

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	06/07/2020 10:32
Date Of Accident	04/07/2020 11:45
Exact Location Of Accident	1 KIM CHUAN TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3314G
Insured/Policyholder	
Name Of Registered Owner	CHEW JOO KIM
NRIC No	SXXXX261H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81800091
Alternative Phone No	OFFICE-81800091

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 TSI AT 5K14Q5
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	5111485605
Cover Note Number	

Driver

Name of Driver	CHEW JOO KIM
NRIC No	SXXXX261H
Date Of Birth	28/06/1942
Occupation	INDOOR
Date Of Driving Pass	23/10/1964
Driving Experience	55 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-81800091
Fax Number	
Contact Number	OFFICE-81800091
EMail Address	NOEMAIL

Address	61 ST. PATRICK'S ROAD
Postcode	424174
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX8818X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMANDA MA TAK HANG
NRIC/Passport Number	
Contact Number	97876002
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



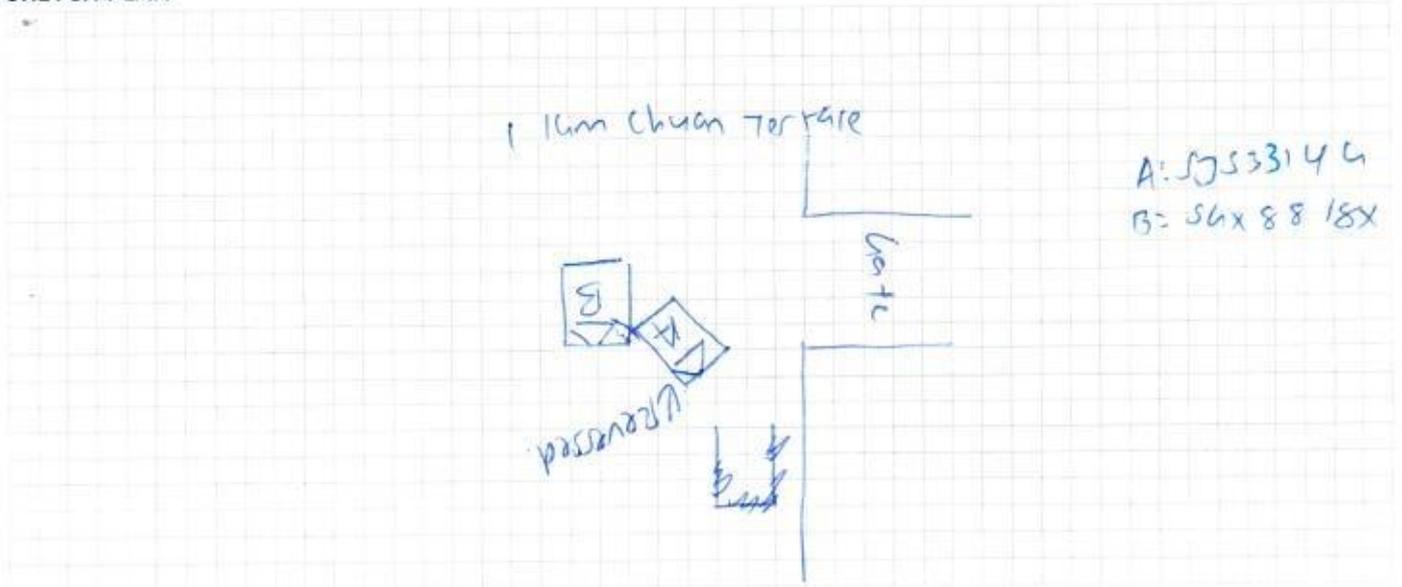
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

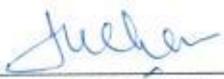


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, while I reversed my vehicle, I heard alarm sound from my vehicle. I misjudged and hit onto vehicle B front left portion.

DECLARATION

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


Policyholder's Signature
Date & Time:

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (4/7/20) (DD/MM/YYYY), TIME: (11:45) (HH:MM)

LOCATION: 1 Kimchuan Terrace

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: N7C 5J533144
b) INSURANCE COMPANY: N7C
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
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81800091
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (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: 54x8818x MODEL: _____
b) DRIVER'S NAME: Amanda Ma Tak Hong
c) NRIC/FIN/PASSPORT: 8 CONTACT: 97876002

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 =

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111485605		CHEW JOO KIM	S1065261H	GPC	drive CLASSIC	SJS3314G	SJS3314G	12/08/2019	11/08/2020

Continue

Policy Information

Policy No:	5111485605	Policyholder Name	CHEW JOO KIM	Policyholder NRIC	S1065261H
Certificate No.					
Address	61 ST. PATRICK'S ROAD SINGAPORE 424174				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/08/2019	Effective Date	12/08/2019 00:00	Expiry Date	11/08/2020 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	TEO SAI HIANG SALLY	Agent Tel.	67463438	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 ST. PATRICK'S ROAD	Address 2	SINGAPORE 424174	Address 3	
Address 4		Address Type	Singapore address	Post Code	424174
Unit No.		Related Policy Number	5111485605-01		

Insured Object: SJS3314G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1096087

Policy No.	S11485605	Vehicle No.	S253314G	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW JOO KIM	Policyholder NRIC	S1065261H		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81800091	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	06/07/2020 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	04/07/2020	Time of Accident h:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	1 KIM CHUAN TERRACE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Excess Waiver	9999999.99
Transport Allowance	9999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 ST. PATRICK'S ROAD	Address 2	SINGAPORE 424174	Address 3	
Address 4		Address Type	Singapore address	Post Code	424174
Unit No.		Related Policy Number	S11485605-01		

O1 Driver Info

Driver Name	CHEW JOO KIM	Driver Type	Main Driver	Driver DOB	28/06/1942
Unnamed driver Name		Driver NRIC	S1065261H	Driving Experience	55
Register Date of Driver License	23/10/1964	Driver Age	78	Contact No.(Home)	0
Contact No.(Mobile)	81800091	Contact No.(Office)	0	Address 3	
Address 1	61 ST. PATRICK'S ROAD	Address 2	SINGAPORE 424174	Address 4	
Address 4		Address Type	Singapore address	Post Code	424174
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

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	CHEW JOO KIM	Insured NRIC	S1065261H	
Contact No.(Mobile)	81800091	Contact No.(Home)	63451622	Contact No.(Office)		
Email Address	chewjookim@yahoo.com.sg	O1 Vehicle Number	S253314G	TP Vehicle Number	SGX8818Y	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>			
Claimant Address	<input type="text"/>					
Claim Description	S253314G / SGX8818Y ON 4 Jul 2020				Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Fully at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	Date Received	06/07/2020 00:00	
Date Registered	06/07/2020 10:56	Claim Close Date	<input type="text"/>			
Report Taken By	Jacktan					
<input checked="" type="checkbox"/> Print AK letter					OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1096087	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/07/2020 11:00
Path *		Category *	
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select

ASSIGNMENT (IDAC)

COB ~~Aug~~ May 2029

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle:
 - a) Motorcar ()
 - b) M/cycle ()
 - c) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 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 ()

By Assessor- 1) Vehicle Information

Veh No: SJS 3314G Yr Regn: 2009 / Aug
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or _____
 Make & Model: Volkswagen New Golf.c.c 1390
 Colour: Grey Transmission Type: Auto / Manual
 Eng/No: CAV098600 Sp. Reading: 100689
 C/No: WVWZZZ1KZA W015004
 Gen. Cond: Good / Fair / Poor / Burnt or _____
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/45 R17
 R: — " —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli

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: 1 Vehicle in Idac: Yes / No
 D.O.I. 06/07/2020 Time: 1115hrs

Remarks for internal information

Remarks to appear in Works Order & Assessment report

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

Rear bumper x 1 cut

By Assessor- 2) Comments

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

Time Started: _____ Time completed: _____

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	261H
Vehicle Details	
Vehicle No.:	SJS3314G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Jul 2020
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	NEW GOLF 1.4 TSI AT 5K14Q5
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	CAV098600
Chassis No.:	WVWZZZ1KZAW015004
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$25,506.00
Original Registration Date:	12 Aug 2009
First Registration Date:	12 Aug 2009
Transfer Count:	0
Actual ARF Paid:	\$25,506.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2029
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$27,886.00
COE Rebate Amount:	\$24,820.00
Total Rebate Amount:	\$24,820.00

The information contained herein is correct as at 06 Jul 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1096087

LOS SAL SUB

Policy No.	5111485605	Vehicle No.	S2S3314G	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW JOO KIM	Policyholder NRIC	51065261H	Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(Home)	0
Contact No.(Mobile)	81800091	Contact No.(Office)	0	eCode	
Email Address		Special Remark		eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire	No
NCD Protection	Yes	NCD Entitlement(%)	50		

Accident Details

Report Date	06/07/2020 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	04/07/2020	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	1 KIM CHUAN TERRACE				

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 OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured		
Excess Waiver	9999999.99		
Transport Allowance	9999999.99		

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 ST. PATRICK'S ROAD	Address 2	SINGAPORE 424174	Address 3	
Address 4		Address Type	Singapore address	Post Code	424174
Unit No.		Related Policy Number	5111485605-01		

OT Driver Info

Driver Name	CHEW JOO KIM	Driver Type	Main Driver	Driver ODB	28/06/1942
Unnamed driver Name		Driver NRIC	51065261H	Driving Experience	55
Register Date of Driver License	23/10/1964	Driver Age	78	Contact No.(Home)	0
Contact No.(Mobile)	81800091	Contact No.(Office)	0	Address 1	61 ST. PATRICK'S ROAD
Address 1	61 ST. PATRICK'S ROAD	Address 2	SINGAPORE 424174	Address 3	
Address 4		Address Type	Singapore address	Post Code	424174
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

LOS SAL SUB

Claim Type	OD-MD	Insured Name	CHEW JOO KIM	Insured NRIC	51065261H
Contact No.(Mobile)	81800091	Contact No.(Home)	63451622	Contact No.(Office)	
Email Address	chewjookim@yahoo.com.sg	O1 Vehicle Number	S2S3314G	TP Vehicle Number	5QXB18Y
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	S2S3314G / 5QXB18Y ON 4 Jul 2020	Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Income to assign workshop	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	06/07/2020 00:00
Date Registered	06/07/2020 11:00	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	VOLKSWAGEN	Vehicle Model	GOLF	Engine Capacity	
Date of Registration	12/08/2009	Class No.	WVWZZZ1KZAW015004		

Towing Required * Yes No

Vehicle in IDAC * Yes No

Parallel Import * Yes No

Type of Tender * Assessor Name * Survey Current Status

IDAC/Workshop Name NATIONAL ASSESSMENT CENTRE IDAC/Workshop Location 51 UBI AVENUE 1 #01-25 PAYA

Windscreen Parts & Labour Cost Total Loss * Yes No

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

REMARK: NO OF REPAIR DAY: 1 DAYS. 1 X REAR BUMPER - CUT.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root	1	16000102	BUMPER (REAR)	<input type="text" value="1"/>	<input type="text" value="Replace"/>
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					

Save Submit

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Tuesday, 7 July 2020 11:00 am
To: Joo Hak Kee Auto Pte Ltd; shimin poh; LKK Paya Ubi
Cc: Kelvin Teo
Subject: SJS3314G | MT/1096087 (Awarding Letter to Joo Hak Kee)

Importance: High

Hi IDAC and Joo Hak Kee,

Vehicle is currently with the owner.

Excess waiver and transport allowances are applicable. Since it's a one day job, please reimburse one day of transport allowances to the owner.

Please liaise with the owner – Mr Chew Joo Kim at tel: 8180 0091 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/051/1096087-001/YCL

07 Jul 2020

JOO HAK KEE AUTO PTE LTD
BLK 3007 #01-406
UBI ROAD 1
SINGAPORE 408701

Dear Sir

CLAIM NUMBER: MT/1096087-001
REPAIR OF VEHICLE NUMBER: SJS3314G

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

Award Date: 07 Jul 2020

Make: VOLKSWAGEN

Model: GOLF

Estimated Repair Days: 1

Location: Vehicle is currently with the owner

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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