

NATIONAL Assessment Centre Services. [part 1 Jan 2003] MMA 1200 52523

Date In: 19/6/20 09:28	Job description	Date & Time Completed	Done by
Ref No: MA/INC 2000 6436 1/4	SAS e-filing		
Veh No: SLJ40P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 18/6/20 15:00	1-Motor Claim Form	MT/1094757-01	19/6/20 11:38
<input checked="" type="checkbox"/> IP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Pillar	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: (INC Ref No: 6712 6616)	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

MA2003312

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	SA (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	80.00	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Tel: 1:	For claimant's use only (wef 19 Jan 2003)		
Tel: 2:	6) TR: Re-inspection \$75		
Tel: 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	19/06/2020 09:28
Date Of Accident	18/06/2020 15:00
Exact Location Of Accident	JOO CHIAT COMPLEX CARPARK LEVEL 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ40P
Insured/Policyholder	
Name Of Registered Owner	POH SENG HOCK
NRIC No	SXXXX065H
Email Address	PSH31142000@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90029358
Alternative Phone No	OFFICE-90029358

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5086782635-03
Cover Note Number	

Driver

Name of Driver	POH SENG HOCK
NRIC No	SXXXX065H
Date Of Birth	18/11/1961
Occupation	INDOOR
Date Of Driving Pass	27/05/1981
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029358
Fax Number	
Contact Number	OFFICE-90029358
EMail Address	PSH31142000@YAHOO.COM.SG

Address	BLK 8 BOON KENG ROAD #34-146
Postcode	330008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	
Vehicle Make/Model/Colour	PILLAR
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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 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



Joo chiat Complex Carpark level 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While Driving Inside Joo Chiat Complex
Carpark level 3, I misjudged hit onto
the pillar.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 6 / 20 (DD/MM/YYYY), TIME: 15 : 00 (HH:MM)

LOCATION: Joo chiat complex carpark level 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 40 P
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Poh Seng Hock (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9002 9358
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (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: 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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: pillar 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: _____

Email = ph31142000@yahoo.com.sg

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"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ40P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5086782635-03		POH SENG HOCK	S1514065H	GPC	drivo CLASSIC	SLJ40P	SLJ40P	19/12/2019	18/12/2020

Claim Handling

Accident MT/1094757

Policy No.	5086782635-03	Vehicle No.	SLJ40P	GST Registrat
Certificate No.				
Policyholder Name	POH SENG HOCK			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90029358	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(%)	10	Private Hire

▼ Accident Details

Report Date	19/06/2020 11:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/06/2020	Time of Accident hh:mm	15:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	100 CHIAT COMPLEX CARPARK LEVEL 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	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 8 #34-146	Address 2	BOON KENG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5086782635-03	

▼ OI Driver Info

Driver Name	POH SENG HOCK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1514055H	Driver DOB
Register Date of Driver License	27/05/1981	Driver Age	58	Driving Exper
Contact No.(Mobile)	90029358	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 8 #34-146	Address 2	BOON KENG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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 *	OD-MD	Insured Name	PO
Contact No.(Mobile)	90029358	Contact No.(Home)	66
Email Address	psh31142000@yahoo.com.sg	OI Vehicle Number	SL
Claim Description	SLJ40P / PILLAR ON 18 Jun 2020		
Preferred Workshop	Yes	Insured Liability	Fully at Fault
Repair Option	Preferred	Income to assign workshop	
Date Registered	19/06/2020 11:37	GIA report	Received
Report Taken By	SHAN HUI	Claim Close Date	

☒ Print AK letter

Attachment

Accident No. MT/1094757 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 19/06/2020 11:38

Path *

No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen

Category *	Confider
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:38	SAS		Normal	S
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:38	NRIC/ Driving License	Y	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	19 Jun 2020 11:37	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="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) 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: SLJ 40P Yr Regn: Dec / 2016

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

/ Truck / Trailer or

Make & Model: Honda Vezel c.c. 1496

Colour White Transmission Type: Auto / Manual

Eng/No: LEB5908275 Sp. Reading: 56156

C/No: R431208265

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: 215/60 R16

R: — 1 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Dunlop

Front

R/Bal. S mmL/Bal. S mm

Rear

R/Bal. S mmL/Bal. S mmParallel Import Yes NoTowed-In: Yes / NoRepair Type: LS I.B.ITowing Required: Yes / NoNo of Repair Days: 4Vehicle in Idac: Yes / NoD.O.I. 18/06/2020Time: 1600hrs.**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:

SLJ 40 P

- 1.) Front Bonnet X 1 Dented
- 2.) Front Bonnet hinge X 2 repair
- 3.) Front left fender X 1 repair
- 4.) Front RH headlamp X 1 cut
- 5.) Front RH fender X 1 repair
- 6.) Front bumper X 1 Dented
- 7.) ~~Front bumper lower grille X 1 crack.~~
7. ~~8.2~~ — || — radiator grille X 1 crack
- 8.) — || — reinforcement X 1 Dented
- 9.) — || — RH fog lamp X 1 ?
- 10.) — || — RH fog lamp germish X 1 damaged
- 11.) — || — lower lip X 1 Dented

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	065H
Vehicle Details	
Vehicle No.:	SLJ40P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Jun 2020
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	LEB5908275
Chassis No.:	RU31208265
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$25,515.00
Original Registration Date:	19 Dec 2016
First Registration Date:	19 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2026
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	18 Dec 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,229.00
COE Rebate Amount:	\$30,028.00
Total Rebate Amount:	\$33,778.00

The information contained herein is correct as at 19 Jun 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1094757

LOS SAL SUB

Policy No.	5086782635-03	Vehicle No.	SLJ40P	GST Registration No.	
Certificate No.					
Policyholder Name	POH SENG HOCK			Policyholder NRIC	S1514065H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90029358	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(%)	10	Private Hire	No

Accident Details

Report Date	19/06/2020 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	18/06/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	JOO CHIAT COMPLEX CARPARK LEVEL 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	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 8 #34-146	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330008
Address 4		Address Type	Singapore address	Post Code	330008
Unit No.		Related Policy Number	5086782635-03		

OI Driver Info

Driver Name	POH SENG HOCK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1514065H	Driver DOB	18/11/1961
Register Date of Driver License	27/05/1981	Driver Age	58	Driving Experience	39
Contact No.(Mobile)	90029358	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 8 #34-146	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330008
Address 4		Address Type	Singapore address	Post Code	330008
Unit No.					
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 Yap Chee Ling

Claim Type	OD-MD	Insured Name	POH SENG HOCK	Insured NRIC	S1514065
Contact No.(Mobile)	90029358	Contact No. (Home)	66369092	Contact No. (Office)	
Email Address	psh31142000@yahoo.com.sg	OI Vehicle Number	SLJ40P	TP Vehicle Number	PILLAR
Claim Description	SLJ40P / PILLAR ON 18 Jun 2020			Name of Preferred Workshop	
Preferred Workshop Registration	Yes	Preferred Repair Option	income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	19/06/2020 11:40	Claim Close Date		Date Received	19/06/2020
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		
Remarks			
<div> <div>damage assessment</div> <div>Attachment</div> </div>			
Vehicle Info			
Vehicle Make	HONDA	Vehicle Model	VEZEL
Date of Registration	19/12/2016	Classis No.	RU31208265
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN
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 DAY:4 DAY.1X FRT BUMPER RADIATOR GRILLE - REPLACE.			
Remark			

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Co
root	1	16004101	BUMPER LOWER SPOILER (FRONT)	1	Replace
Not Applicable	2	149001	BONNET	1	Replace
ABS	3	14902201	BONNET HINGE (LEFT)	1	Repair
ABSORBER	4	14902202	BONNET HINGE (RIGHT)	1	Repair
ACCELERATOR	5	25400102	FENDER (FRONT LEFT)	1	Repair
ACTUATOR	6	27700102	HEAD LAMP (RIGHT)	1	Replace
ADVERTISEMENT STICKER	7	25400103	FENDER (FRONT RIGHT)	1	Repair
AIR BAG	8	16000101	BUMPER (FRONT)	1	Replace
AIR BLOWER	9	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
AIR BOX	10	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Unconfirm
AIR CHAMBER BOX	11	16003002	BUMPER FOG LAMP GARNISH (FRONT RIGHT)	1	Replace
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

Save

Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Monday, 22 June 2020 10:44 AM
To: YT(KB); 'YT(HQ)'; 'YTKB'
Cc: LKK Paya Ubi
Subject: SLJ40P | MT/1094757 (Awarding Letter to Yew Tee Auto)

Importance: High

Hi IDAC and Yew Tee Auto,

Vehicle is currently with the owner

Excess of \$600 is applicable.

Please liaise with the owner – Mr Poh Seng Hock at tel: 9002 9358 on the necessary and **call him to let him know the branch which he can send the vehicle to (he would prefer Kaki Bukit branch)**

Thank you.

Yap Chee Ling (Ms)

Executive

Operations, Motor and Personal Lines

T +65 6430 7893

www.income.com.sg



Our Ref: MT/CA/OD/051/1094757-001/YCL

22 Jun 2020

YEW TEE AUTOMOBILE TECH PTE LTD
399F WOODLANDS ROAD
SINGAPORE 678006
YEW TEE IND EST

Dear Sir

CLAIM NUMBER: MT/1094757-001
REPAIR OF VEHICLE NUMBER: SLJ40P

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

Award Date: 22 Jun 2020

Make: HONDA

Model: VEZEL

Estimated Repair Days: 7

Location: Vehicle is currently with the owner

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

Benefits: Not applicable

Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.