

NATIONAL Assessment Centre Services ref: JAVOSJMHAV0056335-01

Date In: 27/20-13:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC2000645 024	E-mail (within 3hrs, AIC 2hrs):		
Veh No: OKM 4033M	i-Motor Claim Form: NA/1095902-001	27/20 13:55	
D.O.A: 1/7/20-2:05	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: TP 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: Veh No: OKW 7258 B INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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	Actions
7/7/20	Amend from reporting to own damage claim. Repair file to bill damage assessment fees to NTUC.
	was not on 9/2/20.

Claimant's Particulars:	Invoice Preparation Checklist:	Am't (\$) Inc Bill	Am't (\$) Add Bill
NA2003495 / NA2003680	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against UNIC Only (wef 10 Jan 2005)		
Pat 1:	6) TR: Re-inspection \$75		
Pat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N11: TP (N:n INC) against INC \$20		
	9) N12: Idac 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	02/07/2020 13:42
Date Of Accident	01/07/2020 20:05
Exact Location Of Accident	RAFFLES QUAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4033M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAN SINGH S/O JAWAND SINGH
NRIC No	SXXXX869G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96468250
Alternative Phone No	OFFICE-96468250

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5073436277-04
Cover Note Number	

### Driver

Name of Driver	KESHMAHINDER SINGH S/O MOHAN SINGH
NRIC No	SXXXX106B
Date Of Birth	14/07/1977
Occupation	INDOOR
Date Of Driving Pass	15/05/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83098402
Fax Number	
Contact Number	OFFICE-83098402
Email Address	NOEMAIL

Address	BLK 11 ST. GEORGE'S ROAD #03-302
Postcode	320011
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW7258B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
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** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

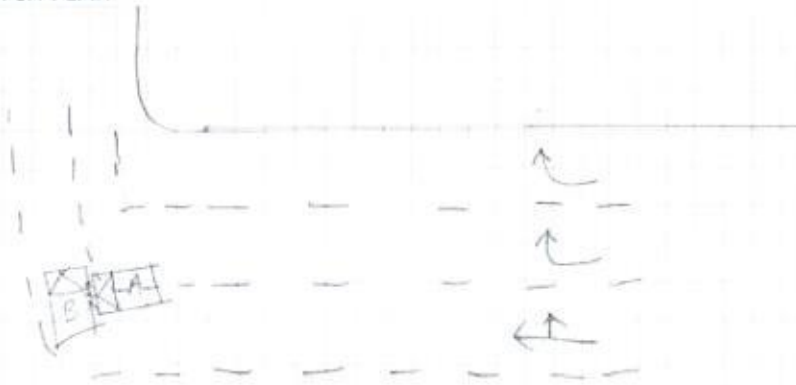


Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

SKETCH PLAN



A: SKU 4082M  
 B: SKW 7252B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on lane 2 from the right as I wanted to make a right turn on to raffles Quay but as I had to keep left upon completing the right turn, I turned ~~into~~ into lane 3 and suddenly collided on to Veh B, which was clear to me to be turning onto Lane 4 and therefore Lane 3 was clear for me to turn into.

Following that ~~the~~ I exchanged information with the driver of the other car.

DECLARATION

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

Policy holder's signature  
 Date & time:

Driver's signature  
 (if driver is not policy holder)  
 Date & time:

reporting centre personnel's Signature  
 NRIC/FIN No.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MWA120056335 Vehicle Registration No: SKU4033M  
 Name(as shown in NRIC) : Mohan Singh s/o Juvand Singh NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96468250  
 Email Address : \_\_\_\_\_  
 Date of Accident : 17/20 Time of Accident : 20:05  
 Place of Accident : Raffles Quay  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from Reporting to own damage claims.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date: 7/7/20

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

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"/>	5073436277-04		MDHAN SINGH S/O JAWAND SINDH	52552869G	GPC	Brivo CLASSIC	SKU4033M	SKU4033M	26/09/2019	25/09/2020

**Policy Information**

Policy No.	5073436277-04	Policyholder Name	MOHAN SINGH S/O JAWAND SII	Policyholder NRIC	S2552869G
Certificate No.					
Address	BLK 11 #03-302 ST GEORGE'S ROAD SINGAPORE 320011				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/09/2019	Effective Date	26/09/2019 00:00	Expiry Date	25/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 11 #03-302	Address 2	ST GEORGE'S ROAD	Address 3	SINGAPORE 320011
Address 4		Address Type	Singapore address	Post Code	320011
Unit No.		Related Policy Number	5073436277-04		

Insured Object: **SKU4033M**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				



**Claim Handling**

**Accident MT/1095902**

Policy No	5073436277-04	Vehicle No	SKW4033M	GST Registration No	
Certificate No					
Policyholder Name	MOHAN SINGH S/O JAWAND SINGH	Policyholder NRIC		52552869G	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No (Mobile)	96468250	Contact No (Office)	0	Contact No (Home)	0
Email Address		Special Bonus		eCode	
ePA	<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
<b>Accident Details</b>					
Report Date	02/07/2020 13:55	Accident Report within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	02/07/2020	Time of Accident (h:m)	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RAFFLES QUAY				
<b>Total Excess Applicable</b>					
Excess Type	PER ACCIDENT	Windscreen Excess	100.00		
DD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VED CD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0				
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

**Benefits**

Coverage		Sum Insured	9999999.99
Excess Waiver			
<b>GST Registered Information</b>			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 11 #03-302	Address 2	ST GEORGE'S ROAD	Address 3	SINGAPORE 320011
Address 4		Address Type	Singapore address	Post Code	320011
Unit No		Related Policy Number	5073436277-04		

**Of Driver Info**

Driver Name	KESHAVAKANDER SINGH	Driver Type	Named Driver	Driver DOB	14/07/1977
Unnamed driver name		Driver NRIC	S7759106B	Driving Experience	2
Register Date of Driver License	15/05/2018	Driver Age	42	Contact No (Mobile)	0
Contact No (Mobile)	83096402	Contact No (Office)	0	Address 1	BLK 11
Address 1	BLK 11	Address 2	ST GEORGE'S ROAD	Address 3	SINGAPORE 320011
Address 4		Address Type	Singapore address	Post Code	320011
Unit No	03-302	Driver Vehicle No		Driver Issuer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification history

Claim 001 **New**

Claim Type *	CD - XE	Insured Name	MOHAN SINGH S/O JAWAND S/O	Insured NRIC	52552869G
Contact No (Mobile)	96468250	Contact No (Home)	82916096	Contact No (Office)	
Email Address	mohansingh@yahoo.com.sg	OT Vehicle Number	SKW4033M	TP Vehicle Number	SKW7258B
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKW4033M, SKW7258B ON 1 Jul 2020				
Preferred Workshop Contact No		Insured Liability *	Full at Fault	Name of Preferred Workshop	
Require Prescription	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Reported	02/07/2020 13:55	Claim Close Date		Date received	02/07/2020 00:00
Report Taken By	Jackson				

**Attachment**

Accident No	MT/1095902	Claim No	001	
LAO Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Updated Date	02/07/2020 13:57	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (0)
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:57	NAC/ Driving License	Normal	NAC/ Driving License 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:56	SAS	Normal	SAS 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:56	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:56	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:56	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:55	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:55	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:55	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:55	Photos	Normal	Photos 2020-7-2	
	NAC_PAYA_UBL_80060(1).NATIONAL_ASSESSMENT_CENTRE_SERVI_CES1 on 02 Jul 2020 13:55	Photos	Normal	Photos 2020-7-2	

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and Uploading"/>				



**ASSIGNMENT (IDAC)**

CVE Sept 2028

**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar ( ) a) Pedestrian ( )
- b) M/cycle ( ) b) Animal ( )
- c) Bicycle ( )
- 3) Vehicle hit Road Side Objects:
- a) Govrn. Property ( ) b) Road Work Object ( )  
(Eg: signboard, barrier, tree etc)
- c) Private Property ( )
- 4) Vehicle drop into drain ( )
- 5) Damage due to Act of God:
- a) Fallen Object ( ) b) Flood ( )
- c) Other, \_\_\_\_\_
- 6) Parked & Found Damaged:
- a) Vandalism ( ) b) Hit by Moving Object ( )
- 7) Theft Case
- a) Stolen ( ) b) Damage found ( )  
when recovered.
- 8) Fire
- a) Whilst driving ( ) b) Parked ( )
- 9) Accident date more than 24hrs ( )

**By Assessor- 1) Vehicle Information**

Veh No: 8KU 4033 M Yr Regn: 2008 Sept  
 Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or  
 Make & Model: Toyota Camry c.c. 1998  
 Colour: Beige Transmission Type: Auto / Manual  
 Eng/No: 1A2E113955 Sp. Reading: 229550  
 C/No: MR053BK4107034348  
 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 R 16  
 R: — " —

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

Front		Rear
R/Bal. <u>S</u> mm		R/Bal. <u>S</u> mm
L/Bal. <u>S</u> mm		L/Bal. <u>S</u> mm

Parallel Import: Yes / No Towed-In: Yes No  
 Repair Type: LS I.B.I Towing Required: Yes No  
 No of Repair Days: 4 Vehicle in Idac: Yes No  
 D.O.I. 07/07/2020 Time: 1445 hrs.

**By Assessor- 2) Comments**

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
  - a. Vehicle ( ) b. Motorcycle ( ) c. Bicycle ( ) d. Pedestrian ( )
  - e. Animal ( ) f. Govrn Object ( ) g. Road Work Object ( )
  - h. Private Property ( ) i. Drain ( ) j. Road Kerb/Grass Verge ( )
- 3) Vehicle does not seem damaged as a result of:
  - a. Fallen Object ( ) b. Flood ( ) c. Vandalism ( ) d. Fire ( )
  - e. Moving Object ( ) f. Stolen ( ) g. Stolen & Recovered ( )

Time Started: \_\_\_\_\_ Time completed: \_\_\_\_\_

- 1) CSO \_\_\_\_\_
- 2) ASS \_\_\_\_\_
- 3) Entire Operation Completed Time: \_\_\_\_\_

**Remarks for internal information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ( ) \_\_\_\_\_
- 2) SRS Light on ( ) \_\_\_\_\_
- 3) ABS Light on ( ) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	869G
<b>Vehicle Details</b>	
Vehicle No.:	SKU4033M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Beige
Manufacturing Year:	2008
Engine No.:	1AZE113955
Chassis No.:	MR053BK4107034348
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$25,403.00
Original Registration Date:	26 Sep 2008
First Registration Date:	26 Sep 2008
Transfer Count:	1
Actual ARF Paid:	\$25,403.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Sep 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$33,377.00
COE Rebate Amount:	\$27,424.00
<b>Total Rebate Amount:</b>	<b>\$27,424.00</b>

The information contained herein is correct as at 07 Jul 2020

OK

**Claim Handling**

Task Transfer Exit

LOGS SAL SUB

Accident MT/1095902

Policy No.	5073436277-04	Vehicle No.	SKU4033M	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAN SINGH S/O JAWAND SINGH	Cover Type	drive CLASSIC	Policyholder NRIC	S2552869G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96468250	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	90	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	02/07/2020 13:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	01/07/2020	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	RAFFLES QUAY				

Total Excess Applicable

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

Benefits

Coverage	Sum Insured		
Excess Waiver	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	BLK 11 #01-302	Address 2	ST GEORGE'S ROAD	Address 3	SINGAPORE 320011
Address 4		Address Type	Singapore address	Post Code	320011
Unit No.		Related Policy Number	5073436277-04		

DI Driver Info

Driver Name	KESHMAHINDER SINGH	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7719306B	Driver DOB	14/07/1977
Register Date of Driver License	15/05/2018	Driver Age	42	Driving Experience	2
Contact No.(Mobile)	83098402	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 11	Address 2	ST GEORGE'S ROAD	Address 3	SINGAPORE 320011
Address 4		Address Type	Singapore address	Post Code	320011
Unit No.	03-302				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 Tan Siew Choo

LOGS SAL SUB

Claim Type	OD-MD	Insured name	MOHAN SINGH S/O JAWAND S/O	Insured NRIC	S2552869G
Contact No.(Mobile)	96468250	Contact No.(Home)	52916096	Contact No.(Office)	
Email Address	mohansjs@yahoo.com.sg	DI Vehicle Number	SKU4033M	TP Vehicle Number	SKW7258B
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SKU4033M / SKW7258B ON 1 Jul 2020	Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	07/07/2020 15:55
Date Registered	02/07/2020 14:00	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter.					
Modification History	07/07/2020 15:45 s069588 Modify Claim Type(OD-MX-->OD-MD)				

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	CAMRY	Engine Capacity	
Date of Registration	26/09/2008	Class No.	MR053BK4J07034348		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No



Type of Tender \*  Assessor Name \*  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 \*  Yes  No

Market Value(\$)  Scrap Value(\$)  Economical Repair Value(\$)

Remark

REMARK: NO OF REPAIR DAY: 4 DAYS. 1 X FRT BONNET - BT. 1 X FRT LH FENDER - DENTED. 1 X FRT LH FENDER INNER SHIELD - DETMED. 1 X FRT LH HEADLAMP - BROKEN. 1 X FRT LH HEADLAMP TOP PANEL - BT. 1 X FRT BUMPER - TORN. 1 X FRT LH BUMPER BRACKET - BROKEN. 1 X FRT LH BUMPER FOG LAMP GARNISH - DETMED. 1 X FRT LH FOG LAMP GARNISH CHROME MOLDING - BT.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root Not Applicable ABS ABSORBER ACCELERATOR ACTUATOR ADVERTISEMENT STICKER AIR BAG 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	1	149001	BONNET	1	Replace

Save Submit

## LKK Paya Ubi

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**From:** Tan Siew Choo <siewchoo.tan@income.com.sg>  
**Sent:** Wednesday, 8 July 2020 2:51 pm  
**To:** NAC ; AbwinM9 - Sharifah; Abwin-Jack Goh (jackgoh@AbwinM9.com); Abwin - Abby Lim (abbylim@abwinm9.com)  
**Subject:** SKU4033M, OD claim no : MT/1095902  
**Importance:** High

Dear IDAC and Abwin,

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

Dear Abwin,

OD excess waiver (Classic Plan with excess waiver only).

No survey required only for this repair works.

When veh is in your workshop, pls **call** owner Mr Mohan Singh at tel: 96468250 as he wants to do some **extra repairs** (not related to this accident) at his own cost and he would like your workshop to provide him with your quote.

**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](http://www.income.com.sg)



Our Ref: MT/CA/OD/051/1095902-001/TSC  
08 Jul 2020  
ABWIN SERVICE PTE. LTD.  
17 KAKI BUKIT ROAD 4  
#01-58/59/60/61/62 BARTLEY BIZ CENTRE  
SINGAPORE 417809

Dear Sir

**CLAIM NUMBER: MT/1095902-001**  
**REPAIR OF VEHICLE NUMBER: SKU4033M**

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



follows:

Award Date: 08 Jul 2020

Make: TOYOTA

Model: CAMRY

Estimated Repair Days: 4

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: Excess Waiver

Excess Applicable: 0.00

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](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

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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: SKU 4033M Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Abwin Service Pte Ltd

Collection Date: 08/07/2020 Time: 1630 with Keys: Yes / No

Tow Truck No: \_\_\_\_\_ Tow Man: NG CHIEW HONG NRIC: 88577578B

Signature: \_\_\_\_\_

*For office use*

Attended by: [Signature] 93266455

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: \_\_\_\_\_