

MMA 120050040

Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Invoice Preparation Checklist		Am't (\$)	Adj (\$)
		Charge	Add/bill
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100);	INC (\$30)	80.00	
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Re-survey)	\$30		
For claimable costs: INC Only (w/c 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NL: Idas DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
Q1)*			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10	10.00	
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Co-ordination	\$5		
TP (NL1): TP (\$500 INC) against INC	\$20		
9) NL2: Idas 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	08/06/2020 09:02
Date Of Accident	05/06/2020 13:50
Exact Location Of Accident	UBI RD 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ3680T
Insured/Policyholder	
Name Of Registered Owner	LU YUANFANG
NRIC No	SXXXX573B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92375371
Alternative Phone No	OFFICE-92375371

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR
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	5101715525-01
Cover Note Number	

Driver

Name of Driver	NEO PUAY PUAY (LIANG PEIPEI) MRS LU PUAY PUAY
NRIC No	SXXXX505C
Date Of Birth	19/06/1977
Occupation	INDOOR
Date Of Driving Pass	27/02/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91551140
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 24 FERNWOOD TERRACE #05-03
Postcode	458554
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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?	
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	YN9392P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM SNAN BEE DANIEL
NRIC/Passport Number	SXXXX060F
Contact Number	97101153
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.
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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:

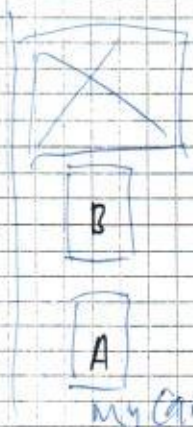


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




A = SFJ 3680 T
B = YN 9392 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I could not stop in time when the lorry in front stopped in front of the yellow box. I did not realise that there was a yellow box so I expected the truck to move up. ~~that~~ The two men on the truck got down and they looked and behaved fine. The truck didn't have any visible damage that I can see with my naked eye.

DECLARATION

I declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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



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

ACCIDENT STATEMENT

ACCIDENT DATE: 05/06/2020 (DD/MM/YYYY), TIME: 13:50 (HH:MM)

LOCATION: UBI Rd 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFJ 3680 T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5101715525 544422 Driver Classic
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 318
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal use (picking up children)
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: LAWRENCE LU YUANFANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7483573B CONTACT: 92375371
c) ADDRESS: 24 Fernwood Terrace #05-03 S(458554)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NEO PHAY PHAY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: ST716505C CONTACT: 91551140
c) ADDRESS: 24 Fernwood Terrace #05-03 S(458554)

*d) DATE OF BIRTH: (19/06/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 9392P MODEL: Truck
b) DRIVER'S NAME: LIM CNAN BEE DANIEL
c) NRIC/FIN/PASSPORT: S8220060F CONTACT: 9701153

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = neo-zeline@gmail.com

fax =

VIDEO =

No.

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/06/2020 14:19"/>
Vehicle No. (For Motor)	<input type="text" value="SFJ3680T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101715525-01		LU YUANFANG	S7483573B	GPC	drive CLASSIC	SFJ3680T	SFJ3680T	19/09/2019	18/09/2020

Claim Handling

Accident MT/1093905

Policy No.	5101715525-01	Vehicle No.	SFJ3680T	GST Registrati
Certificate No.				
Policyholder Name	LU YUANFANG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92375371	Contact No.(Office)		Contact No.(H
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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	08/06/2020 11:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/06/2020	Time of Accident hh:mm	13:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	UBI RD 3			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Accessory	1000

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	24 FERNWOOD TERRACE	Address 2	#05-03	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-03	Related Policy Number	5101715525-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NEO PJAY PUAY (LIANG PEIPEI)	Driver NRIC	SXXX505C	Driving Experi
Register Date of Driver License	27/02/2015	Driver Age	42	Contact No.(H
Contact No.(Mobile)	91551140	Contact No.(Office)		Address 3
Address 1	24 FERNWOOD TERRACE	Address 2	#05-03	Post Code
Address 4		Address Type	Singapore address	
Unit No.	05-03			Driver Insurer
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		

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 *	OD-MD	Insured Name	LU
Contact No.(Mobile)	92375371	Contact No. (Home)	
Email Address		OI Vehicle Number	SF
Claim Description	SFJ3680T / YN9392P ON 5 Jun 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Insurance No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop
Date Registered	08/06/2020 11:57	GIA report	Received
Report Taken By	SHAN HUI	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1093905	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/06/2020 11:58

Path *	Category *	Confider
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File No file chosen	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Message Read		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:58	SAS	Normal	!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:58	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:58	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:58	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:57	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:57	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:57	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:57	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:57	Photos	Normal	Pf
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jun 2020 11:57	Photos	Normal	Pf

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 ()

By Assessor- 1) Vehicle Information

DOB March 2030

Veh No: SFJ 3680 T Yr Regn: 2010 March

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

Make & Model: BMW 318 c.c. 1995

Colour Black Transmission Type: Auto / Manual

Eng/No: A3291632H46B20B3 Sp. Reading: N.A.

C/No: WBAPF72040A793622

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: 205/65 R16
R: — 11 —

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

Front		Rear	
R/Bal. <u>4</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>1</u> mm		L/Bal. <u>6</u> mm	

Parallel Import: Yes (No) Towed-In: Yes / (No)

Repair Type: LS I.B.I Towing Required: Yes / No

No of Repair Days: 6 Vehicle in Idac: Yes / No

D.O.I. 08/06/2020 Time: 1000 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:

- ✓ 1.) Front number plate X 1 Bt.
- ✓ 2.) — " — casing X 1 Bt/broken
- ✓ 3.) Front bumper X 1 torn
- ✓ 4.) — " — clips X 1 set H/c
- ✓ 5.) — " — lower grille X 1 deformed/misshapen broken
- ✓ 6.) — " — RH Fog lamp X 1 misshapen broken
- ✓ 7.) — " — RH grille X 1 broken
- ✓ 8.) — " — tow hook cover X 1 dislodged
- ✓ 9.) Front RH/LH headlamp X 2 broken/misshapen broken
- ✓ 10.) Front radiator grille RH/LH X 2 broken
- ✓ 11.) ✓ — " — chrome moulding X 2 broken
- ✓ 12.) Front bonnet X 1 B/c
- ✓ 13.) ✓ — " — logo X 1 Dent
- ✓ 14.) ✓ — " — insulator X 1 crumple
- ✓ 15.) ✓ — " — lock Centre X 1 Dent
- ✓ 16.) ✓ — " — lock Side Side X 2 Dent

- ✓
17.) Front support panel X 1 Dented
- ✓
18.) Front oil cooler pipe X 1 Rst
- ✓
19.) Air condenser X 1 punctured
- ✓
20.) Radiator X 1 Rst
- ✓
21.) Radiator fan assembly X 1 Down
- ✓
22.) Front bumper reinforcement X 1 Dented
- ✓
23.) — " — sponge X 1 ?
- ✓
24.) Front Radiator grille air guide X 2 deformed
- ✓
25.) Top air duct X 1 ?

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	573B
Vehicle Details	
Vehicle No.:	SFJ3680T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Jun 2020
Vehicle Make:	B.M.W.
Vehicle Model:	318i 2.0L A/T ABS D/AIRBAG 2WD 4DR SR
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	A329I632N46B20BZ
Chassis No.:	WBAPF72040A793622
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,274.00
Original Registration Date:	19 Mar 2010
First Registration Date:	19 Mar 2010
Transfer Count:	4
Actual ARF Paid:	\$30,274.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Mar 2030
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$35,416.00
COE Rebate Amount:	\$34,625.00
Total Rebate Amount:	\$34,625.00
Message	
Transfer of ownership or deregistration is not allowed for this vehicle.	

The information contained herein is correct as at 08 Jun 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1093905

LOS SAL SUB

Policy No.	5101715525-01	Vehicle No.	SFJ3680T	GST Registration No.	
Certificate No.					
Policyholder Name	LU YUANFANG			Policyholder NRIC	S7483573B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92375371	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	08/06/2020 11:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/06/2020	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	UBI RD 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Accessory	1000

GST Registered Information

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

Policyholder Mailing Address

Address 1	24 FERNWOOD TERRACE	Address 2	#05-03	Address 3	SINGAPORE 458554
Address 4		Address Type	Singapore address	Post Code	458554
Unit No.	05-03	Related Policy Number	5101715525-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO PUAY PUAY (LIANG PEIPEI)	Driver NRIC	SXXXX505C	Driver DOB	19/06/1977
Register Date of Driver License	27/02/2015	Driver Age	42	Driving Experience	5
Contact No.(Mobile)	91551140	Contact No.(Office)		Contact No.(Home)	
Address 1	24 FERNWOOD TERRACE	Address 2	#05-03	Address 3	SINGAPORE 458554
Address 4		Address Type	Singapore address	Post Code	458554
Unit No.	05-03				
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 Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	LU YUANFANG	Insured NRIC	S7483573B
Contact No.(Mobile)	92375371	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SFJ3680T	TP Vehicle Number	YN9392P
Claim Description	SFJ3680T / YN9392P ON 5 Jun 2020			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	08/06/2020 11:59	Claim Close Date		Date Received	08/06/2020
Report Taken By	SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	BMW	Vehicle Model	318i	Engine Capacity	
Date of Registration	19/03/2010	Classis No.	WBAPF72040A793622		
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 CENTRE	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: 6 DAYS.1X FRT BUMPER LOWER GRILLE _REPLACE.1X FRT BUMPER RH GRILLE - REPLACE.2X FRT RADIATOR GRILLE CHROME MOULDING - R LOCK SIDE - REPLACE.1X FRT OIL COOLER PIPE - REPLACE.2X FRT RADIATOR GRILLE AIR GUIDE - REPLACE.1X TOP AIR DUCT - UNCONFIRM.

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Cot
root					
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace
ABSORBER	3	16000101	BUMPER (FRONT)	1	Replace
ACCELERATOR	4	16002401	BUMPER CLIPS (FRONT)	6	Replace
ACTUATOR	5	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace
ADVERTISEMENT STICKER	6	16006701	BUMPER TOWING COVER (FRONT)	1	Replace
AIR BAG	7	27700101	HEAD LAMP (LEFT)	1	Replace
AIR BLOWER	8	27700102	HEAD LAMP (RIGHT)	1	Replace
AIR BOX	9	344016	RADIATOR GRILLE	2	Replace
AIR CHAMBER BOX	10	149001	BONNET	1	Replace
AIR CLEANER	11	149016	BONNET EMBLEM	1	Replace
AIR COMPRESSOR	12	149029	BONNET INSULATOR	1	Replace
AIR CON	13	14903401	BONNET LOCK (LOWER)	1	Replace
AIR CON (VAN)	14	41300101	SUPPORT PANEL (FRONT)	1	Replace
AIR COOLER	15	112023	AIR CON CONDENSER	1	Replace
AIR DISTRIBUTOR	16	344001	RADIATOR	1	Replace
AIR FILTER	17	344008	RADIATOR FAN	1	Replace
AIR FLOW	18	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
AIR GRILLE	19	16005901	BUMPER SPONGE (FRONT)	1	Unconfirm
AIR HORN					
AIR INTAKE					
AIR RESONATOR BOX					
AIR THROTTLE BODY AND SENSOR					
ALARM					
ALTERNATOR					
ALUMINIUM PANEL - SIDE					

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

NAC NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: SLJ 3680 T Date In: 9/6/20 Time In: 13:55 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: SO BROTHERS

Collection Date: 9/6/20 Time: 13:55 with Keys: Yes / No

Tow Truck No: YU4363G Tow Man: SENIG NRIC: 1909T

Signature: SENIG 9025 6627

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: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Tuesday, 9 June 2020 12:09 pm
To: su_bros (su_bros@singnet.com.sg)
Cc: LKK Paya Ubi
Subject: Vehicle SFJ3680T, OD Claim No: MT/1093905-001, DOA: 05/06/2020

Dear Su Brothers

Total Excess \$1,100 applies.

Vehicle is at NAC Paya Ubi.

Please arrange to tow away the vehicle and update the owner Mr Lu YuanFang at 92375371 on the repair status.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1093905-001/ZBM

09 Jun 2020

SU BROTHERS MOTOR WORKSHOP

BLK 5034 #01-341/3

AMK IND PARK 2

SINGAPORE 569537

Dear Sir

CLAIM NUMBER: MT/1093905-001

REPAIR OF VEHICLE NUMBER: SFJ3680T

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

Award Date: 09 Jun 2020

Make: BMW

Model: 318i

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 1100.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at

motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank you

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



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