

NATIONAL Assessment Centre Services

(wef 1 Jan 05) HANAI 0070314

Date In: 17/12/14	Job description	Date & Time Completed	Done by
Ref No: NA/INC/00086/17/14	SAS e-filing		
Veh No: 5M583L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/12-09:25	i-Motor Claim Form	17/1100333-021	17/12-14:07
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: 5HD6070

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 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

Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: 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:-

ON*

*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

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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	18/08/2020 13:54
Date Of Accident	18/08/2020 09:05
Exact Location Of Accident	CTE TWDS CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5683L
Insured/Policyholder	
Name Of Registered Owner	TOH CHUN KIAT
NRIC No	SXXXX214E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98731185
Alternative Phone No	OFFICE-98731185

Vehicle Particulars

Manufacturer	BMW
Model	523I A
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	5118204233
Cover Note Number	

Driver

Name of Driver	TOH CHUN KIAT
NRIC No	SXXXX214E
Date Of Birth	15/08/1990
Occupation	INDOOR
Date Of Driving Pass	21/04/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98731185
Fax Number	
Contact Number	OFFICE-98731185
Email Address	NOEMAIL

Address	BLK 771 PASIR RIS STREET 71 #16-360
Postcode	510771
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6070S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

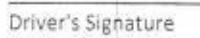
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

A: JM75683L
B: JHD 6070S


C7E fwhs
Cairnhill Circle

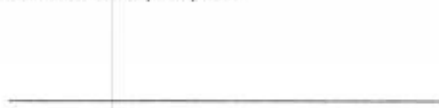
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was travelling along C7E fwhs Cairnhill Circle. Suddenly vehicle B jammed brake. I couldn't brake my vehicle in time and hit into vehicle B rear portion.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 8 / 20) (DD/MM/YYYY), TIME: (09:07) (HH:MM)

LOCATION: C7E twds Kent Hill circle

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5MT56836
b) INSURANCE COMPANY: H70C
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98731185
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 60705 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kenttohartier@gmail.com

fax =

video =



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 ()

Vehicle fitted with ~~off~~ non-original
front bumper.

By Assessor- 1) Vehicle Information

Veh No: SM75683L Yr Regn: Aug 2010

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

Make & Model: BMW 523 c.c. 2497

Colour: Blue Transmission Type: Auto / Manual

Eng/No: 01747412N52B2 Sp. Reading: 159949

C/No: WBAFP32010C544247

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: 255/35 R 20
R: 285/30 R 20

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

Front Rear

R/Bal. S mm R/Bal. S mm

L/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: 167 Vehicle in Idac: Yes / No

D.O.I. 19/08/2020 Time: 1400 hrs

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
- e. Animal () f. 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:

- 1.) Front bumper x 1 Dent
- 2.) " " Sensor x 1 Set Dam
- 3.) " " Logo x 1 Nec
- 4.) " " Sponge x 1 torn
- 5.) " " Reinforcement x 1 Bt
- 6.) " " top rubber x 1 deformed
- 7.) Front LH headlamp x 1 broken
- 8.) " " lower bracket x 1 broken
- 9.) " " washer nozzle cover x 1 deformed
- 10.) " " washer nozzle pen x 1 broken
- 11.) Front number plate with casing x 1 deformed
- 12.) Front & LH fender x 1 Dent
- 13.) Front Bonnet x 1 Dent
- 14.) " " lower lock LH x 1 Bt
- 15.) " " upper lock catch LH x 1 Bt.
- 16.) " " hinge LH x 1 Bt.

- 17) Radiator grille x 2 broken
- 18) ——— " ——— Air guide x 2 broken
- 19) Air condenser x 1 Punctured / St.
- 20) Radiator x 1 Punctured / Bt.
- 21) Radiator fan assembly x 1 ?
- 22) Front centre brace x 1 Bt.
- 23) Front top panel garnish x 1 Bt.
- 24) ~~Front RH~~
- 24.1 Front Top panel x 1 ?
- 25) Front LH headlamp panel x 1 ?

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Friday, 21 August 2020 10:54 am
To: LKK Paya Ubi; Chew Goon Motor; chewgoon@singnet.com.sg; Chew Goon Motor(ad3)
Subject: SMT5683L | MT/1100333 (Awarding Letter to Chew Goon)

Importance: High

Hi IDAC and Chew Goon,

Vehicle is currently in IDAC.

Excess of \$600 is applicable.

Please liaise with the owner – Mr Toh Chun Kiat at tel: 9873 1185 on the necessary.

Thank you.

Yap Chee Ling (Ms)

Executive

Operations, Motor and Personal Lines

T +65 6430 7893

www.income.com.sg



Our Ref: MT/CA/OD/051/1100333-001/YCL

21 Aug 2020

CHEW GOON MOTOR
BLK 10 AMK IND PARK 2A AVE 5
#01-15, 16 & 17 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1100333-001
REPAIR OF VEHICLE NUMBER: SMT5683L

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

Award Date: 21 Aug 2020
Make: BMW

Model: 523i

Estimated Repair Days: 8

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits: Not applicable

Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



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: SM T 5832 Date In: 22/8/20 Time In: 10:45 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Chew Hui

Collection Date: 22/8/20 Time: 10:45 with Keys: Yes / No

Tow Truck No: YK 50404 Tow Man: Chia Chong Hui NRIC: 5138217312

Signature: G

For office use

Attended by: Shan Hui

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: _____