NATIONAL Assessment Centre	e Services	[wrf Jan'03] .	(* - p 2)	(3 (1.3)
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TP Particulars: Veli No;	5452717	O . INC()/Non-INC()	
Owner / Driver: (Tel:)
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Notice 11	1	Involve dated	Fee Charged	MARKET SA

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.

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

ACCIDENT STATEMENT

Date Of Report 25/06/2020 17:20 Date Of Accident 25/06/2020 13:10 Exact Location Of Accident 155 SIMEI RD Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS3823D

Insured/Policyholder

Name Of Registered Owner KOH WEE NGEE (GU WEIYI)

NRIC No SXXXX575B Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-83983188 Alternative Phone No OTHERS-83983188

Vehicle Particulars

Manufacturer TOYOTA Model VIOS

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy YES for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

PRIVATE USE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5115017210

Cover Note Number

Driver

Name of Driver KOH WEE NGEE (GU WEIYI)

NRIC No SXXXX575B Date Of Birth 02/04/1976 Occupation OUTDOOR Date Of Driving Pass 04/01/2013

Driving Experience 7 YEARS AND 5 MONTHS

Gender

Mobile Number (LOCAL) +65-83983188

Fax Number

Contact Number OTHERS-83983188

EMail Address NOEMAIL

BLK 116 BUKIT MERAH VIEW Address

#04-235

Postcode 151116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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

I WAS TRAVELLING FROM SIMEI RD TURNING RIGHT INTO THE CARPARK OF BLK 155 - 162, WHILE MAKING A RIGHT TURN SUDDENLY VEH B CAME AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF2717D Vehicle Make/Model/Colour TOYOTA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LIM KAH HIN

NRIC/Passport Number

Contact Number 83994224

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 16

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode KOH WEE NGEE (GU WEIYI)

SLIGHT

SJS3823D

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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:
 - 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:

25/Jun/2020

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

Reporting centre Personnel's Signature

Name: NRIC/FIN No.:

GIARMIC SketchPlanForm V3

DECLARATION

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

Policyholder's Signature

Date & Time:

25/Jun 12020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

2

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	IDENT DATE: 25	/San, 2020 11	DD/MM/YYYY),	TIME: (3 : 10)(HH:MM)
		Simei 1			
1	. DETAILS OF VEH	HICLE			
	a) VEHICLE NUI	MBER:	HHD	SSS 3823D)
	b)INSURANCE		NTUC		
96	c)POLICY NUM	BER: Coh	Wee M	gee	
	d)POLICY TYPE:	(COMPREHENSIVE	E / THIRD PART	Y / THIRD PARTY FI	RE &THEFT)
	e)MAKE & MOD	DEL:	Toyota	Vios	
	f)TYPE:(SALOON	V / COUPE / MPV /	VAN/LORRY	/ MOTORCYCLE /	OTHERS)
	g) VEHICLE CAT	EGORY: (PRIVATE /	COMMERCIA	L / MOTORCYCLE)
	h)PURPOSE OF	USING AT ACCIDE	NT TIME:_PIF	SN ALE MZ	18
	I) ARE YOU CLAI	MING UNDER YOU	IP OWN INSURA	ANCE (YES/NO)	
2040	IF NO, PLEASE	STATE (THIRD PART	Y CLAIM / REP.	ORTING ONLY)	
2.	INSURED / POLICE		NGEE		
			CO CLED	(MALE) E	EMALE)
	b) NRIC/FIN/PAS	SPORT: STO	0937115	CONTACT:	1378 3108
767 15 55	c)ADDRESS:				
	* CONTINUE TO	3.d IF DRIVER ALSO	POHCY HOLE)	1
The of passanga,	DRIVER			JER	
(Including driver)		AS ABOV	15	(MALE / FI	ENALLE)
	b)NRIC/FIN/PASS	SPORT:		CONTACT:	-MALL)
(T)	cJADDRESS:	70			
80	*d)DATE OF BIRT	4.107-164. D	9 1/2 1/22 1/11	1 22 24 24 24	
57		: (INDOOR / OUTD	9 16)(DD/MA	M/YYYY)	
		ING EXPRERIENCE		15	
4.		N EMPLOYEE OF		S COMPANY? (Y	ES (NO)
	IF NO, RELATIO	NSHIP OF THE D	RIVER WITH	INSURED: OW	HEE
5.	a) WEATHER CON	NDITION: (CLEAR /	RAINING / OTH	HERS	
	b)ROAD SURFAC	E: (DRY / WET / OT	THERS	***************************************	
		NJURED (YES / NO			
7.	a)REPORTED TO F	POLICE (YES / NO)		3	
		TATE WHICH POLICE	CE STATION:		
He of passenger	THIRD PARTY VEHI	ICLE SIKOT	IZD	MODEL: Toyot	AITIS
in of lassender	a) VEHICLE NUM	ABER: DUE Z T	H 110	MODEL: 1990	a men
Industing driver)	c) NRIC/FIN/PA	ME: LIM KA	the last and the l	039	9 11070
()	THIRD PARTY VEHI	33FOK1	*******	CONTACT: 839	14264
	d) VEHICLE NUM		29	MODEL:	
No of passenger				VIODEL:	
Including driver)	f) NRIC/FIN/PA	SSPORT.		CONTACT:	+2
()				CONTACT:	11
	190	* 15			
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Cimail =

Pax =

VIDEO =



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115017210

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS3823D

Chassis Number

: MR053HY9305125260

2. Name of Policyholder

: KOH WEE NGEE (GU WEIYI)

3. Effective Date of Insurance

: 19 Dec 2019

4. Expiry Date of Insurance

18 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: S\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

LINNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF : NO : YES

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE

: NO : NO

EXCESS WAIVER PRIMARY DRIVER

: KOH WEE NGEE (GU WEIYI)

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A : WSJ CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 19 Dec 2019 14:40 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling Accident MT/1095397

Policy No.									
Certificate No.	5115017210		Vehicle No.	52538230		GST R	egistration No).	
Policyhalder Name	Note to the street of the street	AND THE RESERVE OF THE PERSON							
Product Code	KOH WEE NGEE (GU WE)					Policyt	older NRIC		576095
	PRIVATE CAR INSURANCE	E	Cover Type	drivo CLASSII	0)	Loadin			0
Contact No.(Mobile) Email Address	83983188		Contact No.(Office)				t No.(Home)		
			Special Remark			eCode			100
KFK	No Yes		TCA	No Yes			Reason		No Y
NCD Protection	No		NCD Entitlement(%)	0		Private			27
Accident Details						Privace	Hite		No
Report Date	26/06/2020 14:35		Accident Report Within 24 hrs	Yes		12000	CHEACA		7071 SEWISS
Date of Accident	25/06/2020		Time of Accident hh:mm				nt Type		Side Swip
Reporting Centre			Orange Force	13:10			y of Accident		Singapore
Accident Location	155 SIMEL RD		ordings raice			ICM No	60		
→ Total Excess Applicable									
Excess Type	Per Accident		We e e						
			Windscreen Excess		108.00				
OD Standard Excess	6	00.00	TP Standard Excess						
YIED OD Excess		0.00	YIED TP Excess		0.00				
Additional Excess		0.00	THEO IF EXCESS		0.00	Driver i	s Covered?	3	Covered
Total OD Excess Applicable			Spring and property and the second of						
₩ Benefits	- 60	00.00	Total TP Excess Applicable		0.00				
	200								
GST Registered	AND THE RESERVE TO THE PARTY OF								
GST Registration No.	No			GST R	egistration Date				
				GST SI	tatus Verified		Yes:		
Modification History									
→ Policyholder Mailing Add	iress								
Address 1	BuK 122 #16-78		Address 2	KIM TIAN RD		Address	2		***
Address 4			Address Type	Singapore addre	168				SINGAPOR
Unit No.			Related Policy Number	5115017210		Post Cod	e		160122
OI Driver Info			A SERVICE DATE OF THE SERVICE OF THE	33130377210					
Oriver Name	KOH WEE NGEE (GU WEIYI)	3	Driver Type	Main Driver					
Unnamed driver Name			Driver NRIC						
Register Date of Driver License	04/01/2013		Driver Age	57609575B		Driver D	OB	0	2/04/197
Contact No.(Mobile)	83983188			44		Driving E	xperience	7	
Address 1			Contact No.(Office)			Contact I	No.(Home)		
Address 4	BLK 116 #04-235		Address 2	BUKIT MERAH V	riew	Address	3		ENGAPOR
			Address Type	Singapore addre					
			Address type	amgapore addre	ss	Post Cod	e /	13	51116
Unit No.	04-235		The state of the s	amgapore addre	55	Post Cod		- 1	151116
	04-235 Yes @ No		Driver Vehicle No.	angopore abure	56		e surer Compar		151116
Unit No. Does he own a Singapore Registered car?				angapore acure	55				151116
Unit No. Does he own a Singapore Registered car? Declaration	Yes No			angapore addre	55				51116
Unit No. Does he own a Singapore				Yes No	56				51116
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes No		Driver Vehicle No.		56				51116
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 002 OD-MD New Claim Type *	Yes No		Driver Vehicle No.		OD-MD	Driver In	surer Compar		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 002 OD-MD New Claim Type *	Yes No		Driver Vehicle No.			Driver In Insured Name Contact	KOH WEE	עד	(T) Inc
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim OD2 OD-MD New Claim Type * Contact No.(Mobile)	Yes No		Driver Vehicle No.			Insured Name Contact No. (Home)	surer Compar	עד	T) In NF Co
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim OD2 OD-MD New Claim Type * Contact No.(Mobile)	Yes No		Driver Vehicle No.			Insured Name Contact No. (Home) OI Vehicle	KOH WEE	עד	(I) In F
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim OD2 OD-MD Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Signature No. Treathalyser or Blood Test Reading?	Ves No O mg Insured Liabil Prairrered V Repair incom	Fully at Fault	Driver Vehicle No. Any injury?	⊘ Yes ⊗ No	00-MD 53538230 / SLF2717D	Insured Name Contact No. (Home) OI Vehicle Number ON 25 Jun 2020	KOH WEE	עד	T) Inv
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim OD2 OD-MD New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Vorkshop Brauthalyser or Blood Test Reading? Print AK (etter Attachment	Ves ■ No O mg Insured Liability Preference Repair Option Incom	Fully at Fault	Any injury? GIA Received Claim No.	⊘ Yes ∰ No	00-MD 53538230 / SLF2717D 26/06/2020 14:53 ROSLINDA	Insured Name Contact No. (Home) OI Whice Number ON 25 Jun 2020 Claim Close Date Workshop	KOH WEE	עד	(T) In NF ON NE ON NE NE ON NE
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 002 OD-MD New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Sequet No. Yes Joec Registered Report Taken By Print AK letter Attachment V coldent No. Bit Doc. Received Choose File No file chosen Choose File No file chosen	Ves ■ No O mg Insured Liabil Preference V Repair Incom Option MT/L095397 ® Yes ○ No	ne to assign workshop	Any injury? GIA Received Claim No.	Yes No	00-MD 53538230 / SLF2717D 26/06/2020 14:53 ROSLINDA 002 26/06/2020 00:00 Category *	Insured Name Contact No. (Horme) OI Vehicle Number ON 25 Jun 2020 Claim Close Date Workshop Repeirer Cont	KOH WEE 62784637 SJS3823D	Urgency +	In I
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Clear	Please Select	~	NO	~	Normai	~

(Said 177)		Iploaded By/Date	Category	Ŷ	Urgency	Description
OIL AC	ANCTANA_DOL_BUGGOT(NA.	TIONAL ASSESSMENT CENTRE SERVICES) on 6 Jun 2020 14:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-2
603	NAC_PAYA_UBI_800601(NAT 2	FIONAL ASSESSMENT CENTRE SERVICES) on 6 Jun 2020 14:52	SAS		Normal	SAS 2020-6-26
S	NAC_PAYA_UBI_800601(NAT 2	TIONAL ASSESSMENT CENTRE SERVICES) on 6 Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
A.	NAC_PAYA_UBI_800601(NAT 20	FIONAL ASSESSMENT CENTRE SERVICES) on 5 Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
13	NAC_PAYA_UBI_800601(NAT 26	TONAL ASSESSMENT CENTRE SERVICES) on 5 Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
	NAC_PAYA_UBI_800601(NAT 26	TONAL ASSESSMENT CENTRE SERVICES) on 5 Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
	NAC_PAYA_UB1_800601(NAT 26	TONAL ASSESSMENT CENTRE SERVICES) on 1 Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
	NAC_PAYA_UBI_800601(NAT 26	IONAL ASSESSMENT CENTRE SERVICES) on Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
	NAC_PAYA_UBI_800601(NAT 26	IONAL ASSESSMENT CENTRE SERVICES) on Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
18	NAC_PAYA_UBI_800601(NAT 26	IONAL ASSESSMENT CENTRE SERVICES) on Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
5	NAC_PAYA_UBI_800601(NAT. 26	CONAL ASSESSMENT CENTRE SERVICES) on Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
	NAC_PAYA_UBI_800601(NAT: 26	ONAL ASSESSMENT CENTRE SERVICES) on Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
2197	NAC_PAYA_UBI_800601(NATI 26	ONAL ASSESSMENT CENTRE SERVICES) on Jun 2020 14:52	Photos		Normal	Photos 2020-6-26
Video List	Uploaded By/Date					9 Source

Display in New Window Scan and uploading

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Acciden	<u>t:</u>			By Assessor- 1) Vehicle Information COE Hug 20
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: SJ83823 D Yr Regn: 2009/Aw
a) Motorcar ()	a) Pedestrian	()	Type: M. Gar / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or
c) Bicycle ()				Make & Model: Togata Viog c.c 1497
3) Vehicle hit Road Side Objects:				Colour Stlv Transmission Type: Auto / Manual
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: 1N2 X952644 Sp.Reading: 131666
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: MR053HY9305125260
4) Vehicle drop into drain		()	Gen. Cond: Good / Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering: Increer / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	()	Brake: Incer / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil (S/R)m / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 195/60 215
a) Vandalism ()	b) Hit by Moving Object	()	R: -1,-
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()	TOYO/YOKO OF Avivo
	when recovered.			Front Rear
8) Fire				R/Bal. 6 mm R/Bal. 6 mm
a) Whilst driving ()	b) Parked	()	L/Bal. 6 mm L/Bal. 6 mm
9) Accident date more than 24hrs		1)	Parallel Import: Yes / (No) Towed-In: (Yes V No
		AS:	e.	Repair Type: (S) I.B.I Towing Required: (es) No
Remarks for internal information				1
The second internal information		-		
		138		D.O.I. 26 06 2020 Time: 1200 hrs
			-	W. S
		-	-	By Assessor- 2) Comments
	- X			Damages not due to recent accident.
D-wester to the state of the st				2) Damages do not seem hit onto:
Remarks to appear in Works Order	& Assessment report		0	a.Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on ()				h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()				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 ()
-	6			Time Started: Time completed:
				1) CSO
				2) ASS
				3) Entire Operation Completed Time:
		-	27.77	The state of the s

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Venicie
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	575B
Vehicle No.:	SJS3823D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Jun 2020
Vehicle Make:	TOYOTA
Vehicle Model:	
Primary Colour:	VIOS E AUTO
Manufacturing Year:	Silver
Engine No.:	2009
Chassis No.:	1NZX952641
Maximum Power Output:	MR053HY9305125260
Open Market Value:	80.0 kW (107 bhp)
Original Registration Date:	\$12,717.00
First Registration Date:	13 Aug 2009
Transfer Count:	13 Aug 2009
Actual ARF Paid:	4
Intended PARF Rebate Details	\$12,717.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	Fortelled
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	New April 2000 Control
COE Category:	12 Aug 2024
COE Period(Years):	A - Car (1600cc & below)
PQP Paid:	5
COE Rebate Amount:	\$14,664.00
otal Rebate Amount:	\$12,109.00
Message	\$12,109.00
Please note that the 5-year COE for this vehicle cannot be wehicle reaches its statutory lifespan (if applicable), which	be further renewed. The vehicle must be de-registered upon COE expiry or when the

vehicle reaches its statutory lifespan (if applicable), whichever is earlier. The information contained herein is correct as at 26 Jun 2020

SJ8 3823D

Page (1)

- 1.) Front number plate X 1 distolph
- 2.1 ___ (Asing X 1 duslodged
- 3.) Rout bumps X 1 disladjed
- 4.) _ 11 Side bradet RH X 1 WH
- 5.) _ 11 lower grille X 1 disladyl
- 6.) 11- st fog lamp rovn LH (RH X2 dislodged
- 7.) _ 11 tow hook cover X 1 dyslodged
- 8.) ___ II _ emblem × 1 dislodper
- 9.) Rehister grille X 1 distadged
- 10.) Front Binnet X 1 Bt
- 11.) ____ 10- lock × 1 Bt
- 12) ____ LH/2H hinge X 2 Bt.
- 13.) Root RH Jerdy X 1 Deutral
- 14.) Front RH LH Jendy inner shortd X 2 toruschik
- 15.) Root RH Jendy emblem X 1 Nec

- 16.) Rent bumps leinforcement × 1 Bnc
- 17.) ____ 1(- brouds LH|RH X 2 Bt.
- 18.) Front headlamp LH RH X 2 mindy booken Soletuld
- 19.) Front undriver * LH[RH X 2 defined
- 20.) Horn X Z broken
- 21.) Roat sypport penel X 1 Bt.
- 22.) Front lower penel X 1 Bt
- 23.) Rout headlamp top panel HI/RH X 2 Bt.
- 24.) Air conders y 1 Pst (Another
- 25.) Reductor X 1 B+ | punctured
- 26.) Reductor Riviguide XI broken
- 27.) I viper weather tenk x 1 deformed.
- 28.) Redutor top hose x 1 ditmed
- 29.) Reductor bottom hose X 1 defined
- 30.) Rabbon for assembly x 1?
- 31.) Redwar Wesenton tenk XI? Vesenton Spere

P2 (3)

32.) Alvion Pipe X 1 ?

33.) Rent Lot fonder y tepair

33.) Front LH/RH Jug lemp ?

34.) Front LH Jendy X 1 Vepc.v

35.) Front RH chassis XI reper

36.

5115017210	Vehicle No.	SJS3823D		GST Registration	n No.		
					5.5516		
KOH WEE NGEE (GU WEIYI)				Policyholder NR	IC \$7609	5758	
PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0		
83983188	Contact No.(Office)			Contact No.(Hor	ne)		
	Special Remark			eCode	No V		
No Yes	TCA	No Yes			1000		
No.	NCD Entitlement(%)	D		Private Hire	No		
				CONTRACTOR	901949		
26/05/2020 14:35	Accident Report Within 24 hrs	Yes		Accident Type	Side S	wipe	
25/06/2020	Time of Accident hh:mm	13:10			dent Singa	pore	
NATIONAL ASSESSMENT CENTI	Orange Force	No		ICM No.			
155 SIMEI RD							
•			186.40				-
Per Accident	Windscreen Excess		100.00				
600.00	TP Standard Excess		0.00				
			0.00	Driver is Covere	ed? Cover	ed	
	D177501000Ta160CF41						
600.00	Total TP Excess Applicable		0.00				
mation			of the control of the				
No -							
		GST Status V	erified	Yes			
	Antress 2	KIM TIAN RD		Address 3	SING	APORE 160122	
B.K 122 #16-78				Post Code			
	heraces rone; mannes						
KOH WEE NGEE (GU WEIYI)	Driver Type	Main Driver					
	Driver NRIC	\$7609575B		Driver DOB	02/0	4/1976	
08/01/2013	Driver Age	44		Driving Experie	nce 7		
	100 10 00 00 00 00 00 00 00 00 00 00 00			Contact No.(Ho	me)		
		BLISTT MEDAN VIEW	7			APORE 151116	
BLK 110 #04-235				Post Code	1511	16	
04.335	The same of the sa						
	Driver Vehicle No.			Driver Insurer	Company		
A 1,175 (1925)							
0 mg	Any Injury?	Yes No					
						60	05 SAL
Tan Slew Choo	NAME OF THE OWNER OWNER OF THE OWNER OWNE		1177 - Consultation 2 - 11		Lawrence Ministry		
	OD-ND			WEIAL)	Contact No.	2/8042/30	
		(Home)			(Office)		
		OI Vehicle Number	5J53823D			SLF2717D	
	SJ53823D / SLF2717D ON 25 Jun	2020			Workshop		
Insured Fully							
assign report Reselved							
workshop report	26/06/2020 14:54	Claim Close Date			Date Received	26/06/2020 15:41	
		Workshop			Total Loss but Repaired		
	web-1804000	Repairer			OD Excess		
					Collected by Workshop		
PETTE CONTROL OF THE PETTE OF T							
n Approval	Basens						
	Reason						
W b							
Attachment							
Attachment							
	## No Yes	### Contact No. (Office) Special Remark TCA	### No Yes	Contact No. Office	Contact No. Office Special Semant Contact No. Office Contact No. Office	Contact No. (Office)	Contact No.(Office) Special Rename Special Rename

Towing Required *	₩ Yes ○ No	Vehicle in IDAC +	∀es ○ No	Parallel Import +	○ Yes ® No
Type of Tender	Own Damage 💙	Assessor Name *	BRYAN	Survey Current Status	
DAC/Workshop Name	NATIONAL ASSESSMENT CENTE.	IDAC/Workshop Location	SI UBI AVENUE 1 #QI+25 PAYA	Santa Santa Santas	
Vindscreen Verts & Labour Cost		Total Loss *	O yes ® No		
larket alue(\$)		Scrape Value(\$)		Economical Repair Value(\$)	
emark	NO OF REPAIR:08 DAYS: FRT NUMBE BUMPER REINFORCEMENT BRACKET- PIPE-UNCONFIRM,	R PLATE CASING-REPLACE, FRT BUN REPLACE, FRONT LH/RH UNDERCOV	IPER LOWER GRILLE-REPLACE, FRT BUMPE FER-REPLACE, FRT LOWER PANEL-REPLACE	R TOW HOOK COVER-REPLACE, FRT R , FRT LH/RH HEADLAMP TOP PANEL-RI	H FENDER EMBLEM-REPLACE, FRT RHYLH EPLACE, RADIATOR AIRGUIDE-REPLACE, AIR

Remark for Supplementary

Not Applicable ABS		Part No.	Description				
600000000000000000000000000000000000000	1	32200101		Qty •	Repair Co	de *	
	25.7		NUMBER PLATE (FRONT)	1	Replace	~	
ABSORBER	2	16000101	BUMPER (FRONT)	1	Replace	~	
ACCELERATOR	31	16001302	BUMPER BRACKET (FRONT RIGHT)	1	Replace	~	
ACTUATOR	4	16002901	SUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	~	
ADVERTISEMENT STICKER	- 5	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)		potential and the second		
AIR BAG	6	149001		1	Replace	~	
AIR BLOWER		149001	BONNET	1	Replace	~	
AR BOX AR CHAMBER BOX	7	14903401	BONNET LOCK (LOWER)	1	Replace		
AIR CLEANER		14902201	BONNET HINGE (LEFT)	1	Replace	v	
AIR COMPRESSOR		14902202	BONNET HINGE (RIGHT)				
AIR CON				1	Replace	~	
AIR CON (VAN)	10	25400103	FENDER (FRONT RIGHT)	1	Replace	~	
AIR COOLER	11	25400901	FENDER INNER SHIELD (FRONT LEFT)	-1	Replace	~	
AIR DISTRIBUTOR	12	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	¥	
AIR FILTER	13	16005001	BUMPER REINFORCEMENT (FRONT)				
AIR FLOW	14			1	Replace	~	
AIR GRILLE AIR HORN		27700101	HEAD LAMP (LEFT)	1	Replace	~	
AIR INTAKE	15	27700102	HEAD LAMP (RIGHT)	1	Replace	~	
AIR RESONATOR BOX	36	16002601	BUMPER EMBLEM (FRONT)	1	Replace	~	N.
AR THROTTLE BODY AND SENSOR	17	344016	RADIATOR GRILLE		1000	100000	
ALARM	18			1	Replace	*	
ALTERNATOR		28500101	HORN (LEFT)	1	Replace	*	- 9
ALUMINIUM PANEL - SIDE	19	28500102	HORN (RIGHT)	1	Replace	*	
AMPLIFIER	20	41300101	SUPPORT PANEL (FRONT)	1	Replace		- 1
ANTENNA ANTI ROLL	21	112023	AIR CON CONDENSER	1	Replace		200
APRON	22	344001	The second secon		pi-	٧	
ARCH			RADIATOR	1	Replace	~	1
ARM REST	23	454012	WIPER WASHER TANK	1	Replace	~	- 1
ASH TRAY	24	34402802	RADIATOR HOSE (TOP)	1	Replace	v	- 1
AUTO CLUTCH	25	34402801	RADIATOR HOSE (BOTTOM)	1	Replace	~	1
AUTO COOLER PIPE	26	344008	RADIATOR FAN	1		-	
AUTO CRUISE MOTOR AUTO TRANSMISSION	- 27	344032		-	Unconfirm	~	- 1
AXLE			RADIATOR SPARE TANK	1	Unconfirm	•	4
BACK REST (M/C)	28	25700101	FOG LAMP (LEFT)	1	Unconfirm	v	
BACK SEAT	29	25700102	FOG LAMP (RIGHT)	1	Unconfirm	~	Ť
To street	38	25400102	FENDER (FRONT LEFT)	1	Repair	~	
	31	19600502	CHASSIS MEMBER (FRONT RIGHT)	- 1	Repair	~	i



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		F-2-422	2762	
Vehicle No: 899 3822 1	Date In:	clarivo: _	Time In:	with Keys: Yes/No
			For Office us	e
			Attended by:_	
Workshop Collection of Vehicle				
Workshop: Clew Goon	auto F	pint		-
Collection Date: 30 - 6 - 20	Time:	10:00an	with Keys: Yes/No	
Tow Truck No: YP 6246M	Tow Man:	THAN W	AYAUNG NRIC:	66711405
Signature:	83044	084		AV.
For office use		,		
Attended by:			Approved by:	
Workshop Return of Vehicle			41	17/
Workshop:		Fag.	K	
Returned Date:	Time:	w	ith Key: Yes / No	
Tow In / Drive In ow Man / Workshop Representative:		8	NRIC:	E.
ignature:			For office use	•
Si di Si			Attended by: _	
wner Collection of Vehicle	Œ.			
ollection Date:	Time:	w	ith Key: Yes/No	
wner:	1	NRIC:		
gnature:				12
or office use				
	973	83	Approved by	:

LKK Paya Ubi

From:

Tan Siew Choo <siewchoo.tan@income.com.sg>

Sent:

Monday, 29 June 2020 5:37 PM

To:

NAC

Subject:

RE: SJS3823D, OD claim no : MT/1095397

Pls take note that owner's handphone should be 89383188.

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



From: Tan Siew Choo

Sent: Monday, 29 June 2020 5:33 PM

To: NAC <rspu@lkkauto.com>; Chew Goon-Xiao Yan (ad5@chewgoonmotor.com.sg)

<ad5@chewgoonmotor.com.sg>; 'Chew Goon Motor - Mrs Chew' <chewgoon@singnet.com.sg>; Chew Goon

- Eric (eric@chewgoonmotor.com.sg) <eric@chewgoonmotor.com.sg>; Chew Goon-Aaron

<aaronm3@hotmail.com>

Subject: SJS3823D, OD claim no: MT/1095397

Importance: High

Dear IDAC and Chew Goon,

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

Dear Chew Goon,

OD excess of \$600/- is applicable, pls assist to liaise with owner Mr Koh at tel: 89383188.

No survey required only for this repair works.

Pls ensure that you return veh back to owner after <u>8 working days</u> as he needs veh urgently for work and he is renting a veh at the moment.

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/051/1095397-002/TSC 29 Jun 2020 CHEW GOON MOTOR BLK 10 AMK IND PARK 2A AVE 5 #01-15,16&17 AMK AUTOPOINT SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1095397-002

REPAIR OF VEHICLE NUMBER: SJS3823D

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

follows:

Award Date: 29 Jun 2020

Make: TOYOTA Model: VIOS

Estimated Repair Days: 8

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President Motor Insurance

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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.