NATIONAL Assessment Centre Services. [illegible]   XMNI2004148-01

	Job description	Date & Time Completed	Done by
Date In: 08/04/2020 10:04			
Ref No: NA/MI0005827/Y	SAS e-filing		
Veh No: SKW 5485A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 06/04/2020 22:10	I-Motor Claim Form	LMT/1091070-002	19/05/2020
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
[illegible] 20/05/2020	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:)

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: SHC5713J INC ( ) / Non-INC ( ).

Tel:)

Owner / Driver: ( )

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

Confirmed by : (*Date:* *Time:*

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

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

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

General Remarks [illegible]

( ) 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: ( )

[illegible]		Date	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
	GIA DONE AT NTUC HQ
19/05/2020	THERESA OF NTUC CALL TO LET US DO D/A
20/05/2020	OWNER WILL COME
20/05/2020	D/A DONE BY ME 9, EMAIL TO NTUC THERESA
23/5/20.	RECEIVE SIGN ADDENDUM & WAITING REPLY FROM NTUC.

NA2003054.

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Cal_1:

[illegible]		[illegible]	[illegible]
1) AR : Accident Reporting ($30)	INC ($10)		
2) DA : Damage Assessment ($100)	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2007) For claiming against INC Only	$75		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$3		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$23		
*N7: Post Repair Inspection	$3		
*N8: DV / Collect Excess Coordination	$20		
TP (NII) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

3/3

MNII20041148-01 / NTUC Income Insurance Co-operative Ltd - HQ
ENTRY DATE & TIME: 08/04/2020 10:42
SUBMITTED BY: Chen Jun Liang

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/05/2020 10:59

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.
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	08/04/2020 10:42
Date Of Accident	06/04/2020 22:10
Exact Location Of Accident	BUANGKOK DR THROUGHWAED BUANGKOK GRM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW5485A
Insured/Policyholder	
Name Of Registered Owner	NG BOON WAH
NRIC No	S2001270F
Email Address	BOONWAH53@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90613620
Alternative Phone No	OTHERS-90613620
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5084999169-03
Cover Note Number	
Driver	
Name of Driver	NG BOON WAH
NRIC No	S2001270F
Date Of Birth	15/09/1953
Occupation	INDOOR
Date Of Driving Pass	14/01/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90613620
Fax Number	
Contact Number	OTHERS-90613620
EMail Address	BOONWAH53@GMAIL.COM

Address	BLK 265B COMPASSVALE LINK #17-209
Postcode	542265
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

Collision (see attamed report)

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	SHC5773J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 claim;

   (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 on 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

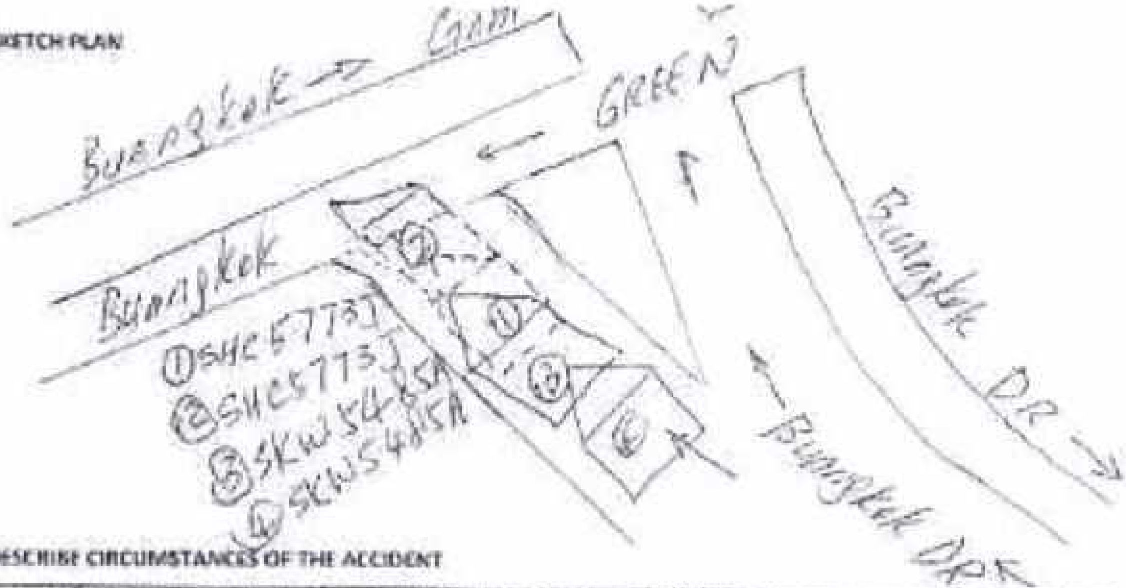
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 7/4/20

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我在此呈报有关 6th April 2020 晚间二十三小时十分，于
Buangkok Dr 与 Buangkok Bam 的碰撞事故
当时我驾驶着车牌 SKW5485A, KIA LLA [illegible]色车
型，驶向 Buangkok Bam，当我在④处图所示的位
置时，已看到 Trans-cab ①车牌的德士在行驶中，当
②德士师父驶到路口停止线时，他突然把车子慢
下来就着停止不动，我当时已在③位置无法及刹车
在此刻我的车左边便向着 SHC 5773T 碰撞了一下
(轻微的冲力) 我便立刻停下来叫 SHC5773T 把德
士驾到旁边以免后来的车造成不便及三方危
险的局面。当我走到德士时看到有两位搭客，我便
查问他们有什么问题吗，他们都说没事就转搭另
一辆德士再启程。
我当时把(G)所有照给了德士司机看，但他
没把有关的文件给我拍照以便呈报之用，我也跟
走了对方被我碰撞的形况，我发觉到之前以有被
别人撞过而没去修復，而我撞到的位置于左边尾灯
撞坏，而我的车右边有点损害(附上相片)

DECLARATION

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

Policyholder's Signature
Date & Time: 7/4/20

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

Reporting Comm Personnel's Signature
Name:
NRIC/Key No.:

Claim Handling

Task Transfer · Exit

LOG SAL SUB

Accident MT/1091070

Policy No.	5084999169-03	Vehicle No.	SKW5485A	GST Registration No.	
Certificate No.					
Policyholder Name	NG BOON WAH			Policyholder NRIC	S2001270F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Not available

Accident Details

Report Date	08/04/2020 09:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/04/2020	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre	Ignatius Koh	Orange Force	No	ICM No.	
Accident Location	BUANGKOK DR THROUGHWAED BUANGKOK DRM				

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 265B #17-209	Address 2	COMPASSVALE Link	Address 3	SINGAPORE 542265
Address 4		Address Type	Singapore address	Post Code	542265
Unit No.		Related Policy Number	5084999169-03		

OI Driver Info

Driver Name	NG BOON WAH	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S2001270F	Driver DOB	15/09/1993
Register Date of Driver License	14/01/2013	Driver Age	66	Driving Experience	5
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 265B #17-209	Address 2	COMPASSVALE LINK	Address 3	SINGAPORE 542265
Address 4		Address Type	Singapore address	Post Code	542265
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No
Modification History	08/04/2020 10:51 s993324 Modify Accident Type[Others-->Collision - Head to Rear] 08/04/2020 10:51 s993324 Modify Orange Force[-->N] 08/04/2020 10:51 s993324 Modify Accident Location[NA-->BUANGKOK DR THROUGHWAED BUANGKOK DRM]		

Investigation

Claim 002 OD-MD

Claim Case Officer Yap Chee Ling

LOG SAL

Claim Type	OD-MD	Insured Name	NG BOON WAH	Insured NRIC	S2001270F
Contact No.(Mobile)	97801715	Contact No.(Home)	68758279	Contact No.(Office)	
Email Address		OI Vehicle Number	SKW5485A	TP Vehicle Number	SHC5771J
Claim Description	SKW5485A / SHC5771J ON 6 Apr 2020			Name of Preferred Workshop	
Preferred Workshop Contact repairsalon	Yes	Preferred Repair Option		Insured Liability report	Fully at Fault
Date Registered	08/04/2020 10:52	Claim Close Date		Date Received	20/05/2020 11:53
Report Taken By		Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	
Modification History	18/05/2020 14:53 s069588 Modify Claim Type[OD-MX-->OD-MD]				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment | Activity Handling | Attachment

Accident No.	MT/1091070	Claim No.	002
Last Doc. Received	◉ Yes ○ No	Upload Date	20/05/2020 11:53

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Uplc

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Actio
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:52	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:51	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:51	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:51	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:51	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:51	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:51	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:50	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:50	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:50	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:50	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:50	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:50	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:48	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:48	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:48	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:48	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:48	Photos		Normal	Photos 2020-5-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 May 2020 11:48	Photos		Normal	Photos 2020-5-20		Edit
	s058324(Clarence Richard Anthony) on 18 May 2020 13:01	SAS		Normal	Amend to OD claim		Edit
	s990765(Chen Junliang) on 14 May 2020 11:02	SAS		Normal	SAS 2020-5-14 - Amend to OD	Y	Edit
	s993324(Ignatius Koh) on 08 Apr 2020 10:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-8		Edit
	s993324(Ignatius Koh) on 08 Apr 2020 10:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-8		Edit
	s993324(Ignatius Koh) on 08 Apr 2020 10:55	SAS		Normal	SAS 2020-4-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.:
Vehicle No.(For Motor): SKW5485A
Date of Accident: 06/04/2020 09:42
Certificate Number:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5084999169-03		NG BOON WAH	S2001270F	GPC	drivo CLASSIC	SKW5485A	SKW5485A	03/11/2019	02/11/2020

Continue

(15.03.06)
ASS. REC. BY:

REF:

Assessor:
Mobile: YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

1) Vehicle hit Vehicle:
- a) Motorcar ( )
- b) M/cycle ( )
- c) Bicycle ( )

2) Vehicle hit ??
- a) Pedestrian ( )
- b) Animal ( )

3) Vehicle hit Road Side Objects:
- a) Govm.Property ( ) (Eg: signboard, barrier, tree etc)
- b) Road Work Object ( )
- c) Private Property ( )

4) Vehicle drop into drain ( )

5) Damage due to Act of God:
- a) Fallen Object ( )
- b) Flood ( )
- c) Other,

6) Parked & Found Damaged:
- a) Vandalism ( )
- b) Hit by Moving Object ( )

7) Theft Case
- a) Stolen ( )
- b) Damage found when recovered. ( )

8) Fire
- a) Whilst driving ( )
- b) Parked ( )

9) Accident date more than 24hrs ( )

By Assessor- 1) Vehicle Information

Veh No: SKW 5485A Yr Regn: Nov / 2015

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

Make & Model: Kia Forte K3 c.c 1591

Colour Blue Transmission Type: Auto / Manual

Eng/No: G4FGFH784988 Sp.Reading: 116239

C/No: KNAFZ411MF5472040

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/45 R17

R: — " —

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: 2

D.O.I. 20/05/2020

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 1103hrs

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

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

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

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

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

	Time Started:	Time completed:
1) CSO		
2) ASS		
3) Entire Operation Completed Time:		

SKW 5485A

1.) Front number plate X 1 Bt

2.) Front bumper X 1 torn

3.) Front Radiator grille X 1 Crack

4.) Front RH headlamp X 1 Crack mounting.

Claim Handling

Task Transfer | Exit

LOS SAL SUB

Accident MT/1091070

Policy No.	S084999169-03	Vehicle No.	SKW5485A	GST Registration No.	
Certificate No.					
Policyholder Name	NG BOON WAH			Policyholder NRIC	S2001270F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Nil	NCD Entitlement(%)	40	Private Hire	Not available

Accident Details

Report Date	06/04/2020 09:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/04/2020	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre	Ignatius Koh	Orange Force	No	ICM No.	
Accident Location	BUANGKOK DR THROUGHWARD BUANGKOK GRM				

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 265B #17-209	Address 2	COMPASSVALE LINK	Address 3	SINGAPORE 542265
Address 4		Address Type	Singapore address	Post Code	542265
Unit No.		Related Policy Number	S084999169-03		

OI Driver Info

Driver Name	NG BOON WAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2001270F	Driver DOB	15/09/1953
Register Date of Driver License	14/01/2011	Driver Age	66	Driving Experience	9
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 265B #17-209	Address 2	COMPASSVALE LINK	Address 3	SINGAPORE 542265
Address 4		Address Type	Singapore address	Post Code	542265
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

08/04/2020 10:51 s993324 Modify Accident Type(Others-->Collision - Head to Rear)
08/04/2020 10:51 s993324 Modify Orange Force(--->N)
08/04/2020 10:51 s993324 Modify Accident Location(NA-->BUANGKOK DR THROUGHWARD BUANGKOK GRM)

Investigation

Claim 002 OD-MD

Claim Case Officer Yap Chee Ling

LOS SAL SUB

Claim Type	OD-MD	Insured Name	NG BOON WAH	Insured NRIC	S2001270F
Contact No.(Mobile)	97801715	Contact No. (Home)	68758279	Contact No. (Office)	
Email Address		OI Vehicle Number	SKW5485A	TP Vehicle Number	SHC5773J
Claim Description	SKW5485A / SHC5773J ON 6 Apr 2020.			Name of Preferred Workshop	
Preferred Workshop Repairer Appointed	Yes	Preferred Repair Option	Insured Liability report	Fully at Fault	
Date Registered	06/04/2020 10:52	Claim Close Date		Date Received	20/05/2020 11:53
Report Taken By		Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

18/05/2020 14:51 s069988 Modify Claim Type(OD-MX-->OD-MD)

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment | Activity Handling | Attachment

Vehicle Info

Vehicle Make	KIA	Vehicle Model	FORTE K3	Engine Capcity	
Date of Registration	03/11/2015	Classic No.		KNAF2411MF5472040	

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

IDAC/Workshop Location

Windscreen Parts & Labour Cost

Total Loss * Yes No

Market Value($)

Scrape Value($)

Economical Repair Value($)

Remark: VEHICLE WITH OWNER

Remark for Supplementary

Damage Listing

Find a Part

- Door
  - Not Applicable
  - ABS
  - ABSORBER
  - ACCELERATOR
  - ACTUATOR
  - ADVERTISEMENT STICKER
  - AIR BAG
  - AIR BLOWER
  - AIR BOX
  - AIR CHAMBER BOX
  - AIR CLEANER
  - AIR COMPRESSOR
  - AIR CON
  - AIR CON (VAN)
  - AIR COOLER
  - AIR DISTRIBUTOR
  - AIR FILTER
  - AIR FLOW
  - AIR GRILLE
  - AIR HORN

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	16000101	BUMPER (FRONT)	1	Replace	X
3	27100101	GRILLE (FRONT)	1	Replace	X
4	27700102	HEAD LAMP (RIGHT)	1	Replace	X

Save Submit

LKK Paya Ubi

From:	Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent:	Tuesday, 19 May 2020 5:25 PM
To:	rspu@lkkauto.com
Cc:	BOONWAH53@GMAIL.CO
Subject:	RE: OWN DAMAGE CLAIM VEHICLE SKW5485A
Attachments:	SAS REPT SKW5485 .pdf

Hello Rosli

The above vehicle owner Mr NG BOON WAH is going to bring his vehicle to Nac Paya Ubi tomorrow at 11am to 11.30am for the damage assessment.

Copy of the SAS report attached.

Appreciate you can attend to him and do not push him around as he cannot be travelling in and out of the home due to the covid.

The D/A task already sent to your pool.

Your confirmation asap is appreciated.

Thank you.

Theresa Vimala
Senior Adminstrator
Operations, Motor and Personal Lines
T +65 6430 7898
www.income.com.sg

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SKW5485A

Make / Model
KIA / FORTE K3 1.6A SX S/R HID

Vehicle Type :
P10 - Passenger Motor Car

Vehicle Attachment 1 :
With Sun Roof

Vehicle Scheme :
Normal

Chassis No. :
KNAFZ411MF5472040

Propellant :
Petrol

Engine No. :
G4FGFH784988

Motor No. :
-

Engine Capacity :
1591 cc

Power Rating :
-

Maximum Power Output :
95.3 kW (127 bhp)

Maximum Laden Weight :
1740 kg

Unladen Weight :
1295 kg

Year Of Manufacture :
2015

Original Registration Date :

03 Nov 2015

Lifespan Expiry Date :

-

COE Category :

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium :

$57,301.00

COE Expiry Date :

02 Nov 2025

Road Tax Expiry Date :

02 Nov 2020

PARF Eligibility Expiry Date :

02 Nov 2025

Inspection Due Date :

02 Nov 2020

Intended Transfer Date :

20 May 2020

CO2 Emission :

160.00 (g/km)

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

-

Fees To Be Paid For Transfer

Transfer Fees	$25.00

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OK →