

# NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 120067613-01

Date In: 11/8/20 14:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008255184	SAS e-filing		
Veh No: GBE 816 M	E-mail (within 3hrs, ATC 2hrs)		
TPA: 11/8/20 10:00	I-Motor Claim Form	MT/1099631-001	12/8/20 13:50
<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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( J-mart Motor pte Ltd Tel: 96813469 Fax: )

TP Particulars: Veh No: Barrer & Well 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: (INC 20008255184) 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

NA2004190

Client's Particulars:	Invoice Registration Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30); 30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30) 80.00
Damaged Portion:	3) TP: Towing Fee 540/545
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey 5120
Auditor's Comments:	5) FT: Follow-Through Survey (Resurvey) 510
Tel: 1:	For claiming assist. INC Only (ver 10 Jan 2003)
2/2:	6) TR: Re-inspection 575
	7) N1: Issue DA + EMRT Survey 5160
	8) NTUC Additional Services:
	DN:
	*N5: Courtesy Car / Tpt Allowance 55
	*N6: Repair Co-ordination 510 10.00
	*N7: Post Repair Inspection 525
	*N8: DV / Collect Excess Coordination 55
	TE (N11): TP (Non INC) against INC 520
	9) N12: Issue 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	11/08/2020 14:51
Date Of Accident	11/08/2020 10:00
Exact Location Of Accident	BLK 8 BUTTERWORTH LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE816M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN HOE HUP PLUMBING ENGINEERING
Co Reg No	3XXXX000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97957866
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073289983-04
Cover Note Number	
<b>Driver</b>	
Name of Driver	PHUA PHECK GEOK
NRIC No	SXXXX497E
Date Of Birth	30/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1975
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97957866
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 161B PUNGGOL CENTRAL #19-95
Postcode	822161
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 PROPERTY
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	1
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)	0

### 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	
Vehicle Make/Model/Colour	BARRIER N WALL
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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 the details of the accident to speed up the claims process.
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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.

AN HOE HUP PLUMBING ENGINEERING



Policyholder's Signature  
Date & Time:



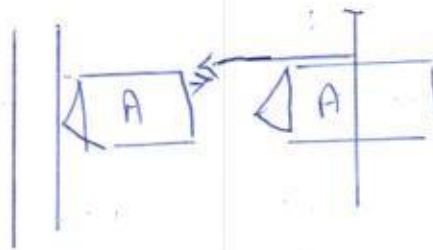
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN

Guard House



DCA: 11/8/20

A: GBE 816M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I come down from my van to change pass, suddenly  
 my van roll infmt hit the barrier & hit the wall.  
 my van roll back  
 I went into the car suddenly, I hit the barrier again.

DECLARATION  
 HOE HUP PLUMBING ENGINEERING  
 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.:



**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 : MNA120009613 Vehicle Registration No: GBE 816 M  
Name (as shown in NRIC) : Phua Pheok Geok NRIC/FIN/Passport No : S1279497E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 161B Punggol Central #19-95 Singapore (S2016)  
Contact (Tel) : 97957866 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 11/8/2020 Time of Accident : 10:00 am  
Place of Accident : Blk 8 Butterworth Lane  
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:

I would like to withdraw the claim

SIN HOE HUP PLUMBING



Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:

17/8/20

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5073289983-04

- |  |                                    |
|--|------------------------------------|
| 1. Index mark and Registration Number of Vehicle   | <b>Cover :</b> Comprehensive       |
| Chassis Number   | : GBE816M                          |
| 2. Name of Policyholder  | : KDH2015017750                    |
| 3. Effective Date of Insurance   | : SIN HOE HUP PLUMBING ENGINEERING |
| 4. Expiry Date of Insurance  | : 03 Sep 2019                      |
| 5. Persons or Classes of Persons entitled to drive#  | : 02 Sep 2020                      |
| (a) The Policyholder.  |                                    |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                    |
| 6. Limitations as to Use#  |                                    |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |                                    |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                                    |
- This Policy does not cover
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

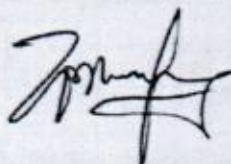
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

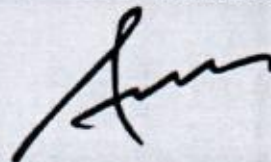
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)  
Date of Issue : 19 Aug 2019 15:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By:



SHOT ON MI MIX 2S  
AI DUAL CAMERA



## Personal Particulars

Date of Accident: 11/8/20

Time of Accident: 9:59 am

Exact Location of Accident: BLK 8 Battenworth Lane

Owner's Name: Phua Phet Gent

NRIC No: 30279497 HP No: 9795786

Driver's Name: u

NRIC No: u HP No: u

Date of Birth: 30/1/1957 Driving Licence Passing Date: 18/9/1975 Occupation: Indoor / Outdoor Outdoor

Address: 161B Punggol Central #19-95 (822161)

Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_

Vehicle No: GBE 816 M

Make & Model: Toyota

Insurance Co: NTUC

Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ ☐ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 0 B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No) Yes

## Third Party Driver's Particulars

Vehicle B No: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



## Claim Handling

Accident MT/1099631

Policy No.	5073289983-04	Vehicle No.	GBE816M	GST Registrati
Certificate No.				
Policyholder Name	SIN HOE HUP PLUMBING ENGINEERING			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97957866	Contact No.(Office)		Contact No.(Hr
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(%)	20	Private Hire
<b>▼ Accident Details</b>				
Report Date	12/08/2020 13:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/08/2020	Time of Accident hh:mm	10:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 8 BUTTERWORTH LANE			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 161B #19-95	Address 2	PUNGGOL CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5073289983-04	
<b>▼ OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PHUA PHECK GEOK	Driver NRIC	S1279497E	Driver DOB
Register Date of Driver License	18/09/1975	Driver Age	63	Driving Exper
Contact No.(Mobile)	97957866	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 161B #19-95	Address 2	PUNGGOL CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	19-95			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	SIF
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBE816M / BARRIER N WALL ON 11 Aug		
Preferred Workshop	95813469	Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By			
		12/08/2020 13:48	Claim Close Date
		LIEW SHAN HUI	
<input type="checkbox"/> Print AK letter			

Attachment

Accident No.	MT/1099631	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/08/2020 13:50
Path *		Category *	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:50	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:50	SAS	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:50	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:50	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:49	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:49	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:49	Photos	Normal
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:48	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:48	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:48	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:48	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:48	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Aug 2020 13:48	Photos	Normal

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div> <div>Scan and uploading</div>	



**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 ( )      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 ( )

**By Assessor- 1) Vehicle Information**

Veh No: G8E 816 M Yr Regn: 2015 / Sept.

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

Make & Model: Toyota Hiace c.c 2982

Colour silver Transmission Type: Auto / Manual

Eng/No: 1KD2521345 Sp. Reading: 134385

C/No: KDH2015017750

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: 195 R15

R: — 1 —

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

TOYO / YOKO or Michelin

**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

Towing Required: Yes / No

No of Repair Days: 5

Vehicle in Idac: Yes / No

D.O.I. 11/08/2023

Time: 1400hrs.

**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:

## GBE 816M

- 1.) Front bumper x 1 Dentist
- 2.) ——— " — tow hook cover x 1 cut
- 3.) ——— " — lower grille x 1 dislodged
- 4.) Front RH fog lamp x 1 cut
- 5.) ——— " — cover x 1 cut
- 6.) Front RH headlamp x 1 cut
- 7.) Front grille x 1 dislodged
- 8.) Front centre panel x 1 rep
- 9.) Front RH ~~corner~~ corner panel x 1 rep
- 10.) Front RH door x 1 rep
- 11.) Front ——— " — company sticker x 1 nec
- 12.) RH side sliding door x 1 rep
- 13.) RH ~~rear~~ rear panel x 1 rep
- 14.) Rear <sup>tailgate</sup> ~~tailgate~~ x 1 ~~Dentist~~ repair
- 15.) Rear tailgate 5px sticker x 1 nec
- 16.) ——— " — Tokungh sticker x 1 nec
- 17.) ——— " — trace sticker x 1 nec



## Claim Handling

Task Transfer Exit

## Accident MT/1099631

LOS SAL SUB

Policy No.	5073289983-04	Vehicle No.	GBE816M	GST Registration No.	
Certificate No.					
Policyholder Name	SIN HOE HUP PLUMBING ENGINEERING			Policyholder NRIC	31794000K
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97957866	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(%)	20	Private Hire	No

## Accident Details

Report Date	12/08/2020 13:41	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	11/08/2020	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 8 BUTTERWORTH LANE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
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	BLK 161B #19-95	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822161
Address 4		Address Type	Singapore address	Post Code	822161
Unit No.		Related Policy Number	5073289983-04		

## O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHUA PHECK GEOK	Driver NRIC	S1279497E	Driver DOB	30/01/1957
Register Date of Driver License	18/09/1975	Driver Age	63	Driving Experience	44
Contact No.(Mobile)	97957866	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 161B #19-95	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822161
Address 4		Address Type	Singapore address	Post Code	822161
Unit No.	19-95				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Zuraimie Bin Mantau

Claim Type	OD-MD	Insured Name	SIN HOE HUP PLUMBING ENGI	Insured NRIC	31794000K
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	97957866
Email Address		OT Vehicle Number	GBE816M	TP Vehicle Number	BARRIER 1
Claim Description	GBE816M / BARRIER N WALL	ON 11 Aug 2020		Name of Preferred Workshop	J-MART M
Preferred Workshop Code	96813469	Preferred Repair Option	Preferred Workshop (refer below)	Insured Liability report	Fully at Fault
Palisade	Yes				
Date Registered	12/08/2020 13:53	Claim Close Date		Date Received	12/08/2020
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	
Print AK letter					
Modification History					

## Special Claim Creation Approval

Approval	Reason				
Remarks					
<b>damage assessment</b> <b>Attachment</b>					
Vehicle Info					
Vehicle Make	TOYOTA	Vehicle Model	HIACE	Engine Capacity	1.55
Date of Registration	03/09/2015	Classis No.	KDH2015017750		
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 type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN	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 *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	
REMARK: NO OF REPAIR DAYS: 5 DAYS, 1X FRT BUMPER LOWER GRILLE - REPLACE, 1X FRT RH DOOR COMPANY STICKER - REPLACE, 1X RH REAR PANEL - REPAIR, 1X TAILGAT REPLACE, 1X TAILGATE 70KM/H STICKER - REPLACE, 1X TAILGATE HIACE STICKER - REPLACE.					
Remark					
Remark for Supplementary					

## Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Co
root					
Not Applicable	1	16000101	BUMPER (FRONT)	1	Replace
ABS	2	16006701	BUMPER TOWING COVER (FRONT)	1	Replace
ABSORBER	3	25700102	FOG LAMP (RIGHT)	1	Replace
ACCELERATOR	4	25700302	FOG LAMP COVER (RIGHT)	1	Replace
ACTUATOR	5	27700102	HEAD LAMP (RIGHT)	1	Replace
ADVERTISEMENT STICKER	6	27100101	GRILLE (FRONT)	1	Replace
AIR BAG	7	33000201	PANEL (CENTRE) (FRONT)	1	Repair
AIR BLOWER	8	21300102	CORNER PANEL (FRONT RIGHT)	1	Repair
AIR BOX	9	23300202	DOOR (FRONT RIGHT)	1	Repair
AIR CHAMBER BOX	10	38900102	SLIDING DOOR (RIGHT)	1	Repair
AIR CLEANER	11	419001	TAIL GATE	1	Repair
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

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