Remark for Supplementary

▼ Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Cor
root					
Not Applicable	1	16000101	BUMPER (FRONT)	1	Replace
ABS	2	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace
ABSORBER	3	16006701	BUMPER TOWING COVER (FRONT)	1	Replace
ACCELERATOR	4	16005901	BUMPER SPONGE (FRONT)	1	Replace
ACTUATOR	5	16005501	BUMPER SENSOR (FRONT)	1	Replace
ADVERTISEMENT STICKER	6	27700102	HEAD LAMP (RIGHT)	1	Replace
AIR BAG	7	25400103	FENDER (FRONT RIGHT)	1	Replace
AIR BLOWER	8	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace
AIR BOX	9	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace
AIR CHAMBER BOX					
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

Save Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

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



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SKV 18055 Date In: 12/5/2020 Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Ryder Auto Pte Ltd

Collection Date: 12/5/2020 Time: 11.15 with Keys: Yes / No

Tow Truck No: _____ Tow Man: ORSON NRIC: S9338919J

Signature: ORSON

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Tuesday, 12 May 2020 10:37 am
To: NAC ; Ryder Auto workshop
Subject: SKV1805S, OD claim no : MT/1092447

Importance: High

Dear IDAC and Ryder Auto,

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

Dear Orson of Ryder Auto,

Awarded to your workshop at the agreed COR of \$3,700/-, with no further supplementary.

OD excess of \$600/- is applicable.

We are waiving survey for this case only and it should not be taken as a precedence for future cases.

Kindly update owner on the repair status and the nos of repair days required before repairing veh.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher together with some photos on after repairs after the repairs has been done/ finalized with Surveyor to my email.

Regards.

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



Our Ref: MT/CA/OD/051/1092447-001/TSC

12 May 2020

RYDER AUTO P/L (2 K/BKT)

2 KAKI BUKIT AVENUE 2

#02-19 KAKI BUKIT AUTOHUB

SINGAPORE 417921

Dear Sir

CLAIM NUMBER: MT/1092447-001

REPAIR OF VEHICLE NUMBER: SKV1805S

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

follows:

Award Date: 12 May 2020

Make: MERCEDES BENZ

Model: C180

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 600.00

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

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