

NATIONAL Assessment Centre Services

Date In: 15/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20011193/13	SAS e-filing		
Veh No: 5JA816P	E-mail (within 3hrs, At 2 hrs)		
D.O.A: 14/10/20 2015	i-Motor Claim Form	MT/1106760-001	
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: YQ2676B	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

NA2005508	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: 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 (Non 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	15/10/2020 14:41
Date Of Accident	14/10/2020 20:15
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA816P
Insured/Policyholder	
Name Of Registered Owner	CHIA MU EN ANDREW
NRIC No	SXXXX234A
Email Address	AAMON.AC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82287723
Alternative Phone No	OTHERS-82287723

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME FROM WORK
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	5118838971
Cover Note Number	

Driver

Name of Driver	CHIA MU EN ANDREW
NRIC No	SXXXX234A
Date Of Birth	09/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82287723
Fax Number	
Contact Number	OTHERS-82287723
EMail Address	AAMON.AC@GMAIL.COM

Address	BLK 899 TAMPINES ST 81 #08-732
Postcode	520899
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER, FILES TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ2676B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAVICHANDRAN SENTHIL KUMAR
NRIC/Passport Number	GXXXX780P
Contact Number	93923892
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP3169B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROBERT OWEN CHAMPION
NRIC/Passport Number	SXXXX538B
Contact Number	96389385
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

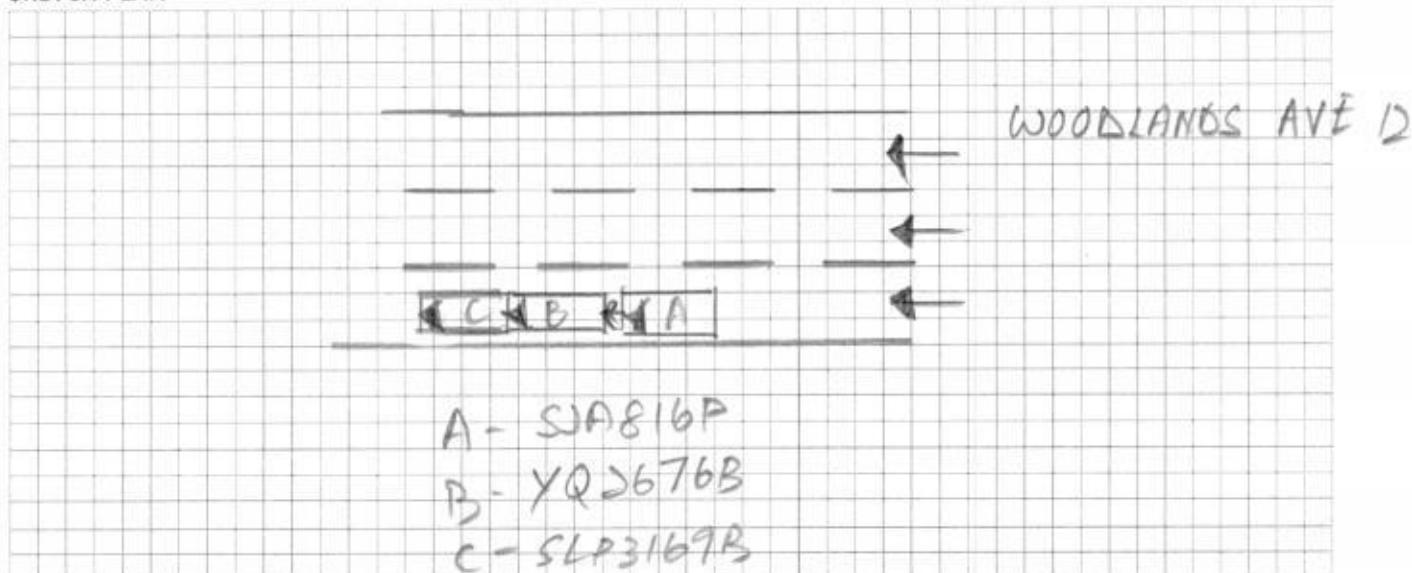

Policyholder's Signature
Date & Time:

15 OCT 2020

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

 15/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlands Ave 12 at a safe distance from vehicle B at a speed of 50~55km/h. Suddenly vehicle B came to a dead stop. I don't have enough time to brake before impacting the reinforce bar of vehicle B. And found out later vehicle B has already impacted vehicle C due to vehicle C and few other car jam brake in front.


DECLARATION

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

 15 OCT 2020

Policyholder's Signature
Date & Time:

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

 15/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120090291 Vehicle Registration No: SJA816D
Name (as shown in NRIC) : CHIA MU EN ANDREW NRIC/FIN/Passport No : SXKXX2349
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 599 TAMPINES ST 81 #08-732 Singapore(520899)
Contact (Tel) : _____ Mobile No. : 82287723
Email Address : _____
Date of Accident : 14/10/20 Time of Accident : 20:15
Place of Accident : WOODLANDS AVE
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DRIVER IS THE OWNER OF THE VEH.

Policyholder / Driver's Signature
Date:

shym 16/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 2020) (DD/MM/YYYY), TIME: (20 : 12) (HH:MM)

LOCATION: Woodlands Ave 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STA 816P
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5H8838971
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUZUKI SWIFT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Returning home from work
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: Andrew Chia Mu En (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S92172344 CONTACT: 82287723
c) ADDRESS: Blk 899, Tampines ST 81, #08-732 (s) 520899

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (09 / 05 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2020

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: YQ 2676B MODEL:
b) DRIVER'S NAME: RAVICHANDRAN SENTHEL KUMAR
c) NRIC/FIN/PASSPORT: G3469780P CONTACT: 9392 3892

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP 3169B MODEL:
e) DRIVER'S NAME: Robert Owen Champion
f) NRIC/FIN/PASSPORT: S2757538B CONTACT: 9638 9385

Email = samon.sc@gmail.com

fax =

VIDEO = Yes - files too big

RSPU@LKKAUTO.COM

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5118838971"/>	Date of Accident	<input type="text" value="15/10/2020 12:53"/>							
Vehicle No.(For Motor)	<input type="text" value="SJA816P"/>	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"/>	5118838971		CHIA MU EN ANDREW	S9217234A	GPC	drivo CLASSIC	SJA816P	SJA816P	29/08/2020	28/08/2021
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1106760

Policy No.	5118838971	Vehicle No.	SJA816P	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA MU EN ANDREW			Policyholder NRIC	S9217234A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82287723	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	16/10/2020 10:20	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collis
Date of Accident	14/10/2020	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 12				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 899 #08-732	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520899
Unit No.	08-732	Related Policy Number	5118838971		

▼ OI Driver Info

Driver Name	CHIA MU EN ANDREW	Driver Type	Main Driver	Driver DOB	09/05/1999
Unnamed driver Name		Driver NRIC	S9217234A	Driving Experience	0
Register Date of Driver License	01/01/2020	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	82287723	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 899	Address 2	TAMPINES STREET 81	Post Code	520899
Address 4		Address Type	Singapore address		
Unit No.	#08-732				
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 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	CHIA MU EN ANDREW	In NP
Contact No.(Mobile)		Contact No. (Home)		Co No (O)
Email Address		OI Vehicle Number	SJA816P	TP Ve Nu
Claim Description	SJA816P / YQ2676B ON 14 Oct 2020			
Preferred Workshop	Yes	Insured Liability	Fully at Fault	Na Pn Wt
Repaired	Yes	Repair Option	income to assign workshop	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	16/10/2020 10:32	Di Re
		Workshop Repairer	ROSLINDA	To bu Re
<input checked="" type="checkbox"/> Print AX letter				OT Ex Co by Wt

Save Submit

Attachment

Accident No.	MT/1106760	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	NRIC/ Driving License	Y	NRIC/ Driving License 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	SAS		SAS 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:30	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 10:29	Photos		Photos 2020-10-16

Video List

Uploaded By/Date	Folder Date	File Name	Source
		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) Govm. 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: SJA 816 P Yr Regn: Nov / 2007

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer or 1242

Make & Model: Suzuki Swift c.c. 1242

Colour: Orange Transmission Type: Auto / Manual

Eng/No: K12B1009001 Sp. Reading: 120543

C/No: ZC718408876

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

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60 R15
R: 11

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

Front Rear

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

L/Bal. S mm L/Bal. S mm

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: 4

D.O.I. 16/10/2020

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 0930 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. Govm 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 number plate x 1 Bt.
- 2.) ——— " — casing x 1 distorted
- 3.) ——— " — garnish x 1 distorted
- 4.) Front bumper x 1 Dented
- 5.) — " — lower grille x 1 deformed
- 6.) — " — reinforcement x 1 Dented
- 7.) — " — reinforcement garnish x 1 deformed.
- 8.) Front radiator grille x 1 broken
- 9.) ——— " — emblem x 1 Hec
- 10.) Front LH headlamp x 1 broken
- 11.) Front LH fender x 1 Dented
- 12.) Front Bonnet x 1 Dented
- 13.) ——— " — lock x 1 Bt
- 14.) ——— " — LH hinge x 1 Bt.
- 15.) ——— " — RH hinge x 1 repair
- 16.) Front support panel x 1 Dented
- 17.) Front LH headlamp top panel x 1 Bt.
- 18.) Front RH ——— " — x 1 Bt.

- 19.) Aircond~~er~~ condenser x 1 bt.
- 20.) Radiator x 1 bt
- 21.) —"— top hose x 1 detoured
- 22.) —"— fan assembly x 1 ?

Claim Handling

Task Transfer Exit

Accident MT/1106760

LOS SAL SUB

Policy No.	5118838971	Vehicle No.	SJAB16P	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA MU EN ANDREW			Policyholder NRIC	S9217234A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82287723	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	16/10/2020 10:20	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/10/2020	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	WOODLANDS AVE 12				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 899 #08-732	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520899
Address 4		Address Type	Singapore address	Post Code	520899
Unit No.	08-732	Related Policy Number	5118838971		

OI Driver Info

Driver Name	CHIA MU EN ANDREW	Driver Type	Main Driver	Driver DOB	09/05/1992
Unnamed driver Name		Driver NRIC	S9217234A	Driving Experience	0
Register Date of Driver License	01/01/2020	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	82287723	Contact No.(Office)	0	Address 3	SINGAPORE 520899
Address 1	BLK 899	Address 2	TAMPINES STREET 81	Post Code	520899
Address 4		Address Type	Singapore address		
Unit No.	#08-732				
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 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

LOS SAL SUB

Claim Type	OD-MD	Insured Name	CHIA MU EN ANDREW	Insured NRIC	S9217234A
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJAB16P	TP Vehicle Number	YQ2676B
Claim Description	SJAB16P / YQ2676B ON 14 Oct 2020			Name of Preferred Workshop	
Preferred Workshop Registration	Yes	Preferred Repair Option			
		Income to assign workshop			
		Insured Stability report			
		Fully at Risk			
Date Registered	16/10/2020 10:33	Claim Close Date		Date Received	16/10/2020 10:44
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	SUZUKI	Vehicle Model	SWIFT	Engine Capacity	
Date of Registration	01/01/2007	Class No.	ZC71S408876		

10/16/2020

Claim Handling (damage assessment Claim Task MT/1106760 / Claim 001 OD-MD)

Towing
Required * ☒ Yes ☐ NoVehicle in IDAC * ☒ Yes ☐ NoParallel Import * ☐ Yes ☒ NoType of Tender *
Own DamageAssessor Name *
BRYAN

Survey Current Status

IDAC/Workshop
Name NATIONAL ASSESSMENT CENTIDAC/Workshop Location
51 UBI AVENUE 1 #01-25 PAYAWindscreen
Parts & Labour
CostTotal Loss *
☐ Yes ☒ NoMarket
Value(\$)

Scrape Value(\$)

Economical Repair Value(\$)

Remark

NO OF REPAIR:04 DAYS:FRT BUMPER LOWER GRILLE-REPLACE,FRT BUMPER REINFORCEMENT GARNISH-REPLACE,FRT LH & RH HEADLAMP TOP PANEL-REPLACE,

Remark for
Supplementary

▼ Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	27700101	HEAD LAMP (LEFT)	1	Replace	X
ABS	2	25400102	FENDER (FRONT LEFT)	1	Replace	X
ABSORBER	3	149001	BONNET	1	Replace	X
ACCELERATOR						
ACTUATOR	4	14903401	BONNET LOCK (LOWER)	1	Replace	X
ADVERTISEMENT STICKER	5	14902201	BONNET HINGE (LEFT)	1	Replace	X
AIR BAG						
AIR BLOWER	6	14902202	BONNET HINGE (RIGHT)	1	Repair	X
AIR BOX	7	41300101	SUPPORT PANEL (FRONT)	1	Replace	X
AIR CHAMBER BOX						
AIR CLEANER	8	32200101	NUMBER PLATE (FRONT)	1	Replace	X
AIR COMPRESSOR	9	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
AIR CON	10	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
AIR CON (VAN)						
AIR COOLER	11	16000101	BUMPER (FRONT)	1	Replace	X
AIR DISTRIBUTOR	12	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	X
AIR FILTER	13	344016	RADIATOR GRILLE	1	Replace	X
AIR FLOW						
AIR GRILLE	14	344020	RADIATOR GRILLE EMBLEM	1	Replace	X
AIR HORN	15	112023	AIR CON CONDENSER	1	Replace	X
AIR INTAKE						
AIR RESONATOR BOX	16	344001	RADIATOR	1	Replace	X
AIR THROTTLE BODY AND SENSOR	17	34402802	RADIATOR HOSE (TOP)	1	Replace	X
ALARM						
ALTERNATOR	18	344008	RADIATOR FAN	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: CJA 86P Date In: 19/10/2020 Time In: 10:00 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: MODERN

Collection Date: 19/10/2020 Time: 10:00 with Keys: Yes / No

Tow Truck No: 8570R Tow Man: Ansia NRIC: 517930906

Signature: [Signature]

81236300

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: _____

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Friday, 16 October 2020 4:41 PM
To: Chin; LKK Paya Ubi
Subject: SJA816P | MT/1106760 (Awarding Letter to Modern Auto)

Importance: High

Hi IDAC and Modern Auto

Vehicle is currently in IDAC.

Excess of \$600 is applicable.

Please liaise with the owner – Mr Andrew Chia at tel: 8228 7723 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/051/1106760-001/YCL

16 Oct 2020

MODERN AUTOMOTIVE PTE LTD
BLK 3023A #01-61 UBI ROAD 1
SINGAPORE 408717

Dear Sir

CLAIM NUMBER: MT/1106760-001
REPAIR OF VEHICLE NUMBER: SJA816P

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

Award Date: 16 Oct 2020
Make: SUZUKI
Model: SWIFT

Estimated Repair Days: 4

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

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