

NATIONAL Assessment Centre Services.

Wef 1 Jan'05

MHA12006894

Date In: 11/12-14/11	Job description	Date & Time Completed	Done by
Ref No: HA/IN CP008478724	SAS e-filing		
Veh No: J269103X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/12-14/40	i-Motor Claim Form	17/129975-01	14/12 14:23
(OD) TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: JH B447VM	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%, F: 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 hotline: 6788 6616)	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

HA2007261	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref. 1:			
Ref. 2 / 3:			

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	14/08/2020 14:11
Date Of Accident	13/08/2020 14:40
Exact Location Of Accident	BUANGKOK DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9103X
Insured/Policyholder	
Name Of Registered Owner	YU KEQING
NRIC No	SXXXX451A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91009616
Alternative Phone No	OFFICE-91009616

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114609545
Cover Note Number	

Driver

Name of Driver	YU KEQING
NRIC No	SXXXX451A
Date Of Birth	30/09/1970
Occupation	INDOOR
Date Of Driving Pass	02/10/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91009616
Fax Number	
Contact Number	OFFICE-91009616
Email Address	NOEMAIL

Address	BLK 980 UPPER SERANGOON ROAD #16-01
Postcode	533856
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200813/2110

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	SHB4412M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG CHANG LIM
NRIC/Passport Number	SXXXX809J
Contact Number	96257057

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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



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

On the stated time and date, I was travelling on my vehicle bearing carplate number SJL9103X on Buangkok Drive. The lanes were 3 straight lanes, I was on the lane 3. When my vehicle lost control and hit head to rear on vehicle B which then my car drifted to lane 1 and hit the kerb.

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.: _____

Date of Accident : 13/08/2020 . Accident Time: 2.40pm . (24-HR-Format)
Accident Place : Buangkok Drive
Vehicle Reg. No. (Car Plate No.) : 5TL9103X
Vehicle Make/Model : Toyota Vios
Insurance Company : NTUC . Policy No. _____
Owner or Company Name / IC No. : Yu Keqing
Owner or Company Contact No. : 91009616 . Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 30/09/1970 . DRIVER'S License Pass Date 02/10/2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 980 upper Serangoon Road #16-01 S 533856
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 . (driver and 18yo son) - mark
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHB4412M .
Vehicle Make/Model: Comfort taxi .
Name Driver: Teng Chang Lim
IC No. Driver: 50192809J .
Driver's Contact & Add: 96257057 .

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20200813/2110

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200813/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2020 20:10		Vide Report No.:		Station Diary No.: 175	
Informant's Particulars					
Name of Informant: YU KEQING			Address: BLK 980 UPPER SERANGOON ROAD #16-01 SINGAPORE 533856		
ID Type / ID No.: NRIC NO / S7085451A			Contact No.: Home/Office: Mobile: 91009616		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 30/09/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT Project Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2020 14:40	Type of Location:
Location: BUANGKOK EAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4412M	Car				Slightly Damaged	1
SJL9103X	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL9103X	NTUC Income Insurance Co-Operative Limited	5114609545	16/12/2019	15/12/2020



**SINGAPORE
POLICE FORCE**



T/20200813/2110

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20200813/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TENG CHANG LIM	ID No.	S0192809J
Related Vehicle	SHB4412M (Car)	Contact No.	96257057
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YU KEQING	ID No.	S7085451A
Related Vehicle	SJL9103X (Car)	Contact No.	91009616
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/08/2020 at about 1440hrs, I was driving along Buangkok East Dr on the most left lane. I do not know what had happened, my vehicle suddenly hit onto the Taxi in front, and subsequently swerved to the most right lane. There were no other cars during the point of time. We stopped the vehicle and get down to exchange particulars. The Taxi driver informed that he was feeling unwell. However no visible injuries were seen. No one was injured. As such I left the scene after my vehicle was being towed away by the towing company.

At about 1604hrs, I received a call from Taxi driver saying that he was conveyed to the hospital. Subsequently, he handed over the phone to another person who claimed to be the traffic police, informing me to return to the scene. I informed him that we have already exchanged particulars earlier, and had confirmed that there were only 2 cars involved. As such, I was told that I do not need to proceed back to the scene. At about 1656hrs, I received another call from a Traffic Police officer from number 65476216. I sent him some photos at the scene, and he informed me to lodge a police report at any police station.



**SINGAPORE
POLICE FORCE**



T/20200813/2110

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

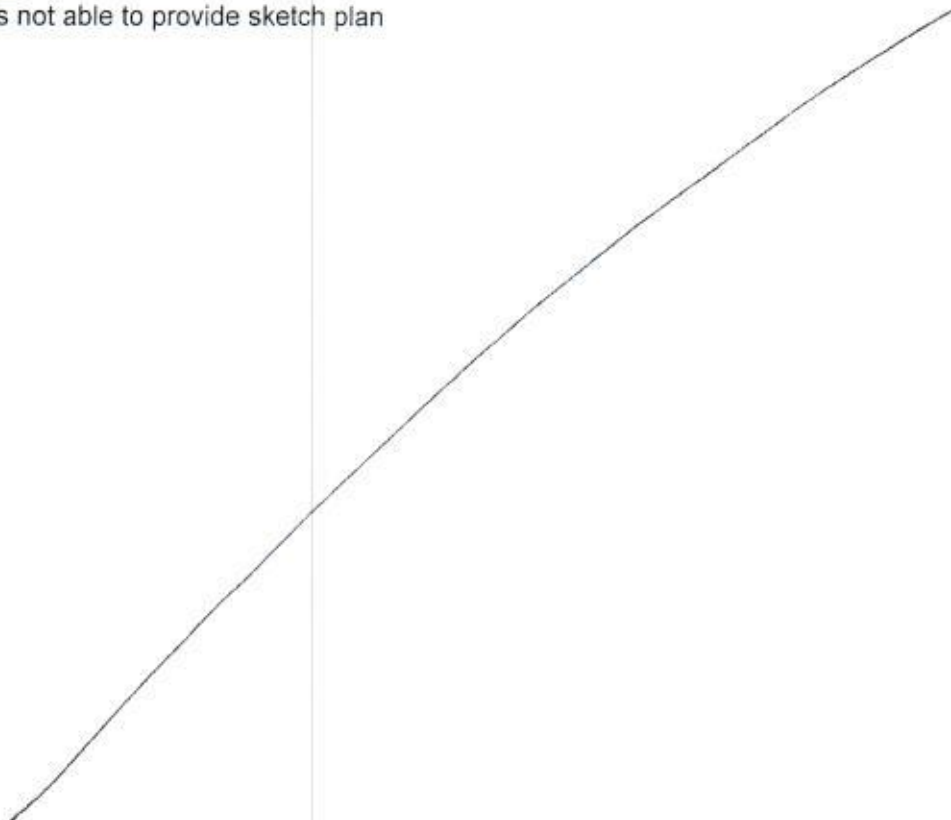
3 of 3

Report No. T/20200813/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt LOI SHI HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2020 20:10
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168	 SN 003
 Signature: Singapore Police Force	

eBaoTech

General/Claim

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="13/08/2020 14:40"/>							
Vehicle No. (For Motor)	<input type="text" value="SJL9103X"/>	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"/>	5114609545		YU KEQING	S7085451A	GPC	drive CLASSIC	SJL9103X	SJL9103X	16/12/2019	15/12/2020
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5114609545	Policyholder Name	YU KEQING	Policyholder NRIC	S7085451A
Certificate No.					
Address	BLK 200D #15-48 SENGKANG EAST ROAD SINGAPORE 544200				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/12/2019	Effective Date	16/12/2019 00:00	Expiry Date	15/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 200D #15-48	Address 2	SENGKANG EAST ROAD	Address 3	SINGAPORE 544200
Address 4		Address Type	Singapore address	Post Code	544200
Unit No.		Related Policy Number	5114609545		

 Insured Object: SJL9103X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1099935

Policy No.	5114609545	Vehicle No.	SL9103X	GST Registration No.	
Certificate No.					
Policyholder Name	YU KEQING	Cover Type	drive CLASSIC	Policyholder NRIC	S7085451A
Product Code	PRIVILEGE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91009616	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	MCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	Yes		

Accident Details

Report Date	14/08/2020 14:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/08/2020	Time of Accident (hr:min)	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	BUANGKOK DR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				

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 2000 #15-48	Address 2	SENGKANG EAST ROAD	Address 3	SINGAPORE 544200
Address 4		Address Type	Singapore address	Post Code	544200
Unit No.		Related Policy Number	5114609545		

OT Driver Info

Driver Name	YU KEQING	Driver Type	Main Driver	Driver DOB	30/09/1970
Unnamed driver Name		Driver NRIC	S7085451A	Driving Experience	11
Register Date of Driver License	02/10/2008	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	91009616	Contact No.(Office)	0	Address 3	SINGAPORE 533856
Address 1	900 UPPER SERANGOON ROAD	Address 2	STARS OF KOVAN	Post Code	533856
Address 4		Address Type	Singapore address		
Unit No.	16-01				
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


























Claim 001 **New**

Claim Type *	OD-MD	Insured Name	YU KEQING	Insured NRIC	S7085451A
Contact No.(Mobile)	91009616	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	YUKEQING@YAHOO.COM	OT Vehicle Number	SL9103X	TP Vehicle Number	SHB4412M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SL9103X / SHB4412M On 13 Aug 2020				
Preferred Workshop Contact No.	98888885	Insured Liability *	Fully at Fault	Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	14/08/2020 14:23	Claim Close Date		Date Received	14/08/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

Attachment

Accident No.	MT/1099935	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2020 14:26

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Attachment List							Send Message	
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	SAS		Normal	SAS 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2020 14:26	Photos		Normal	Photos 2020-8-14			
Video List								
Uploaded By/Date	Folder Date	File Name		Source	Action			
							Display in New Window	
							Scan and uploading	

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

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

MV 33K
LTA 22.9K
NL 10.1K

By Assessor- 1) Vehicle Information

Veh No: SJL 9103X Yr Regn: Dec 2008

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

Make & Model: Toyota Vios c.c. 1497

Colour: Blue Transmission Type: Auto / Manual

Eng/No: 1N2XB19737 Sp. Reading: N.A.

C/No: MR053HY9305086903

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: 195/60 R15
R: 15

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: 10

Vehicle in Idac: Yes / No

D.O.I. 14/08/2020

Time: 1530hrs

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:

1.) Driver air bag x 1 activated

2.) Driver seat belt x 1 activated



3.) RH "B" pillar inner trim x 1 broken

4.) Passenger air ^{bag} ~~bag~~ x 1 activated

5.) Passenger seat belt x 1 activated.

6.) Air bag control module x 1 activated.

7.) Front impact sensors x 2 activated

8.) Rear bumper x 1 cut

9.) Rear RH fender x 1 Dented

10.) Rear RH wheel rim x 1 Dented

11.) — " — tyre ~~punctured~~ x 1 ^{broken} ~~punctured~~

12.) Rear RH door x 1 Dented

13.) — " — lower moulding x 1 Hec

14.) Front RH door x 1 Dented

15.) — " — lower moulding x 1 Hec

16.) — " — hinge x 2 Bt.

- 16.) Front RH fender x 1 Dam
- 17.) ——— 11— emblem x 1 Nec
- 18.) Front RH wheel rim x 1 dent/dent
- 19.) Front RH tyre x 1 ~~broken~~ broken
- 20.) Front RH headlamp x 1 broken
- 21.) Front bumper x 1 cut
- 22.) ——— 11— RH retainer x 1 RT/broken
- 23.) ——— 11— reinforcement x 1 Dent/dent
- 24.) ——— 11— sponge x 1 torn
- 25.) ——— 11— RH fog lamp cover x 1 dislodged
- 26.) ——— 11— tow hook cover x 1 dislodged
- 27.) Front grille x 1 broken
- 28.) ——— 11— chrome moulding x 1 mounting broken
- 29.) ~~Front~~ ——— 11— logo x 1 Nec
- 30.) Front number plate with rising x 1 dislodged/broken
- 31.) Front windscreen x 1 cracked.

- 32.) Front wiper tank X 1 damaged
- 33.) Front RH fender inner shield X 1 dislodged
- 34.) Front engine undercover X 1 torn
- 35.) Front bonnet X 1 Bt
- 36.) ——— || — lock X 1 Bt.
- 37.) Front RH headlamp top panel X 1 Bt
- 38.) Front support panel X 1 Bt
- 39.) Front bonnet hinge RH X 1 repair.
- 40.) Air condenser X 1 ?
- 41.) Radiator X 1 ?
- 42.) Front RH lower arm X 1 ?
- 43.) + — || — shock absorber X 1 ?
- 44.) — || — knuckle arm X 1 ?
- 45.) — || — wheel bearing X 1 ?
- 46.) — || — drive shaft X 1 ?
- 47.) — || — steering tie rod X 1 ?
- 48.) — || — steering tie rod end X 1 ?
- 49.) Steering rack and pinion X 1 ?

S0.) Front cross member X 1 ?

S1.) Rear RH ~~Kn~~ ~~Kn~~ wheel ~~hub~~ ~~hub~~ hub X 1 ?

S2.) ——— " ——— Shock absorber X 1 ?

S3.) ——— " ——— Cross member X 1 ?

S4.) Front dashboard X 1 ?

S5.) RH rear tail lamp X 1 ?

REMARK:NO OF RAPAIR DAY:10 DAYS.

1. 1XDRIVER AIRBAG-ACTIVATED.
2. 1XDRIVER SEAT BELT-ACTIVATED.
3. 1X RH 'B' PILLAR INNER TRIM-BROKEN.
4. 1XPASSENGER AIRBAG-ACTIVTED.
5. 1XPASSENGER SEAT BELT-ACTIVATED.
6. 1XAIR BAG CONTROL MODULE-ACTIVATED.
7. 2XFRT IMPACT SENSORS-ACTIVATED.
8. 1XREAR BUMPER-CUT.
9. 1XREAR RH FENDER-DENTED.
10. 1XREAR RH WHEEL RIM-DENTED.
11. 1XREAR RH TYRE-BROKEN.
12. 1XREAR RH DOOR-DENTED.
13. 1XREAR RH DOOR LOWER MOULDING-NEC.
14. 1XFRT RH DOOR-DEMTED.
15. 1XFRT RH DOOR MOULDING-NEC.
16. 2XFRT RH DOOR HINGE-BT.
17. 1XFRT RH FENDER-BNC.
18. 1XFRT RH DOOR EMBLEM-NEC.
19. 1XFRT RH WHEEL RIM-DENTED.
20. 1XFRT RH TYRE-BROKEN.
21. 1XFRT RH HEADLAMP-BROKEN.
22. 1XFRT BUMPER-CUT.
23. 1XFRT RH BUMPER RETAINER-BT.
24. 1XFRT RH BUMPER REINFORCEMENT-DENTED.
25. 1XFRT RH BUMPER SPONGE-TORN.
26. 1XFRT RH BUMPER FOG LAMP COVER-DISLODGED.
27. 1XFRT RH BUMPER TOW HOOK COVER-DISLODGED.
28. 1XFRT GRILLE-BROKEN.

29. 1XFRT GRILLE CHROME MOULDING-BROKEN.
30. 1XFRT GRILLE LOGO-NEC.
31. 1XFRT BUMPER PLATE WITH CASING-BROKEN.
32. 1XFRT WINDSCREEN-CRACKED.
33. 1XFRT WIPER TANK-DETMED.
34. 1XFRT RH FENDER INNER SHIELD-DISLODGED.
35. 1XFRT ENGINE UNDERCOVER-TORN.
36. 1XFRT BONNET LOCK-BT.
37. 1XFRT RH HEADLAMP TOP PANEL-BT.
38. 1XFRT SUPPORT PANEL-BT.
39. 1XFRT RH STEERING TIE ROD-UNCONFIRM.
40. 1XFRT RH STEERING TIE ROD END-UNCONFIRM.



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Toyota Vios

Price Range

Depreciation

> 10 year

Vehicle Type



Advanced Search

Home » Used Cars » Direct Owners » Toyota Vios 1.5A J (COE till 12/2028)

Toyota Vios 1.5A J (COE till 12/2028)

Overview

Financial

Accessories

Similar

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Photos

Map

DIRECT OWNER

Price	\$33,800		
Depreciation	\$4,040 /yr	Reg Date	26-Dec-2008 (8yrs 4mths 11days COE left)
Mileage	N.A.	Manufactured	2008
Road Tax	\$821 /yr	Transmission	Auto
Dereg Value	\$23,077 as of today (change)	OMV	\$11,499
COE	\$27,571	ARF	\$11,499
Engine Cap	1,497 cc	Power	80.0 kW (107 bhp)
Curb Weight	1,095 kg	No. of Owners	6



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Shortlist

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Type of Vehicle [Mid-Sized Sedan](#)

Features

View specs of the [Toyota Vios \(2007-2013\)](#)

Description

Best Buy! High Spec J Model!

Category

[COE Car](#), [Direct Owner Sale](#)

Status

Available

Resources



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Seller Information

Contact Person(s) [Keith / John](#)**Contact No.** [90231232 / 96611118](#) **Enquiry** [Contact Seller](#)

ESSENTIAL TRANSACTION FORMS

- » [Indemnity form](#)
- » [Sales agreement](#)
- » [Receipt](#)
- » [Hand-over form](#)
- » [Ownership Transfer](#)



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Posted on: 27-Jul-2020 | Last Updated on: 27-Jul-2020

Upfront Payment

» [more Financial info](#)

Transfer Fee	\$25	
Down Payment	\$10,140 (change)	Maximum 70% Loan
1st Instalment	\$356	Based on 3.75% interest rate
Total Upfront Payment	\$10,521 (excluding insurance)	Check with seller for exact figure

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Gear knob



Toyota Vios Car Tail Light



Auto Clover Smoked 4pcs Set Door Visor



Matters 5d Toyota 2018 Vios Black Car Mat



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1-6 of 18



14 tyre myths you shouldn't believe



The BMW 2 Series GC is driver focused



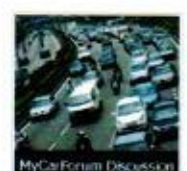
BMW 3 Series is all the car you ever need



BMW announces new 545e xDrive Sedan



Eight common engine oil myths busted



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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	451A
Vehicle Details	
Vehicle No.:	SJL9103X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	1NZX819737
Chassis No.:	MR053HY9305086903
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$11,834.00
Original Registration Date:	16 Dec 2008
First Registration Date:	16 Dec 2008
Transfer Count:	0
Actual ARF Paid:	\$11,834.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$27,571.00
COE Rebate Amount:	\$22,983.00
Total Rebate Amount:	\$22,983.00

The information contained herein is correct as at 14 Aug 2020

OK

Claim Handling

[Task Transfer](#) [Exit](#)
[LOS](#) [SAL](#) [SUB](#)

Accident MT/1099935

Policy No.	5114609545	Vehicle No.	SJL9103X	GST Registration No.	
Certificate No.					
Policyholder Name	YU KEQING	Cover Type	drive CLASSIC	Policyholder NRIC	S7085451A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91009616	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(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

Accident Details

Report Date	14/08/2020 14:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/08/2020	Time of Accident (h:mm)	14:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	DOM No.	
Accident Location	BUANGKOK DR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

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 200D #15-48	Address 2	SENGKANG EAST ROAD	Address 3	SINGAPORE 544200
Address 4		Address Type	Singapore address	Post Code	544200
Unit No.		Related Policy Number	5114609545		

O1 Driver Info

Driver Name	YU KEQING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7085451A	Driver DOB	30/09/1970
Register Date of Driver License	02/10/2008	Driver Age	49	Driving Experience	11
Contact No.(Mobile)	91009616	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	980 UPPER SERANGOON ROAD	Address 2	STARS OF KOVAN	Address 3	SINGAPORE 533856
Address 4		Address Type	Singapore address	Post Code	533856
Unit No.	16-01				
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 mp	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimie Bin Mantau

[LOS](#) [SAL](#) [SUB](#)

Claim Type	OD-MD	Insured Name	YU KEQING	Insured NRIC	S7085451A
Contact No.(Mobile)	91009616	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	YKEQING@YAHOO.COM	O1 Vehicle Number	SJL9103X	TP Vehicle Number	SHB4412M
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SJL9103X / SHB4412M ON 13 Aug 2020			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact No.	95885885	Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	14/08/2020 00:00
Date Registered	14/08/2020 14:27	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer		OD Excess Collected by Workshop	

☒ Print AK letter

Modification History

Special Claim Creation Approval

Approval		Reason	
Remarks			

damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	VIOS	Engine Capacity	
Date of Registration	16/12/2008	Class No.	MROS3HY9305086903		
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 *	Own Damage	Assessor Name *	BRYAN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PRYA		

Windscreen Parts & Labour
Cost

Total Loss +

☐ Yes ☒ No

Market Value(\$)

Scrap Value(\$)

Economical Repair Value(\$)

PLEASE REFER AS ATTACHED.

Remark

Remark for Supplementary

Damage Listing

Find a Part

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
AIR INTAKE
AIR RESONATOR BOX

No.

Part No.

Description

Qty +

Repair Code +

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14902202
112023
344001
30500102
36600102
30000102
44800502
23600102
401028
22200101
44800904
36600104
22200102
22800102
42000102

BONNET HINGE (RIGHT)
AIR CON CONDENSER
RADIATOR
LOWER ARM (FRONT RIGHT)
SHOCK ABSORBER (FRONT RIGHT)
KNUCKLE ARM (FRONT RIGHT)
WHEEL BEARING (FRONT RIGHT)
DRIVE SHAFT (FRONT RIGHT)
STEERING RACK & PINION
CROSS MEMBER (FRONT)
WHEEL HUB (REAR RIGHT)
SHOCK ABSORBER (REAR RIGHT)
CROSS MEMBER (REAR)
DASHBOARD (TOP)
TAIL LAMP (RIGHT)

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Save Submit

LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>
Sent: Monday, 17 August 2020 3:00 pm
To: Hock Wah
Cc: LKK Paya Ubi
Subject: Vehicle SJL9103X, OD Claim No: MT/1099935-001, DOA: 13/08/2020

Importance: High

Dear Hock Wah Motor

OD Excess \$2000 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to tow away the vehicle and update owner Mr Yu Keqing at 91009616 on the repair status.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1099935-001/ZBM

17 Aug 2020

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12

BEDOK INDUSTRIAL PARK E

SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1099935-001

REPAIR OF VEHICLE NUMBER: SJL9103X

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

Award Date: 17 Aug 2020

Make: TOYOTA

Model: VIOS

Estimated Repair Days: 15

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A

Excess Applicable: 2000.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimee Bin Mantau at 64307891 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank you

Zuraimee Bin Mantau

Senior Executive

Operations, Motor & Personal Lines

T +65 6430 7891



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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: SJL 9103X Date In: 17/8/2020 Time In: 17:15 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Hock Wok

Collection Date: 17/8/2020 Time: 17:15 with Keys: Yes / No

Tow Truck No: YH 13EBL Tow Man: Chng Fung Beng NRIC: S7048447A

Signature: _____

For office use

Attended by: Jackson

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: _____