

NATIONAL Assessment Centre Services

Date In: 02/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20009230/12	SAS e-filing		
Veh No: FBM2229C	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 30/08/20 1100	i-Motor Claim Form	MT/11017/4 - 002	
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: SM46777L	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

NA2004597	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	02/09/2020 09:40
Date Of Accident	30/08/2020 11:00
Exact Location Of Accident	BEDOK SOUTH AVE 1 NEAR ESSO PETROL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2229C
Insured/Policyholder	
Name Of Registered Owner	CHEE WEI LIANG
NRIC No	SXXXX505Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96679142
Alternative Phone No	OTHERS-96679142

Vehicle Particulars

Manufacturer	ADIVA
Model	AR3 200 3-WHEELER CVT
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093769106-02
Cover Note Number	

Driver

Name of Driver	CHEE WEI LIANG
NRIC No	SXXXX505Z
Date Of Birth	25/11/1955
Occupation	INDOOR
Date Of Driving Pass	15/01/1991
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96679142
Fax Number	
Contact Number	OTHERS-96679142
EMail Address	NOEMAIL

Address	BLK 93 PAYA LEBAR WAY #07-3043
Postcode	370093
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

I WAS MAKING A RIGHT TURN INTO ESSO PETROL KIOSK AT BEDOK SOUTH AVE 1. SUDDENLY VEH B CAME AND COLLIDED ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

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	SMG6777L
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHEE WEI LIANG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM2229C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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:

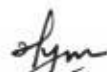
01/09/2020

0414 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:



02/09/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AS PER ATTACHED

AS PER ATTACHED

pls refer to the statement.

Pls refer to the statement.

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

Policyholder's Signature
Date & Time: 01/09/2020

ALL HQ

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

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

Google Maps Bedok South Ave 1

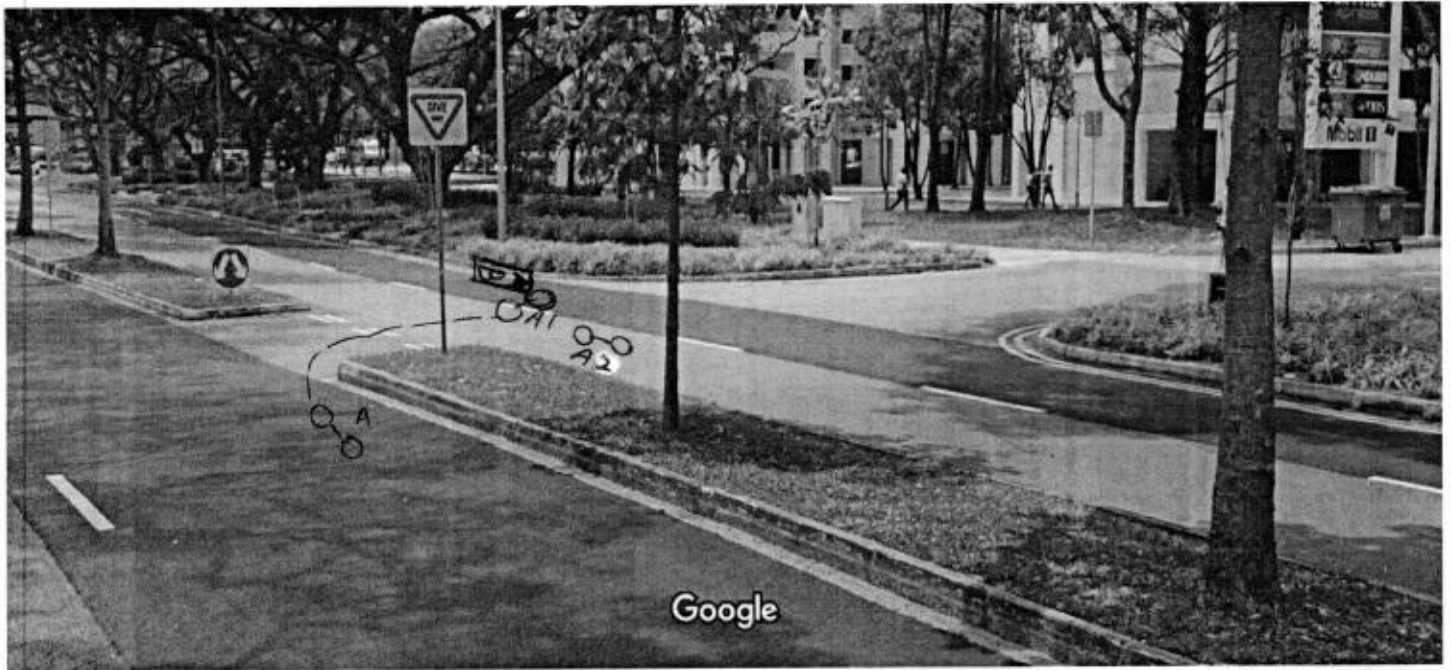
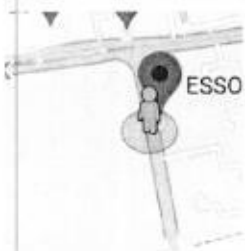


Image capture: Apr 2019 © 2020 Google

Singapore

Google

Street View



A - FBM2229C

B - SMG6777L

ACCIDENT STATEMENT

ACCIDENT DATE: 30/08/2020 (DD/MM/YYYY), TIME: 11AM (HH:MM)

LOCATION: BECK SOUTH DU 1 (NEAR 779)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 3339 C
b) INSURANCE COMPANY: NTUC
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 USE
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: CHEE WET LIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 11215052 CONTACT: 96699142
c) ADDRESS: BK 93, #07-3043, PAPA LEBAN
LAW

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 25/11/1955 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/01/1991

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) SLIGHT

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 6777L MODEL: TOYOTA ACIS
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 = phlips eler @ smic . com

fax =

video =

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 : 5093769106-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBM2229C

Chassis Number

: RGVTC40AAGA000112

2. Name of Policyholder

: CHEE WEI LIANG

3. Effective Date of Insurance

: 09 Nov 2019

4. Expiry Date of Insurance

: 08 Nov 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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\$300
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHEE WEI LIANG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAH 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 19 Oct 2019 11:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Accident MT/1101714



















Policyholder Mailing Address					
Address 1		BLK 93 #07-3043		Address 2	
Address 4		Address Type		SINGAPORE	
Unit No.		Related Policy Number		5093769106-02	
01 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Address 4	
Address 4		Address Type		Post Code	
Unit No.		Foreign address			
Does he own a Singapore Registered car?		Yes No		Driver Insurer Company	
		Driver Vehicle No.			
Modification History					

Claim Type *			OD-MD	Insured Name	CHEE WEI LIANG	In	Fi
Contact No. (Mobile)				Contact No. (Home)	67457259	Co	Nc
Email Address				OT		TP	
				Vehicle Number	FBM2229C	Ve	Ni
Claim Description			FBM2229C / SMG6777L ON 30 Aug 2020			Na	Pr
Preferred Workshop		Insured Liability	Fully at Fault			Wi	
Submittal No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received		
Date Registered			02/09/2020 10:58		Claim Close Date		Do
Report Taken By			ROS LINDA		Workshop Repairer		To
<input checked="" type="checkbox"/> Print AK letter							bu
							Re
							Of
							Ex
							Co
							by
							Wk

[illegible]

Upload your files

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57	SAS		Normal	SAS 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56	Photos		Normal	Photos 2020-9-2

Video List

Uploaded By/Date	Folder Date	File Name		Source
<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) 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 ()

By Assessor- 1) Vehicle Information

Veh No: FBM 2229C Yr Regn: 2017, May

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

/ Truck / Trailer or

Make & Model: Adiva AR3 c.c 171

Colour Blue Transmission Type: Auto / Manual

Eng/No: MAB12118 Sp. Reading: N.A.

C/No: RGVTC40AAG-A000112

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120/70 R14

R: 120/80 R12 (double)

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

TOYO / YOKO or Maxxis

Front Rear

R/Bal. 2 mm R/Bal. 2/2 mm

L/Bal. mm L/Bal. mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: 3 Vehicle in Idac: Yes / No

D.O.I. 02/09/22 Time: 1200hrs

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:

FBM 2229C

- 1.) Front ~~mudguard~~ mudguard X 1 broken
- 2.) Radiator air guide X 1 broken
- 3.) Front lower cover X 1 broken
- 4.) LH step ~~pe~~ panel X 1 deformed
- 5.) LH step panel lower garnish X 1 broken
- 6.) Centre console X 1 broken
- 7.) Centre lower cover X 1 broken

Claim Handling

Task Transfer Exit

Accident MT/1101714

LOS SAL SUB

Policy No.	5093769106-02	Vehicle No.	FBM2229C	GST Registration No.	
Certificate No.					
Policyholder Name	CHEE WEI LIANG			Policyholder NRIC	S1121505Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	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(%)	15	Private Hire	No

Accident Details

Report Date	31/08/2020 12:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	30/08/2020	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BEDOK SOUTH AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	300.00	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 93 #07-3043	Address 2	PAYA LEBAR WAY	Address 3	SINGAPORE 370093
Address 4		Address Type	Singapore address	Post Code	370093
Unit No.		Related Policy Number	5093769106-02		

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 Zuraimee Bin Mantau

LOS SAL SUB

Claim Type	OD-MD	Insured Name	CHEE WEI LIANG	Insured NRIC	S1121505Z
Contact No.(Mobile)		Contact No. (Home)	67457259	Contact No. (Office)	
Email Address		DI Vehicle Number	FBM2229C	TP Vehicle Number	SMG6777L
Claim Description	FBM2229C / SMG6777L ON 30 Aug 2020			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	02/09/2020 10:58	Claim Close Date		Date Received	02/09/2020 12:30
Report Taken By	ROSLINDA	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	ADIVA	Vehicle Model	ARJ 200	Engine Capacity	
Date of Registration	09/05/2017	Classis No.	RGVTC40AAGA000112		
Towing Required *	Yes No	Vehicle in IDAC *	Yes No	Parallel Import *	Yes No
Type of Tender	Own Damage	Assessor Name *	BRYAN	Survey Current Status	

9/2/2020

Claim Handling (damage assessment Claim Task MT/1101714 / Claim 002 OD-MD)

IDAC/Workshop Name NATIONAL ASSESSMENT CENTI

IDAC/Workshop Location

51 UBI AVENUE 1 #01-25 PAVA

Windscreen
Parts & Labour
Cost

Total Loss *

☐ Yes ☒ NoMarket
Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

Remark

NO OF REPAIRS:03 DAYS:FRT MUDGUARD-REPLACE,RADIATOR AIR GUIDE-REPLACE,FRT LOWER COVER-REPLACE,LH STEP PANEL-REPLACE,LH STEP PANEL LOWER GARNISH-REPLACE,CENTRE CONSOLE-REPLACE,CENTRE LOWER COVER-REPLACE

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

No.

Part No.

Description

Qty *

Repair Code *

Save

Submit

Claim Handling

Task Transfer Exit

Accident MT/1101714

LOS SAL SUB

Policy No.	5093769106-02	Vehicle No.	FBM2229C	GST Registration No.	
Certificate No.					
Policyholder Name	CHEE WEI LIANG			Policyholder NRIC	S1121505Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	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(%)	15	Private Hire	No

Accident Details

Report Date	31/08/2020 12:40	Accident Report Within 24 hrs	No	Accident Type	Side Swipe
Date of Accident	30/08/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	BEDOK SOUTH AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	300.00	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 93 #07-3043	Address 2	PAYA LEBAR WAY	Address 3	SINGAPORE 370093
Address 4		Address Type	Singapore address	Post Code	370093
Unit No.		Related Policy Number	5093769106-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEE WEI LIANG	Driver NRIC	S1121505Z	Driver DOB	25/11/1955
Register Date of Driver License	15/01/1991	Driver Age	64	Driving Experience	29
Contact No.(Mobile)	96679142	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 93 #07-3043	Address 2	PAYA LEBAR WAY	Address 3	SINGAPORE 370093
Address 4		Address Type	Singapore address	Post Code	370093
Unit No.					
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
Modification History	03/09/2020 09:44 s025755 Modify Time of Accident(11:15-->11:00) 03/09/2020 09:44 s025755 Modify Accident Type(Collision - Major Minor Road-->Side Swipe) 03/09/2020 09:44 s025755 Modify Driver Name(-->Chee Wei Liang)		

Investigation

Claim 002 OD-MD

Claim Case Officer Zuraimee Bin Mantau

LOS SAL SUB

Claim Type	OD-MD	Insured Name	CHEE WEI LIANG	Insured NRIC	S1121505Z
Contact No.(Mobile)		Contact No. (Home)	67457259	Contact No. (Office)	
Email Address		OJ Vehicle Number	FBM2229C	TP Vehicle Number	SMG6777L
Claim Description	FBM2229C / SMG6777L ON 30 Aug 2020			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred income to assign workshop	Insured Fully at Liability		
Date Registered	02/09/2020 10:58	Claim Close Date		Date Received	02/09/2020 12:30
Report Taken By	ROSINDA	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	ACIVA	Vehicle Model	AR3 200	Engine Capacity	
Date of Registration	09/05/2017	Classis No.	RGVTC40AAGA000112		

9/4/2020

Claim Handling (damage assessment Claim Task MT/1101714 / Claim 002 OD-MD)

Towing Required *
☒ Yes ☐ No

Vehicle in IDAC *
☒ Yes ☐ No

Parallel Import *
☐ Yes ☒ 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 *
☐ Yes ☒ No

Market Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

Remark
NO OF REPAIRS:03 DAYS-FRT MUDGUARD-REPLACE,RADIATOR AIR GUIDE-REPLACE,FRT LOWER COVER-REPLACE,LH STEP PANEL-REPLACE,LH STEP PANEL LOWER GARNISH-REPLACE,CENTRE CONSOLE-REPLACE,CENTRE LOWER COVER-REPLACE

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
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	1	32200101	NUMBER PLATE (FRONT)	1	Unconfirm	X

Save Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NAC NATIONAL
ASSESSMENT
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: F8M229C Date In: 8/4/20 Time In: 5:00 PM with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: PAT KURO motor

Collection Date: 8/4/20 Time: 5:00 PM with Keys: Yes / No

Tow Truck No: G882625J Tow Man: JACKSON NRIC: 876558212

Signature: [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: _____

LKK Paya Ubi

From: Zuraimée Bin Mantau <zuraimée.mantau@income.com.sg>
Sent: Monday, 7 September 2020 12:37 PM
To: paneurobikes@singnet.com.sg; LKK Paya Ubi
Subject: Vehicle FBM2229C, OD Claim No: MT/1101714-002, DOA: 30/08/2020 (COMPREHENSIVE Plan)

Importance: High

Dear Pan Eurobikes

Refer to the above vehicle OD claim.

The vehicle owner, Mr Chee Wei Liang @96679142, had reported the accident at NAC Paya Ubi. According to owner Pan Eurobikes is the bike workshop repairer.

Please arrange to take away the bike from NAC Paya Ubi. Thereafter, prepare a detail estimate for the bike accident damages and arrange for a **survey before repair** via email to our MTSurvey@income.com.sg.

Thank you.

Dear NAC Paya Ubi

Please release the above vehicle to owner's workshop repairer towing operator.

Regards

Zuraimée Bin Mantau
Senior Executive
Operations, Motor & Personal Lines
T +65 6430 7891



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.