

Date In	Job description	Date & Time Completed	Done by
29/16/20 09:03	SAS e-filing		
Ref No: MA/INC 2000 6742164	E-mail (within 3hrs, AIC 2hrs)		
Web No: SCG 933K	I-Motor Claim Form	MT11095567 ⁰⁰¹	29/16/20 14:58
IPDA: 27/16/20 13:40	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - IP / Reporting Only	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: Vch No: **SG 5105L** 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	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

Claimants Particulars	Invoice Preparation Checklist	Amount (\$)	Actual (\$)
MA 2003422	1) AR: Accident Reporting (\$30)	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	80.00	
Contact No:	3) TP: Towing Fee	540/545	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:	For claimant's request INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idax DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repairs Co-ordination	\$10	10.00
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Co-ordination	\$3	
	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idax Mobile	30	
	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	29/06/2020 09:03
Date Of Accident	27/06/2020 13:40
Exact Location Of Accident	OLD AIRPORD RD TURN TO MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG933K
Insured/Policyholder	
Name Of Registered Owner	TAN PENG YEOW
NRIC No	SXXXX895B
Email Address	PYTAN23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93673928
Alternative Phone No	OFFICE-93673928

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
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	5095236575-02
Cover Note Number	

Driver

Name of Driver	TAN PENG YEOW
NRIC No	SXXXX895B
Date Of Birth	10/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/02/1993
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93673928
Fax Number	
Contact Number	OFFICE-93673928
EMail Address	PYTAN23@GMAIL.COM

Address	28 MARGATE RD
Postcode	438068
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5105L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ABDULLAH BIN ISMAIL
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.



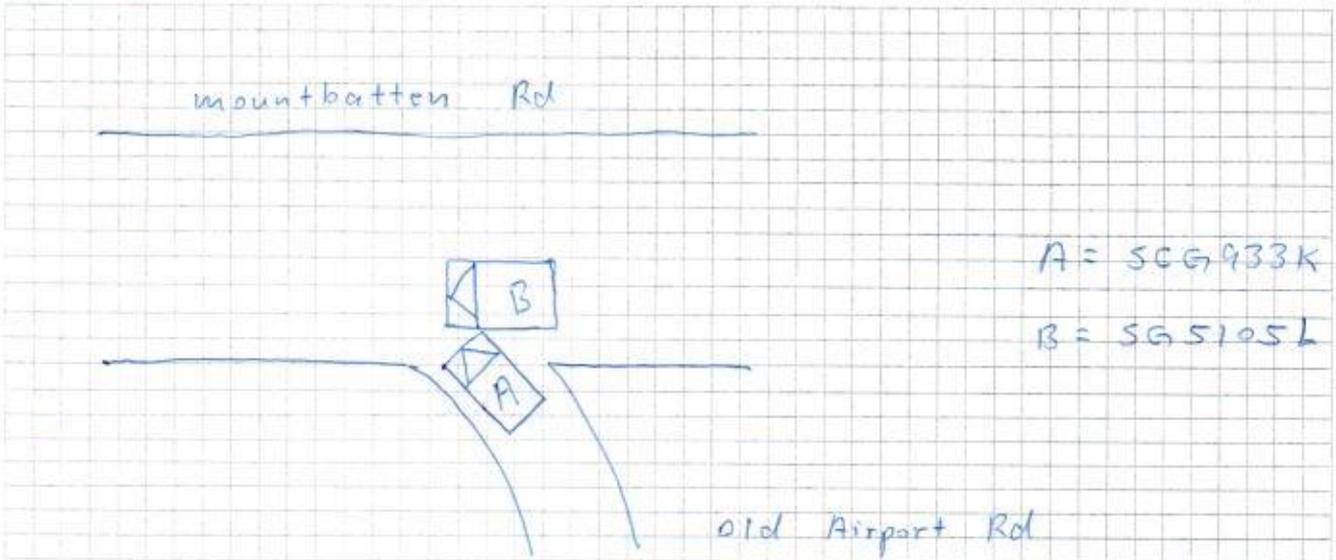
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along old Airport Rd at the Slip Rd twds mountbatten Rd, there was some tree on my right side blocking my view, when I inched out to the main road, suddenly the Bus coming from the main road and hit onto my Veh right front portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095236575-02		TAN PENG YEOW	S1757895B	GPC	drive CLASSIC	SCG933K	SCG933K	25/10/2019	24/10/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (27/ 6/ 20) (DD/MM/YYYY), TIME: (13 : 40) (HH:MM)

LOCATION: Old Airport Rd turn to Mount Battery Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGG 933K
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: Tan Peng Yeow (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S757895B CONTACT: 9367 3928
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: SG 5105 L MODEL: _____
b) DRIVER'S NAME: Abdullah Bin Ismail
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

VIDEO =

Yes

Claim Handling

Accident MT/1095567

Policy No.	5095236575-02	Vehicle No.	SCG933K	GST Registrati
Certificate No.				
Policyholder Name	TAN PENG YEOW			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93673928	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	29/06/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/06/2020	Time of Accident hh:mm	13:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	OLD AIRPORD RD TURN TO MOUNTBATTEN RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	
Transport Allowance		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	28 MARGATE ROAD	Address 2	SINGAPORE 438068	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095236575-02	

▼ OI Driver Info

Driver Name	TAN PENG YEOW	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1757895B	Driver DOB
Register Date of Driver License	15/02/1993	Driver Age	53	Driving Experi
Contact No.(Mobile)	93673928	Contact No.(Office)		Contact No.(Hi
Address 1	28 MARGATE ROAD	Address 2	SINGAPORE 438068	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	TAI
Contact No.(Mobile)	93673928	Contact No. (Home)	63
Email Address	pytan23@gmail.com	OI Vehicle Number	SC
Claim Description	SCG933K / SG5105L ON 27 Jun 2020		
Preferred Workshop	Preferred	Insured Liability	Partially at Fault
Finalisation	Yes	Repair Option	income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/06/2020 14:57
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1095567 Claim No. 001
 Last Doc. Received Yes No Upload Date 29/06/2020 14:58

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:58	SAS	Normal	S
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:58	NRIC/ Driving License	Normal	NRIC/ Dri
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:58	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:57	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:57	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:57	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:57	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	29 Jun 2020 14:57	Photos	Normal	Ph

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) Govn. Property (Eg: signboard, barrier, tree etc)
- b) Road Work Object
- c) Private Property
- 4) Vehicle drop into drain
- 5) Damage due to Act of God:
- a) Fallen Object b) Flood
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism b) Hit by Moving Object
- 7) Theft Case
- a) Stolen b) Damage found
when recovered.
- 8) Fire
- a) Whilst driving b) Parked
- 9) Accident date more than 24hrs

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: SCG 933K Yr Regn: Oct 2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or _____
 Make & Model: Mercedes Benz E250 c.c 1796
 Colour: SILVER Transmission Type: Auto / Manual
 Eng/No: 2749 2030089018 Sp. Reading: 98231
 C/No: WDD2120362A852415
 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: 245/40 R18
 R: 265/35 R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli
 Front R/Bal. S mm L/Bal. S mm
 Rear R/Bal. S mm L/Bal. S mm
 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I. 6 Towing Required: Yes / No
 No of Repair Days: 430hrs Vehicle in Idac: Yes / No
 D.O.I. 29/06/2020 Time: 1130hrs

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: _____

SCG 933/G

- 1.) Front RH fender x 1 rep
- 2.) Front RH wheel rim x 1 cut
- 3.) Front RH fender inner shield (front) x 1 deformed
- 4.) Front RH headlamp x 1 broken
- 5.) Front Bumper x 1 torn
- 6.) —||— & RH side sponge x 1 torn
- 7.) —||— RH side bracket x 1 deformed
- 8.) —||— RH side lower grille x 1 mainly broken
- 9.) —||— RH side lower grille chrome moulding x 1 ~~cut~~ cut
- 10.) —||— Reinforcement x 1 ~~cut~~ cut.
- 11.) —||— ~~Reinforcement~~ parking sensor x 2 pieces. ~~cut~~ Dam
- 12.) —||— Parking sensor bracket x 2 pieces Dam

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	895B
Vehicle Details	
Vehicle No.:	SCG933K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Jun 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E250 SEDAN (R18)
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	27492030089018
Chassis No.:	WDD2120362A852415
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$49,985.00
Original Registration Date:	10 Oct 2013
First Registration Date:	10 Oct 2013
Transfer Count:	1
Actual ARF Paid:	\$56,979.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Oct 2023
PARF Rebate Amount:	\$37,036.00
Intended COE Rebate Details	
COE Expiry Date:	09 Oct 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$77,100.00
COE Rebate Amount:	\$25,265.00
Total Rebate Amount:	\$62,301.00

The information contained herein is correct as at 29 Jun 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1095567

LOS SAL SUB

Policy No.	5095236575-02	Vehicle No.	SCG933K	GST Registration No.	
Certificate No.					
Policyholder Name	TAN PENG YEOW			Policyholder NRIC	S1757895B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93673928	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	29/06/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	27/06/2020	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	OLD AIRPORD RD TURN TO MOUNTBATTEN RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured		
Excess Waiver	99999999.99		
Transport Allowance	99999999.99		

GST Registered Information

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

Policyholder Mailing Address

Address 1	28 MARGATE ROAD	Address 2	SINGAPORE 438068	Address 3	
Address 4		Address Type	Singapore address	Post Code	438068
Unit No.		Related Policy Number	5095236575-02		

OI Driver Info

Driver Name	TAN PENG YEOW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1757895B	Driver DOB	10/11/1966
Register Date of Driver License	15/02/1993	Driver Age	53	Driving Experience	27
Contact No.(Mobile)	93673928	Contact No.(Office)		Contact No.(Home)	
Address 1	28 MARGATE ROAD	Address 2	SINGAPORE 438068	Address 3	
Address 4		Address Type	Singapore address	Post Code	438068
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	TAN PENG YEOW	Insured NRIC	S1757895B
Contact No.(Mobile)	93673928	Contact No. (Home)	63446182	Contact No. (Office)	NIL
Email Address	pytan23@gmail.com	OI Vehicle Number	SCG933K	TP Vehicle Number	SG5105L
Claim Description	SCG933K / SG5105L ON 27 Jun 2020			Name of Preferred Workshop	
Preferred Workshop Contact Realisation	Yes	Preferred Repair Option	income to assign workshop	Insured Liability report	Partially repaired
Date Registered	29/06/2020 14:59	Claim Close Date		Date Received	29/06/20
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks:

damage assessment Attachment

Vehicle Info

Vehicle Make	MERCEDES BENZ	Vehicle Model	E250 CGI	Engine Capacity
Date of Registration	10/10/2013	Classis No.	WDD2120362A852415	
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 *
Type of Tender	Own Damage	Assessor Name *	BRYAN	Survey Current Status
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 DAYS:6 DAYS.1X FRT RH WHEEL RIM - REPLACE.1X FRT BUMPER RH SIDE LOWER GRILLE - REPLACE.1X FRT BUMPER RH SIDE LOWER GRILLE CHRI
REPLACE.2X FRT BUMPER PARKING SENSOR BRACKET - REPLACE.

Remark:

Remark for Supplementary

Damage Listing

BUM	No.	Part No.	Description	Qty *	Repair Cor
BUMPER OVERRIDER	1	25400103	FENDER (FRONT RIGHT)	1	Repair
BUMPER PROTECTOR	2	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace
BUMPER RAIL	3	27700102	HEAD LAMP (RIGHT)	1	Replace
BUMPER REFLECTOR	4	16000101	BUMPER (FRONT)	1	Replace
BUMPER REINFORCEMENT	5	16005901	BUMPER SPONGE (FRONT)	1	Replace
BUMPER REINFORCEMENT (FRONT)	6	16005702	BUMPER SIDE BRACKET (FRONT RIGHT)	1	Replace
BUMPER REINFORCEMENT (REAR)	7	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace
BUMPER RETAINER	8	16005501	BUMPER SENSOR (FRONT)	1	Replace
BUMPER REVERSE LAMP					
BUMPER REVERSE SENSOR					
BUMPER SAFETY PROTECTION BAR					
BUMPER SENSOR					
BUMPER SIDE BAR					
BUMPER SIDE BRACKET					
BUMPER SIDE HOLDER					
BUMPER SPONGE					
BUMPER SPONGE (FRONT)					
BUMPER SPONGE (REAR)					
BUMPER STAY					
BUMPER STEP					
BUMPER STEP GARNISH					
BUMPER STEP PANEL					
BUMPER STICKER					
BUMPER TOP BEAM					
BUMPER TOP BRACKET					
BUMPER TOWING COVER					
BUMPER WIPER MOTOR					

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: SCG 933K Date In: 21/10/20 Time In: _____ with Keys: Yes / No _____

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: modern

Collection Date: 30/6/20 Time: 1430 with Keys: Yes / No

Tow Truck No: YN5540 Tow Man: terry NRIC: 7040205/P

Signature: [Signature] 90211105

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: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Tuesday, 30 June 2020 10:48 am
To: Chin; LKK Paya Ubi
Subject: SCG933K | MT/1095567 (Awarding Letter to Modern Auto)

Importance: High

Hi IDAC and Modern Auto,

Vehicle is currently in IDAC.

Excess waiver and transport allowances are applicable.

Please liaise with the owner – Mr Tan Peng Yeow at tel: 9367 3928 on the necessary.

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/051/1095567-001/YCL

30 Jun 2020

MODERN AUTOMOTIVE PTE LTD
BLK 3023A #01-61 UBI ROAD 1
SINGAPORE 408717

Dear Sir

CLAIM NUMBER: MT/1095567-001
REPAIR OF VEHICLE NUMBER: SCG933K

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

Award Date: 30 Jun 2020
Make: MERCEDES BENZ

Model: E250 CGI

Estimated Repair Days: 4

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Transport Allowance and Excess Waiver

Excess Applicable: 0

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

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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.