

NATIONAL Assessment Centre Services.

(Ref 1 Jan 2005)

MAINS 70082712

Date In: 23/09/2020 12:40	Job description	Date & Time Completed	Done by
Ref No: NBA/INC001022114	SAS e-billing		
Veh No: FBK 5107E	e-mail (1/Julia Sims, AIG 2hrs)		
DOA: 18/09/2020 01:15	1-Motor Claims Form	mt/1004/2/2001	23/09/2020
TP Insurer:	1-Motor W/O (With: OD 2hrs, TP 4hrs)		15:26
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: (UNIVERSAL MOTOR) Toll: 96423147 Fax: ()

TP Particulars: Vch No: 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 ()

() 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: ()

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

Injury: _____

Driver/Owner:	1) Allt Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) TP: Follow-Through Survey	\$10
	5) TP: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-Inspection	\$75
	7) NI: Use DA + EMRT Survey	\$100
	8) NTUC Additional Services	
	9) NI: Idea Mobile	\$3
	• NI: Courtesy Car / Tpl Allowance	\$10
	• NI: Reps: Coordination	\$25
	• TP: Post Repair Inspection	\$3
	• NI: DV / Collect Excess Coordination	\$25
	TP (NI) / TP (SN INC) replace VAG	\$30
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NA2005.103

Driver/Owner:	1) Allt Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) TP: Follow-Through Survey	\$10
	5) TP: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-Inspection	\$75
	7) NI: Use DA + EMRT Survey	\$100
	8) NTUC Additional Services	
	9) NI: Idea Mobile	\$3
	• NI: Courtesy Car / Tpl Allowance	\$10
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	• NI: DV / Collect Excess Coordination	\$25
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	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	23/09/2020 12:40
Date Of Accident	18/09/2020 01:15
Exact Location Of Accident	BLK 323 BUKIT BATOK STREET 33 OPEN CARPARK LOT 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5707E
Insured/Policyholder	
Name Of Registered Owner	SAHADEVAN THILLAI GOVINDAN
NRIC No	SXXXX818H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96538912
Alternative Phone No	OFFICE-96538912
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075397264-04
Cover Note Number	
Driver	
Name of Driver	SAHADEVAN THILLAI GOVINDAN
NRIC No	SXXXX818H
Date Of Birth	14/05/1979
Occupation	INDOOR
Date Of Driving Pass	31/10/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96538912
Fax Number	
Contact Number	OFFICE-96538912
EEmail Address	NOEMAIL

Address	BLK 323 BUKIT BATOK STREET 33 #03-110
Postcode	650323
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	FIRE, EXPLOSION OR LIGHTNING
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?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20200918/2044 (PREFERRED WORKSHOP UNIVERSAL MOTOR)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

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.

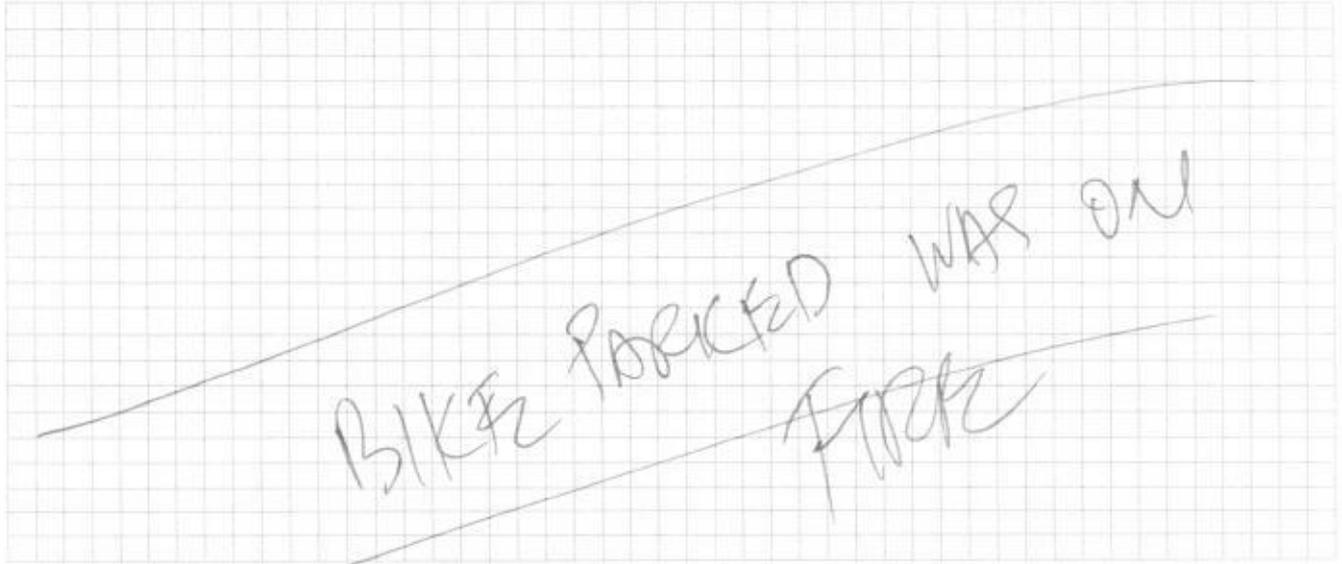
*L. Png my 23/09/20
11:00am*

Policyholder's Signature
Date & Time:

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

[Signature] 23/09/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORT TO POLICE REPORT 5/20200918/2044

[A large, stylized signature or scribble is written across the grid area, starting from the top right and extending down towards the bottom left.]

DECLARATION

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

L. Mary 23/09/20
11.00am

Policyholder's Signature
Date & Time:

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

[Signature] 23/09/2020
Reporting Centre Personnel's Signature
Name: *Robi Luthans*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18/09/2020) (DD/MM/YYYY), TIME: (01:15) (HH:MM)

LOCATION: 323 AUKIT BATEK ST33 OPEN CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 5707E
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: 507 5397264-04
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: BAJAJ / PULSAR 200NS
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
- 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: SAHADEYAN THILLAI GOVINDAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7963818H CONTACT: 96538912
- c) ADDRESS: BLK 323 AUKIT BATEK ST33
#03-110 SINGAPORE 600323

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (14/05/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: Bukit Timah

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ 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: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

VIDEO



**SINGAPORE
POLICE FORCE**



J/20200918/2044

1 of 2

POLICE REPORT (NP299)

Report No. J/20200918/2044

Police Station Of Origin
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Date/Time Report Made 18/09/2020 12:43	Vide Report No. J/20200918/0011	Station Diary No. 47		
Name Of Informant SAHADEVAN THILLAI GOVINDAN	Address APT BLK 323 BUKIT BATOK STREET 33 #03-110 SINGAPORE 650323			
ID Type / ID No. NRIC NO / S7963818H	Contact No. Home/Office		Mobile 96538912	
Nationality INDIAN	Email Address			
Occupation Wielder	Sex Male	Age 41	Date of Birth 14/05/1979	Race Indian
Institution/School Name	Language			
Date/Time Of Incident 18/09/2020 01:15	Location Of Incident 323 BUKIT BATOK STREET 33 HDB-BUKIT BATOK SINGAPORE 650323 Open Space Carpark, lot 31			

Brief details.

On 18/09/2020 at 0112hrs, I heard cracking sound from the carpark. I got up from my bed and saw through my windows that the recycle bin was on fire. My motorcycle (FBK5707E) was parked near to the recycle bin. Immediately, I told my wife to call the SCDF while I head down to the carpark to shift my motorcycle to another parking lot. I made a check on my motorcycle and the left side was damaged by the fire.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MUHAMMAD ASHRAF BIN RAHUMAN SHAH
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / ASP ONG WEI SHENG, ALVIN Contact No.:

Signature Of Informant:
Date/Time: 18/09/2020 12:43
Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



J/20200918/2044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200918/2044

SCDF came down and extinguisher the fire. There was a van and another motorcycle affected from this fire. Police issued me the case card ref: J/20200918/0011

I am lodging this report for insurance claims.

Signature Of Officer Recording The Report:

J / Sr Staff Sgt MUHAMMAD ASHRAF BIN RAHUMAN SHAH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
ASP ONG WEI SHENG, ALVIN
Contact No.:

Authentication Stamp



Signature Of Informant:

Date/Time:
18/09/2020 12:43

Classification Of Case:

UNIVERSAL MOTORS PTE LTD

Service Centre: **SENG MOTOR HUNG**

Headquarter:
Blk 1006 Bukit Merah Lane 2
#01-04 Singapore 159762

MICHAEL TAN

JOHNNY T. G. TAN

Managing Director

96423147

Your Complete Motorcycle Company for Best Quality And Services

Telephone: 65-2782029, 65-2727056 Facsimile: 65-2732039

Claim Handling

Accident MT/1104318

Policy No.	5075397264-04	Vehicle No.	FBK5707E	GST Registrati
Certificate No.				
Policyholder Name	SAHADEVAN THILLAI GOVINDAN			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	23/09/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/09/2020	Time of Accident hh:mm	01:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 323 BUKIT BATOK STREET 33 OPEN CARPARK LOT 31			

► **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	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 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code
Unit No.	09-345	Related Policy Number	5075397264-04	

► **OI Driver Info**

Driver Name	SAHADEVAN THILLAI GOVINDAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7963818H	Driver DOB
Register Date of Driver License	31/10/2007	Driver Age	41	Driving Exper
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code
Unit No.	09-345			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK5707E	Driver Insurer

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	SA
Contact No.(Mobile)	96439375	Contact No.(Home)	NI
Email Address	NSPDINESH@GMAIL.COM	OI Vehicle Number	FB
Claim Description	FBK5707E / - ON 18 Sept 2020		
Preferred Workshop No.	96423147	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	23/09/2020 15:25	GIA report	Received
Report Taken By	ROSLI WAHAB		
Claim Close Date			

Print AK letter

Claim Handling

[Task Transfer](#) [Exit](#)
[Accident MT/1104318](#)
[LOS](#) [SAL](#) [SUB](#)

Policy No.	5075397264-04	Vehicle No.	FBK5707E	GST Registration No.	
Certificate No.					
Policyholder Name	SAHADEVAN THILLAI GOVINDAN	Policyholder NRIC	S7963818H		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

[Accident Details](#)

Report Date	23/09/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	18/09/2020	Time of Accident hh:mm	01:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 323 BUKIT BATOK STREET 33 OPEN CARPARK LOT 31				

[Total Excess Applicable](#)

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	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 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code	140059
Unit No.	09-345	Related Policy Number	5075397264-04		

[OI Driver Info](#)

Driver Name	SAHADEVAN THILLAI GOVINDAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7963818H	Driver DOB	14/05/1979
Register Date of Driver License	31/10/2007	Driver Age	41	Driving Experience	12
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code	140059
Unit No.	09-345				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBK5707E	Driver Insurer Company	NTUC

[Declaration](#)

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
Modification History	23/09/2020 15:51 s990621 Modify Additional Excess(-->0.00)		

[Investigation](#)
[Claim 001 OD-MF](#)
[Claim Case Officer Yap Chee Ling](#)

Claim Type	OD-MF	Insured Name	SAHADEVAN THILLAI GOVINDA	Insured NRIC	S7963818H
Contact No.(Mobile)	96439375	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	NSPD1NESH@GMAIL.COM	OI Vehicle Number	FBK5707E	TP Vehicle Number	
Claim Description	FBK5707E / - ON 18 Sept 2020			Name of Preferred Workshop	UNIVERS/
Preferred Workshop Code	9642314	Preferred Repair Option			
Finalisation Date Registered		Insured Liability report		Not at Fault	
Report Taken By	ROSLI WAHAB	Claim Close Date		Date Received	23/09/2020
<input type="checkbox"/> Print AK letter		Workshop Repairer		Total Loss but Repaired	

Modification History 23/09/2020 15:51 s990621 Modify Claim Type(OD-MX-->OD-MF)

Special Claim Creation Approval

Approval	Reason			
Remarks				
<div style="display: flex; justify-content: space-between;"> damage assessment Attachment </div>				
<p>Vehicle Info</p>				
Vehicle Make	BAJAJ	Vehicle Model	PULSAR 200 NS	Engine Capacity
Date of Registration	02/11/2015	Classis No.	MD2A36FZXFC08279	
Towing Required *	<input checked="" type="radio"/> Yes <input 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 *	ROSLI WAHAB	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 1)REAR TYRE-1 UNCONFIRM, 2)REAR REFLECTOR-1 REPLACE, 3)REAR WHEEL SHIELD-1 REPLACE				
Remark for Supplementary				

Damage Listing

C	No.	Part No.	Description	Qty *	Repair Coe
ROOF	1	25200104	FAIRING (LEFT)	2	Replace
ROTOR DISC	2	265001	FUEL (M/C) TANK EMBLEM	2	Replace
SADOLE BAG (M/C)	3	15100102	BOX (M/C) (REAR)	1	Replace
SEAT	4	261001	FOOT REST (M/C)	1	Unconfirm
SEAT (M/C)	5	264008	FUEL TANK	1	Replace
SEAT (M/C) BACK REST	6	386001	SIGNAL (M/C) LAMP	1	Replace
SEAT (M/C) COVER	9	194002	CHAIN (M/C) GUARD	1	Replace
SEAT (M/C) HANDLE	10	361003	SEAT (M/C) COVER	2	Replace
SEAT (M/C) SIDE COVER					
SEAT (M/C) TAIL COVER					
SEAT ADJUSTER					
SEAT BELT					
SHIELD (M/C)					
SHIFT PEDAL (M/C)					
SHOCK ABSORBER					
SIDE BOARD (M/C)					
SIDE BODY					
SIDE BUMPER					
SIDE CABIN PILLAR					
SIDE CARBURATOR COVER (M/C)					
SIDE CARRIAGE DOOR					
SIDE COVER (M/C)					
SIDE DOOR					
SIDE FRAME					
SIDE GARNISH					
SIDE LAMP					
SIDE MEMBER					
SIDE PANEL					

Save Submit

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075397264-04		SAHADEVAN THILLAI GOVINDAN	S7963818H	GMC	Third Party, Fire & Theft	FBK5707E	FBK5707E	02/11/2019	01/11/2020

Continue

