

NATIONAL Assessment Centre Services

[Part 1 Jan 2003]

MA 1200 62796

Date In: 27/7/20 09:44	Job description	Date & Time Completed	Done by
Ref No: MA/INC 2000 7691/64	SAS e-filing		
Veh No: SMF 2297L	E-mail (within 3hrs, A/C 2hrs)		
IP A: 24/7/20 07:35	I-Motor Claim Form	MT/1097970 ⁰⁰²	27/7/20 15:30
<input checked="" type="radio"/> TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wken		

Preferred Wken / INC Assign Wken / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 52L 1743C	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 repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Removal () INC () () () () ()	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Driver/Owner:	Actions:

MA 200 3881	Invoice Preparation Checklist	Am (\$)	Exam (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$58)		80.00	
3) TP: Towing Fee \$40/\$45			
4) PT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claimant against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
9) QI:			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10		10.00	
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TE (N11): TP (\$5+ INC) against INC \$20			
9) N12: Idao Mobile \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	27/07/2020 09:44
Date Of Accident	24/07/2020 07:35
Exact Location Of Accident	BKE NEAR EXIT 5 TWDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2297L
Insured/Policyholder	
Name Of Registered Owner	HO KAH KING JOSEPH (HE JIAQING)
NRIC No	SXXXX853C
Email Address	JOSEPHHOKK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97337030
Alternative Phone No	OFFICE-97337030

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5113030180
Cover Note Number	

Driver

Name of Driver	HO KAH KING JOSEPH (HE JIAQING)
NRIC No	SXXXX853C
Date Of Birth	14/12/1972
Occupation	INDOOR
Date Of Driving Pass	26/02/2000
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97337030
Fax Number	
Contact Number	OFFICE-97337030
EMail Address	JOSEPHHOKK@GMAIL.COM

Address	BLK 981D BUANGKOK CRES #12-07
Postcode	537981
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 - HEAD TO REAR
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	SLL1743C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	SXXXX600C
Contact Number	96415599
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



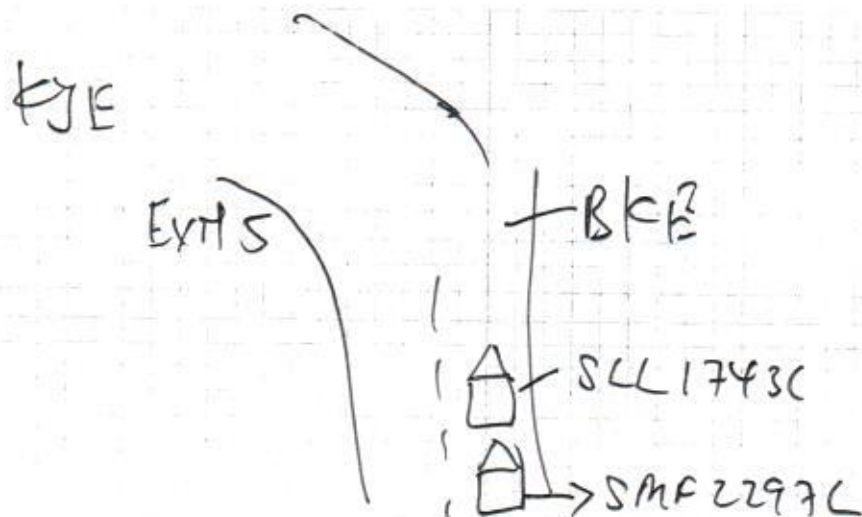
Policyholder's Signature
Date & Time:

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 28/7/2020 at 0735hrs, whilst travelling along BKE towards KJE, near to Exit no. 5, I collided into the rear of SLL1743C when the said vehicle brake suddenly.

DECLARATION

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

Policyholder's Signature

Date & Time:

28/7/2020

Driver's Signature

(If driver is not the policyholder)

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.	<input type="text"/>	Date of Accident	<input type="text" value="25/07/2020 09:23"/>
Vehicle No.(For Motor)	<input type="text" value="SMF2297L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113030180		HO KAH KING JOSEPH (HE JIAQING)	S7247853C	GPC	drive CLASSIC	SMF2297L	SMF2297L	31/10/2019	30/10/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 24, 7, 2020 (DD/MM/YYYY), TIME: 07:35 (HH:MM)

LOCATION: B.K.E near Exit 5 (towards KJE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF 2297L
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5113030180
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Harrier
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal Transport
 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: Ho Kah King (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7247853C CONTACT: 97337030
 c) ADDRESS: BK 981D Bangkok Crescent #12-07
S(537981)

* 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: 14/12/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20 yrs

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: SLL 1743C MODEL: Honda Civic
 b) DRIVER'S NAME: Zheng Huangfang
 c) NRIC/FIN/PASSPORT: S8671600C CONTACT: 96415599

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
1 (1)

* No of passenger
 (Including driver)
(01)

* No of passenger
 (Including driver)
()

Joseph Hokk@gmail.com

* car come monday
 1pm

Email = ~~Joseph Hokk@gmail.com~~

fax =

VIDEO = No.

THE SCHEDULE

Private Car Insurance (NCR Scheme) Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M90372806G

Policy Number	: 5113030180		
The Policyholder	: HO KAH KING JOSEPH (HE JIAQING)		
	BLOCK 981D		
	BUANGKOK CRESCENT		
	#12-07		
	SINGAPORE 537981		
Period of Insurance	: 31 Oct 2019 To 30 Oct 2020		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$812.32		
Interest Insured			
Cover Type	: drivo CLASSIC		
Primary Driver	: JOSEPH HO		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/HARRIER	Capacity	: 2000cc
Registration Number	: SMF2297L	Registration Year	: 2018
Chassis Number	: JTEKB3GH90J002996	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency : VOUCH INSURTECH PTE. LTD. (00000615378)
Date of Issue : 30 Sep 2019 22:22 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed In Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1097970

Policy No.	5113030180	Vehicle No.	SMF2297L	GST Registrati
Certificate No.				
Policyholder Name	HO KAH KING JOSEPH (HE JIAQING)			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	27/07/2020 13:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/07/2020	Time of Accident hh:mm	07:35	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BKE TOWARDS KJE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLOCK 981D	Address 2	BUANGKOK CRESCENT	Address 3
Address 4	SINGAPORE 537981	Address Type	Singapore address	Post Code
Unit No.	#12-07	Related Policy Number	5113030180	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Exper
Register Date of Driver License		Driver Age		Contact No.(H
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 New

Claim Type *	OD-MD	Insured Name	HC
Contact No.(Mobile)	97337030	Contact No. (Home)	62
Email Address	JOSEPHHOKK@GMAIL.COM	OI Vehicle Number	SM
Claim Description	SMF2297L / SLL1743C ON 24 Jul 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair Option	Preferred	income to assign workshop	
Finalisation	Yes	GIA report	Received
Date Registered	27/07/2020 15:29	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☐ Print AK letter

Save Submit

Attachment

Accident No.

MT/1097970

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/07/2020 15:30

Path *

Category *

Confider

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:29	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 15:29	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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) 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 ☐

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

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

Front Bonnet x 1 repair

Front bumper x 1 distorted / torn

Front grille x 1 broken

Front number plate x 1 Et.

— 11 — Flame x 1 Et.

By Assessor- 1) Vehicle Information

Veh No: SMF 2297 L Yr Regn: Oct 2018

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

/ Truck / Trailer or

Make & Model: Toyota Harrier c.c. 1998

Colour: Black Transmission Type: Auto / Manual

Eng/No: 8ARZ 138046 Sp. Reading: N.A.

C/No: JTEKB3GH 90J002996

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: 255/45 R20

R: — 11 —

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

TOYO / YOKO or Yokohama

Front

R/Bal. S mm

L/Bal. S mm

Rear

R/Bal. S mm

L/Bal. S mm

Parallel Import: Yes / NoTowed-In: Yes / NoRepair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 2Vehicle in Idac: Yes / NoD.O.I. 27/07/2020Time: 1320hrs**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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	853C
Vehicle Details	
Vehicle No.:	SMF2297L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER G GRADE
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	8ARZ138046
Chassis No.:	JTEKB3GH90J002996
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$33,306.00
Original Registration Date:	31 Oct 2018
First Registration Date:	31 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$38,629.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Oct 2028
PARF Rebate Amount:	\$28,971.00
Intended COE Rebate Details	
COE Expiry Date:	30 Oct 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$31,801.00
COE Rebate Amount:	\$25,440.00
Total Rebate Amount:	\$54,411.00

The information contained herein is correct as at 27 Jul 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1097970

LOS SAL SUB

Policy No.	5113030180	Vehicle No.	SMF2297L	GST Registration No.	
Certificate No.					
Policyholder Name	HO KAH KING JOSEPH (HE JIAQING)			Policyholder NRIC	S7247853C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/07/2020 13:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/07/2020	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BKE TOWARDS KJE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLOCK 981D	Address 2	BUANGKOK CRESCENT	Address 3	#12-07
Address 4	SINGAPORE 537981	Address Type	Singapore address	Post Code	537981
Unit No.	#12-07	Related Policy Number	5113030180		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Investigation

Claim 002 OD-MD

Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	HO KAH KING JOSEPH (HE JIAC	Insured NRIC	S7247853
Contact No.(Mobile)	97337030	Contact No. (Home)	62837802	Contact No. (Office)	
Email Address	JOSEPHHOKK@GMAIL.COM	OI Vehicle Number	SMF2297L	TP Vehicle Number	SLL1743C
Claim Description	SMF2297L / SLL1743C ON 24 Jul 2020			Name of Preferred Workshop	
Preferred Workshop Contact Realisation	Yes	Preferred Repair Option	income to assign workshop	Insured Eligibility report	Fully at Resolved
Date Registered	27/07/2020 15:31	Claim Close Date		Date Received	27/07/2020
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

damage assessment

Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	HARRIER	Engine Capacity	
Date of Registration	01/01/2018	Classis No.	JTEKB3GH90J002996		
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parallel Import *	<input checked="" type="radio"/> Yes <input type="radio"/> No
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(\$)		Scrap Value(\$)		Economical Repair Value(\$)	

REMARK: NO OF REPAIR DAYS: 2 DAYS.

Remark

Remark for
Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Cost
root					
Not Applicable	1	149001	BONNET	1	Replace
ABS	2	16000101	BUMPER (FRONT)	1	Replace
ABSORBER	3	27100101	GRILLE (FRONT)	1	Replace
ACCELERATOR	4	32200101	NUMBER PLATE (FRONT)	1	Replace
ACTUATOR	5	32200201	NUMBER PLATE BASE (FRONT)	1	Replace
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: Ng Hak Joo <hakjoo.ng@income.com.sg>
Sent: Tuesday, 28 July 2020 2:31 PM
To: 'Suann'; nitha@moval.com.sg
Cc: Enny; Nabilah; LKK Paya Ubi
Subject: FW: SMF2297L under od claim: mt/1097970

Importance: High

Dear Mova

Please liaise with owner Mr Joseph HO at 97337030 on the repair ASAP as the vehicle is with him, excess \$642.

Our Ref: MT/CA/OD/051/1097970-002/NHJ

28 Jul 2020

MOVA AUTOMOTIVE PTE LTD

BLK 1008 #01-04/06/08

BUKIT MERAH LANE 3

ALEXANDRA VILLAGE INDUSTRIAL ESTATE

SINGAPORE 159722

Dear Sir

CLAIM NUMBER: MT/1097970-002

REPAIR OF VEHICLE NUMBER: SMF2297L

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

Award Date: 28 Jul 2020

Make: TOYOTA

Model: HARRIER

Estimated Repair Days: 3

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 Ng Hak Joo at 7890 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines

T +65 64307890

www.income.com.sg

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