

NATIONAL Assessment Centre Services

Date In 23/06/20	Job description	Date & Time Completed	Done by
Ref No NA/INC20006587/13	SAS e-filing		
Veh No G8E9J65T	E-mail (Within 3hrs / 2hrs)		
DOA 21/06/20 0330	i-Motor Claim Form	MT/1095096-001	
<input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within OD 2hrs TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Lost Control	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%; F: 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 hotline: 6788 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	Actions

NA2003251	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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 23/06/2020 15:26
 Date Of Accident 21/06/2020 03:30
 Exact Location Of Accident CTE/PIE->CHANGI
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9265T
Insured/Policyholder
 Name Of Registered Owner LI KWONG AGENCIES CO
 Co Reg No 2XXXX600A
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-62825169

Vehicle Particulars

Manufacturer NISSAN
 Model CABSTAR
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5108846550-01
 Cover Note Number

Driver

Name of Driver KOH JING WEN
 NRIC No SXXXX343D
 Date Of Birth 09/12/1993
 Occupation INDOOR
 Date Of Driving Pass 21/10/2015
 Driving Experience 4 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96650231
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	60 JALAN NAUNG
Postcode	537718
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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

PLS REFER TO THE ATTACHED 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

SKETCH PLAN

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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.

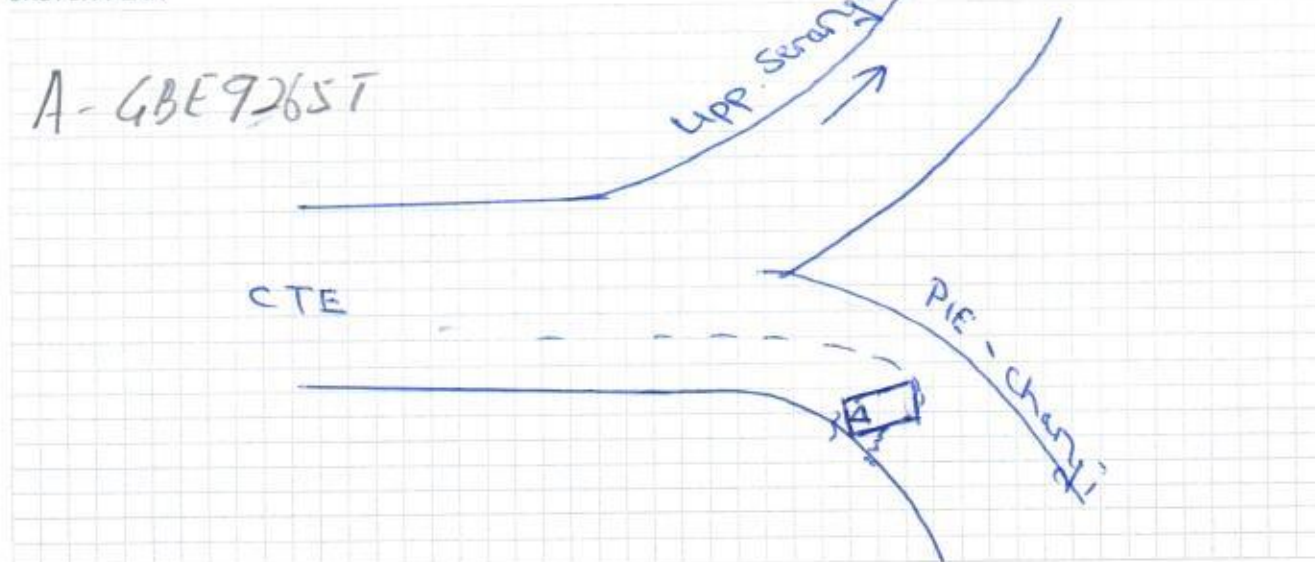


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE after exiting from CTE. Was negotiating the bend when my vehicle lost control, spinned before hitting the side parapet. It was raining & the road was slippery.

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:

Tr

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

Slyn 23/06/20

VEHICLE NO : GBE 9265T		MAKE/MODEL : Nissan Cabstar	
Date of Accident	21/06/20 Time: 3:30 am	Foreign Veh Involved	YES / NO
Location of Accident	CTE / PIE → Changi	Foreign Veh No	
Country of Loss			
Vehicle Damaged		No. of Veh Involved :	
Claim Type	OD / TP / REPORTING	Was There Any Witness	YES / NO
INSURANCE CO		Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	NTUC Income Ins		
Fleet Policy	YES / NO		
		OTHER VEHICLES	
OWNER / CO. NAME	Li Kwong Agencies	VEHICLE B :	NA
NRIC / Co's Reg No.		Category :	
Address	Blk 109 Aljunied Ave 4	Driver's Name :	
	#01-48 (389910)	NRIC No :	
Contact / Mobile No	62825169	Contact No :	
Email Address		No. of Passenger :	
Date of Birth			
Gender	M / F	VEHICLE C :	
DRIVER'S NAME	Koh Jing Wen	Category :	
NRIC No	59347343 D	Driver's Name :	
Address	60 Jln Nanyang	NRIC No :	
	S'pos 537718	Contact No :	
Contact / Mobile No	96650231	No. of Passenger :	
Email Address			
Date of Birth	9.12.1993	VEHICLE D	
Gender	M / F	Category :	
LICENSE PASSED DATE	21.10.2015	Driver's Name :	
		NRIC No :	
Occupation	Indoor / Outdoor	Contact No :	
Relation with Owner	employee	No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others	Video Captured :	Yes / No
Road Surface	Dry / Wet / Others		
INJURED : YES / NO			
Name of Injured :		Police Report :	YES/NO
Convey To Hospital by Ambulance : YES / NO		If YES, Where :	
NO. OF PASSENGERS :			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
REMARKS : Preferred workshop		Contact No	SUCCESS UNITED PTE LTD
Name of Workshop :		Email	2 Kaki Bukit AutoHub
Address :			Kaki Bukit Ave 2, #01-33/#02-29
			Singapore 417921
			Tel: 6746 1515 Fax: 6748 5015

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

21/08/2020 03:30

Vehicle No. (For Motor)

GBE9265T

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108846550-01		LI KWONG AGENCIES CO	21003600A	GCV	Comprehensive	GBE9265T	GBE9265T	29/04/2020	28/04/2021

Continue

Claim Handling

Accident MT/1095096

Policy No.	S108846550-01	Vehicle No.	GBE9265T	GST Registration No.	M9035981
Certificate No.					
Policyholder Name	LI KWONG AGENCIES CO			Policyholder NRIC	210036007
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	82825169	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	23/06/2020 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	21/06/2020	Time of Accident hh:mm	03:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE/PJE->CHANGI				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	10/03/2008		
GST Registration No.	M90359813L	GST Status Verified	Yes		
Modification History	23/06/2020 16:26:23 System changed GST Registration Date from 01/01/2015 to 10/03/2008 23/06/2020 16:26:23 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	BLK 1009 #01-48	Address 2	ALJUNIED AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	389910
Unit No.		Related Policy Number	5101637982-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/12/199
Unnamed driver Name	KOH JING WEN	Driver NRIC	SXXXX343D	Driving Experience	4
Register Date of Driver License	21/10/2015	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	96650231	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	60 JALAN NAUNG	Address 2	MIRAMAR GARDENS	Post Code	537718
Address 4		Address Type	Singapore address		
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

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	LI KWONG AGENCIES CO	In NF
Contact No.(Mobile)	91071212	Contact No. (Home)		Co
Email Address		Oil Vehicle Number	GBE9265T	Nc (D)
Claim Description	GBE9265T / LOST CONTROL ON 21 Jun 2020			
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	TP
Date Registered		Preferred Workshop (refer below)		Nl
Report Taken By	ROSLINDA	GIA report	Received	Na
Print AK letter		Claim Close Date	23/06/2020 16:30	Pr
		Workshop Repairer		Wh
Save Submit				

Attachment

Accident No.	MT/1095096	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/06/2020 00:00
Path *		Category *	Confidential Urgency *
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

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:30	SAS		Normal	SAS 2020-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:30	Photos		Normal	Photos 2020-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:29	Photos		Normal	Photos 2020-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:29	Photos		Normal	Photos 2020-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:29	Photos		Normal	Photos 2020-6-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:29	Photos		Normal	Photos 2020-6-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2020 16:29	Photos		Normal	Photos 2020-6-23

Video List

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

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: GBE 9265T Yr Regn: April / 2016

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

/ Truck / Trailer or _____

Make & Model: Nissan Cabstar c.c 2953

Colour: Silver Transmission Type: Auto / Manual

Eng/No: ED300010909N Sp. Reading: 46840

C/No: JN1SC2F2420858512

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: 195 / 70 R15

R: 155 R13 (double)

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

TOYO / YOKO or _____

Front Firestone Rear Dunlop

R/Bal. S mm R/Bal. S/S mm

L/Bal. S mm L/Bal. S/S 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. 24/06/2020 Time: 1030hrs

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:

GBE 9265 T

- 1.) Front bumper X 1 cut/broken
- 2.) Front bumper bracket ^{left} ~~right~~ X 1 Bt.
- 3.) Front grille X 1 cut / mounty broken
- 4.) —||— emblem X 1 Hec
- 5.) Front left headlamp X 1 broken
- 6.) Front left ~~side~~ corner panel X 1 cut
- 7.) Front left top panel side X 1 dislodged
- 8.) Front left wing mirror square X 1 broken
- 9.) Front left wing mirror round X 1 cut
- 10.) Front left wing mirror arm X 1 broken
- 11.) Front windscreen X 1 crack
- 12.) —||— moulding X 1 Hec
- 13.) Front left door X 1 Bt.
- 14.) Front —||— company sticker X 1 Hec
- 15.) Front ~~front~~ left pillar X 1 repair

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	600A
Vehicle Details	
Vehicle No.:	GBE9265T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Jun 2020
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	ZD30010909N
Chassis No.:	JN15C2F24Z0858512
Maximum Power Output:	-
Open Market Value:	\$24,867.00
Original Registration Date:	29 Apr 2016
First Registration Date:	29 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$1,244.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Apr 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$21,629.00
COE Rebate Amount:	\$12,640.00
Total Rebate Amount:	\$12,640.00

The information contained herein is correct as at 24 Jun 2020

OK

Claim Handling

Accident MT/1095096

LOS SAL SUB

Policy No.5108846550-01

Certificate No.

Policyholder NameLI KWONG AGENCIES CO

Product CodeCOMMERCIAL VEHICLE INSURA

Contact No.(Mobile)0

Email Address

KFK☒ No ☐ Yes

NCD ProtectionNo

Vehicle No.GBE9265T

Cover TypeComprehensive

Contact No.(Office)62825169

Special Remark

TCA☒ No ☐ Yes

NCD Entitlement(%)15

GST Registration No.M90359813L

Policyholder NRIC21003600A

Loading0

Contact No.(Home)0

eCodeNo

eCode Reason

Private HireNo

Accident Details

Report Date23/06/2020 16:22

Date of Accident21/06/2020

Reporting CentreNATIONAL ASSESSMENT CENTR

Accident LocationCTE/PIE-->OKANG

Accident Report Within 24 hrsNo

Time of Accident hh:mm03:30

Orange ForceNo

Accident TypeNo collision

Country of AccidentSingapore

ICM No.

Total Excess Applicable

Excess TypePer Accident

Windscreen Excess100.00

OD Standard Excess600.00

YIED OD Excess1,000.00

Additional Excess

Total OD Excess Applicable1,600.00

TP Standard Excess0.00

YIED TP Excess0.00

Total TP Excess Applicable0.00

Driver is Covered?Covered

Benefits

GST Registered Information

GST RegisteredYes

GST Registration No.M90359813L

Modification History23/06/2020 16:26:23 System changed GST Registration Date from 01/01/2015 to 10/03/2008
23/06/2020 16:26:23 System changed GST Status Verified from No to Yes

GST Registration Date10/03/2008

GST Status VerifiedYes

Policyholder Mailing Address

Address 1BLK 1009 #01-48

Address 2ALJUNIED AVENUE 4

Address 3SINGAPORE 389910

Address 4

Unit No.

Address TypeSingapore address

Related Policy Number5101637982-02

Post Code389910

O1 Driver Info

Driver NameUnnamed Driver

Unnamed driver NameKOH JING WEN

Register Date of Driver License21/10/2015

Contact No.(Mobile)96650231

Address 160 JALAN NAUNG

Address 4

Unit No.

Does he own a Singapore Registered car?☒ Yes ☐ No

Driver TypeUnnamed Driver

Driver NRICS9347343D

Driver Age26

Contact No.(Office)0

Address 2MIRAMAR GARDENS

Address TypeSingapore address

Driver Vehicle No.

Driver DOB09/12/1993

Driving Experience4

Contact No.(Home)0

Address 3SINGAPORE 537718

Post Code537718

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?0 mg

Any injury?☐ Yes ☒ No

Modification History24/06/2020 10:54 s025755 Modify Accident Type(Others-->No collision)
24/06/2020 10:54 s025755 Modify Driver NRIC(SXXXX343D-->S9347343D)
24/06/2020 10:54 s025755 Modify Accident Report Within 24 hrs(Yes-->No)

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim TypeOD-MD

Contact No.(Mobile)91071212

Email Address

Claim DescriptionGBE9265T / LOST CONTROL ON 21-Jun 2020.

Preferred Workshop

Preferred Repair Option

Preferred Workshop (refer below)

Insured Workshop report

Fully at Reputed

Date Registered23/06/2020 16:31

Report Taken ByROSLINDA

Print AK letter☐

Modification History24/06/2020 12:27 s004420 Modify TP Vehicle No(LOST CONTROL-->self-skidded)

Insured NameLI KWONG AGENCIES CO

Contact No.(Home)

O1 Vehicle NumberGBE9265T

Insured NRIC21003600A

Contact No.(Office)62825169

TP Vehicle Numberself-skidded

Name of Preferred WorkshopSUCCESS UNITED PTE LTD

Date Received24/06/2020 16:35

Total Loss but Repaired

OD Excess Collected by Workshop

Special Claim Creation Approval

Approval

Reason

Remarks

damage assessment

Attachment

Vehicle Info

Vehicle MakeNISSAN

Date of Registration29/04/2016

Vehicle ModelCABSTAR

Classis No.JN1SC2F24Z0858512

Engine Capacity1.7

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

1/2

Towing Required *

☒ Yes ☐ No

Type of Tender *

Own Damage

IDAC/Workshop Name

NATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value(\$)

Vehicle in IDAC *

☒ Yes ☐ No

Assessor Name *

BRYAN

IDAC/Workshop Location

51 UBE AVENUE 1 #01-25 PAYA

Total Loss *

☐ Yes ☒ No

Scrape Value(\$)

Parallel Import *

☐ Yes ☒ No

Survey Current Status

Economical Repair Value(\$)

Remark

NO OF REPAIR:06 DAYS:FRT GRILLE EMBLEM-REPLACE,FRT LEFT TOP PANEL SIDE-REPLACE,FRT LEFT WING MIRROR SQUARE-REPLACE,FRT LEFT WING MIRROR ROUND-REPLACE,FRT LEFT WING MIRROR ARM-REPLACE,FRT WINDSCREEN-REPLACE,FRT WINDSCREEN MOULDING-REPLACE,FRT LEFT DOOR COMPANY STICKER-REPLACE

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	16000101	BUMPER (FRONT)	1	Replace	X
ABS	2	16001301	BUMPER BRACKET (FRONT LEFT)	1	Replace	X
ABSORBER	3	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
ACCELERATOR	4	27700101	HEAD LAMP (LEFT)	1	Replace	X
ACTUATOR	5	21300101	CORNER PANEL (FRONT LEFT)	1	Replace	X
ADVERTISEMENT STICKER	6	23300201	DOOR (FRONT LEFT)	1	Replace	X
AIR BAG	7	33100101	PILLAR (FRONT LEFT)	1	Repair	X
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						

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: 5B69265T Date In: 26/06/20 Time In: _____ with Keys: Yes / No _____

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Bodyfix Autopoint

Collection Date: 26/06/20 Time: 1440 with Keys: Yes / No _____

Tow Truck No: YN7844K Tow Man: Jody Lico NRIC: B22610 C

Signature: A 96691023

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: Friday, 26 June 2020 1:54 PM
To: NAC ; AutoPoint
Subject: GBE9265T, OD claim no : MT/1095096

Importance: High

Dear IDAC and AutoPoint,

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

Dear AutoPoint,

OD excess of \$1,600/- (std : \$600/-, further excess : \$1,000/-) is applicable, pls assist to liaise with contact person Mrs Koh at tel : 94784233.

No survey required only for this repair works.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher 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/051/1095096-001/TSC
26 Jun 2020
AMK AUTOPOINT PTE LTD
BLK 10 ANG MO KIO INDUSTRIAL PARK 2A
#01-22 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1095096-001

REPAIR OF VEHICLE NUMBER: GBE9265T

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

Award Date: 26 Jun 2020

Make: NISSAN

Model: CABSTAR

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: 1600

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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