<b>eBao</b> Tech										GeneralClaim	
Hello, NAC_PAYA_UBI_80	0601			<b>一种人们的</b>	A CONTRACTOR		· Change Li	anguage	• Change	Password	› Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy No.					Date of Accident 31/			1/10/2020 11:30		
	Vehicle No.(For Motor) GBH4130R										
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	5101263035- 02		BEAUTY FACTORS INTERNATIONAL PTE, LTD.	200313352E	GCV	Comprehensive	GBH4130R	GBH4130R	07/06/2020	06/06/2021
						ontinue	]				

Policy No.	5101263035-02	Policyhol Name	der BEAUTY FAC	CTORS INTERNATION	Policyholder NRIC	200313352E		
Certificate No.								
Address	2 SERANGOON NORTH AVENUE	5 #03-02	SINGAPORE 554	911				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N		
Policy ssue Date	27/05/2020	Effective Date	07/06/2020	00:00	Expiry Date	06/06/2021 23:	59	
Excess Type	Per Accident	All Claim Excess	ns					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapo TP Exces				Young/	Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent To	el. 68423301		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info Certificate Info								
	nolder Mailing Address							
Address 1	2 SERANGOON NORTH A	VENUE A	ddress 2	#03-02		Address 3	SINGAPORE 554911	
Address 4		A	ddress Type	Singapore address		Post Code	554911	
Unit No.			telated Policy Jumber	5101263035-02				
<b>▶</b> Insure	d Object: GBH4130R							
<b>▽</b> Endors	sements		AAAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA					
Sequence Date of Endorseme		nt Endorsement Type			<b>Endorsement Status</b>		Endorsement Content	

licy No. 5	101263035-02	Vehicle No.	GBH4130R	GST Registration No.	200313352E		
tificate No.							
	EAUTY FACTORS INTERNATIONAL PTE. LTD.			Policyholder NRIC	200313352E		
market state - when	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0		
		Contact No.(Office)		Contact No.(Home)	0		
ntact No.(Mobile) 0				eCode	N∈ ✓		
ail Address		Special Remark		eCode Reason			
K (	● No ○ Yes	TCA	9.10 9.10		No		
D Protection	No	NCD Entitlement(%)	20	Private Hire	NO		
Accident Details							
	02/11/2020 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision		
				Country of Accident	Singapore		
ite of Accident	31/10/2020	Time of Accident hh:mm					
porting Centre		Orange Force		ICM No.			
cident Location	CTE TWDS CITY						
Total Excess Applicable							
	Per Accident	Windscreen Excess	100.00				
cess type							
D Charded Europe	600.00	TP Standard Excess	0.00				
D Standard Excess	0.00	YIED TP Excess		Driver is Covered?			
ED OD Excess	0.00	TIED IT EXCESS					
dditional Excess							
otal OD Excess Applicable	600.00	Total TP Excess Applicable					
<b>▽</b> Benefits							
GST Registered Informati	ion						
	Yes		GST Registration Date	15/01/2004			
ST Registered ST Registration No.	200313352E		GST Status Verified	Yes			
nace production over the control of the control	02/11/2020 17:06:22 System	changed GST Registration Date i	from 01/01/2015 to 15/01/2004				
odification History	02/11/2020 17:06:22 System	changed GST Status Verified from	m No to Yes				
Policyholder Mailing Add	ress		Was a server belong the transmission of	Address 3	SINGAPORE 554911		
ddress 1	2 SERANGOON NORTH AVENUE	Address 2	#03-02	Address 3			
ddress 4		Address Type	Singapore address	Post Code	554911		
Init No.		Related Policy Number	5101263035-02				
OI Driver Info							
	Illument Dalies	Driver Type	Unnamed Driver				
	Unnamed Driver			Driver DOB	29/08/1983		
nnamed driver Name	LI YANMING	Driver NRIC	G2317708R		6		
egister Date of Driver License	26/07/2014	Driver Age	37	Driving Experience	7		
Contact No.(Mobile)	83628837	Contact No.(Office)	0	Contact No.(Home)	0		
	2 SERANGOON NORTH AVENUE	Address 2		Address 3	SINGAPORE 554911		
1981/4981/5		Address Type	Singapore address	Post Code	554911		
Address 4							
	03-02						
Does he own a Singapore Registered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company			
eclaration							
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes   No				
teading?							
Addification History							
Claim 001 New							
Claim 001 New							
Claim 001 New			CALIFY FACTORS INTERNATION	Insured NRIC	200313352E		
	OD-MD	Insured Name	BEAUTY FACTORS INTERNATION	Insured NRIC	200313352E		
Claim Type * Contact No.(Mobile)	OD-MD 🔻	Insured Name Contact No.(Home)		Contact No.(Office)	68419819		
Claim Type *	OD-MD 🔽		BEAUTY FACTORS INTERNATION GBH4130R				
Claim Type * Contact No.(Mobile) Email Address		Contact No.(Home)		Contact No.(Office)	68419819		
Claim Type * Contact No.(Mobile) Email Address Claimant Type *	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBH4130R	Contact No.(Office)	68419819		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name *		Contact No.(Home) OI Vehicle Number	GBH4130R	Contact No.(Office)	68419819		
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	Piease Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBH4130R	Contact No.(Office) TP Vehicle Number	68419819		
Claim Type • Contact No. (Mobile) Email Address Claimant Type Claimant Type • Claimant Name • Claimant Address	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBH4130R	Contact No.(Office)	68419819		
Claim Type * Contact No.(Mobile)	Piease Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBH4130R	Contact No.(Office) TP Vehicle Number	68419819		
Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claiman Description  Preferred Workshop Contact No.	Please Select   ≥≥≥  GBH4130R / SLX1905P ON 31 Oct 2020	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	GBH4130R Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	68419819		
Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claiman Description  Preferred Workshop Contact No.	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68419819 SLX1905P Received		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	Please Select   ≥≥≥  GBH4130R / SLX1905P ON 31 Oct 2020	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	GBH4130R Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	68419819 SLX1905P		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	68419819 SLX1905P Received		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select    Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P Received		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select    Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	68419819 SLX1905P		
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Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	Please Select    Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select  Fully at Fault  Income to assign workshop	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select    Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select  Fully at Fault  Income to assign workshop	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	Please Select    Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	GBH4130R Please Select  Fully at Fault  Income to assign workshop	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	GBH4130R Please Select  Fully at Fault income to assign workshop  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	Please Select    Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No.	GBH4130R Please Select  Fully at Fault income to assign workshop  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	GBH4130R Please Select  Fully at Fault income to assign workshop  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	68419819 SLX1905P		
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Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Attachment  Accident No.	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date	GBH4130R Please Select  Fully at Fault Income to assign workshop  Save Submit  001 02/11/2020 17:09 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop  Confidential Urger	Received 02/11/2020 00:00		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Brows	Fully at Fault  income to assign workshop  Save Submit  O01  02/11/2020 17:09  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop  Confidential Urger NO Normal	Received 02/11/2020 00:00		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date	GBH4130R  Please Select  Fully at Fault  income to assign workshop  O2/11/2020 17:09  Category *  Se Clear Please Select  GBH4130R  Please Select  GBH4130R  Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop  Confidential Urger Normal Normal Normal	Received 02/11/2020 00:00		
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Brows	GBH4130R Please Select  Fully at Fault income to assign workshop  O1  O2/11/2020 17:09  Category *  Se Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop  Confidential Urger NO Normal	Received 02/11/2020 00:00		
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Attachment L	lst					
Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
TPS	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Nov 2020 17:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-2	
145 00 468	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Nov 2020 17:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-2	
<b>(0)</b>	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Nov 2020 17:09	SAS		Normal	SAS 2020-11-2	
N	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Nov 2020 17:08	Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV. CES) on 02 Nov 2020 17:08	Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	Photos		Normal	Photos 2020-11-2	
1-	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	I Photos		Normal	Photos 2020-11-2	
10 10 10 10	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	1 Photos		Normal	Photos 2020-11-2	
4	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	I Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	I Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:08	1 Photos		Normal	Photos 2020-11-2	
الا	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:07	T Photos		Normal	Photos 2020-11-2	
9)	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2020 17:07	T Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER) CES) on 02 Nov 2020 17:07	/I Photos		Normal	Photos 2020-11-2	
TOTAL	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2020 17:07	/I Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER CES) on 02 Nov 2020 17:07	/I Photos		Normal	Photos 2020-11-2	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SER CES) on 02 Nov 2020 17:07	/I Photos		Normal	Photos 2020-11-2	
Video List					Source	

2/11/2020

ASS. REC. BY:

REF:

Assessor: Mobile:

YES / NO

## ASSIGNMENT (IDAC)

				By Assessor- 1) Vehicle Information
By CSO- Nature of Accident:	0) ) (			Veh No: GBH 4130R Yr Regn: 2018 / May
1) 10111010 1111 1 0111111	2) Vehicle hit ??	,	\	Type: M.Car / M.Cycle / Bus / Van ) Lorry / Taxi / Prime Mover / MPV
a) Motorcar ( )	a) Pedestrian	(		/ Truck / Trailer or
b) M/cycle ( )	b) Animal	(	)	Make & Model: ToyAa Hiace c.c
c) Bicycle ( )				Colour SIVe Transmission Type: Auto / Manual
3) Vehicle hit Road Side Objects:		,	1	Eng/No: 1KD2803404 Sp.Reading: 72206
a) Govrn.Property ( )	b) Road Work Object	(	)	
(Eg: signboard, barrier, tree etc)	c) Private Property	(	)	C/No: STFHTO2P500242794  Gen. Cond: Good / Fair / Poor / Burnt or
4) Vehicle drop into drain		(	)	Steering: Inorder / Jammed / Leaked / Burnt or
5) Damage due to Act of God:				
a) Fallen Object ( )	b) Flood	(	)	Brake: Inorder / Jammed / Leaked / Burnt or
c) Other,				Modi: (Nil) S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 195715C
a) Vandalism ( )	b) Hit by Moving Object	(	)	R:
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ( )	b) Damage found	(	)	TOYO/YOKO or Dridgestone
	when recovered.			<u>Front</u> <u>Rear</u>
8) Fire				R/Bal. S mm R/Bal. S mm
a) Whilst driving ( )	b) Parked	(	)	L/Bal. S' mm L/Bal. S' mm
9) Accident date more than 24hrs		(	)	Parallel Import: Yes / No Towed-In: Yes / No
3) Accident date more than 2 miles				Repair Type: LS I.B.I Towing Required: (Yes) No
Remarks for internal information				No of Repair Days: Vehicle in Idac: Yes No
Remarks for Internal Information				D.O.I. 03/11/2022 Time: 1300 Ws
1				By Assessor- 2) Comments
				Damages not due to recent accident.
				2) Damages do not seem hit onto:
- ' W - J - O-d	a. 9. Assessment renor			a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()
Remarks to appear in Works Orde	er & Assessment report			e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( )
1) Potential Total Loss (	)			h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
2) SRS Light on (	)			3) Vehicle does not seem damaged as a result of:
3) ABS Light on (	)			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:

Page (1 GBH 41307 1. Rant bruger X 1 destate (18t. - lower quille of 1 defend. 25 Rout certie grille lord lower panel of I disturn out 3) Port centre lover gille y 1 detomet. 4.7 Rout contre grille upper perel +1 5.) Condre quille base of 1 Gy Plat bonnet x 1 emblem x 1 8) Prost LH Leadlery X 1 morning crack 9. X Rant RH headlenp X1 10. Y Pront put number plate X 1 Act Bh 11-) By wiper tenk goth. X

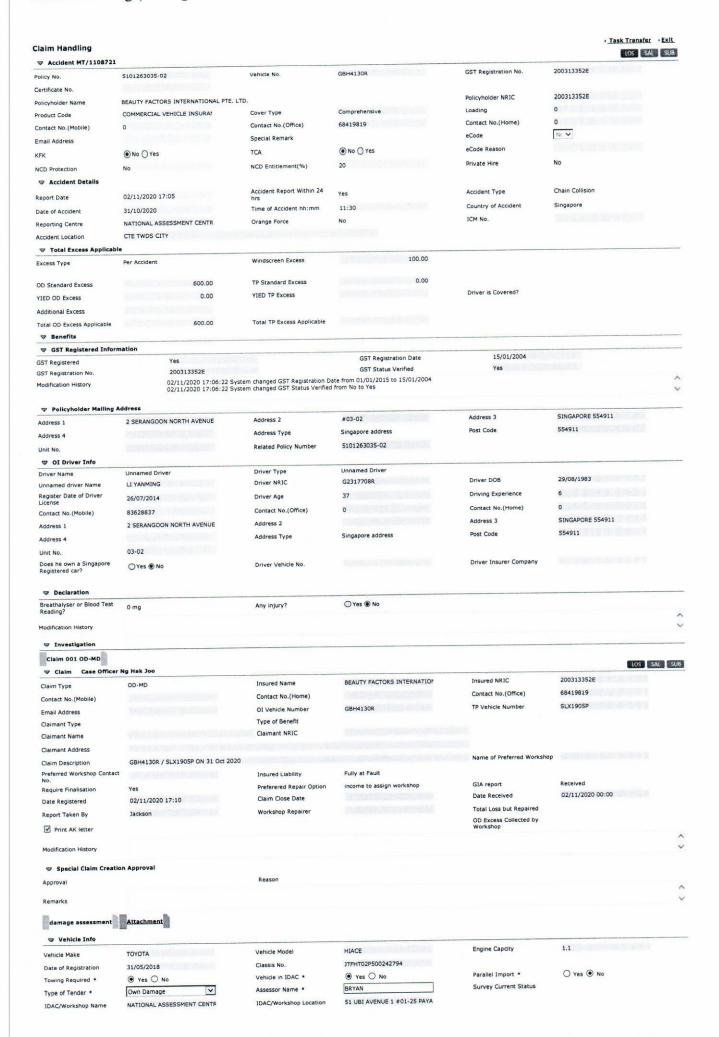
12.) Flort bumps reinforcent. lower x 1?

(3.)

(4.) Airin condons x 1?

15.) Reductor x 1?

16.) Print support. Ponel x 1?



Windscreen Parts & Labour Cost			Total Loss *	O Yes  No				
			Scrape Value(\$)		Economical Repair Value(\$			
Market Value(\$)	REMARK: NO OF REPA	IR DAY: 5 DAYS, 1 X F		T CENTRE GRILLE LOWER PANEL - CUT. 1 X F LH HEADLAMP - CRACK. 1 X FRT NUMBER PL	FRT CENTRE LOWER GRILLE - DETON LATE - BT. 1 X WIPER TANK - DETME	ED. 1 X CENTRE GRILLE B D.	SASE - UNCON	IFIRM.
Remark								~
								^
Remark for Supplementary								~
- CE-2000								
Damage Listing Find a Part		No.	Part No.	Description	Qty *	Repair Code *		errora.
root	^	1	27101101	GRILLE PANEL (FRONT	1)	Unconfirm	V	×
Not Applicable ABS	E21	2	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	~	X
ABSORBER ACCELERATOR		3	16005001	BUMPER REINFORCEMENT (	FRONT) 2	Unconfirm	V	×
ACTUATOR		4	112023	AIR CON CONDENSE	R 1	Unconfirm	V	×
ADVERTISEMENT S	TICKER	5	344001	RADIATOR	1	Unconfirm	V	X
AIR BLOWER		6	41300101	SUPPORT PANEL (FROM	NT)	Unconfirm	~	X
AIR CHAMBER BOX								
AIR CLEANER								
AIR COMPRESSOR AIR CON								
AIR CON (VAN)								
AIR COOLER								
AIR DISTRIBUTOR								
AIR FILTER								
AIR FLOW AIR GRILLE	U							
AIR GRILLE	200							

#### LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>

Wednesday, 4 November 2020 3:12 pm

To: Hock Wah Motor Pte Ltd

Cc: LKK Paya Ubi

Subject: FW: GBH4130R UNDER OD CLAIM: MT/1108721

Dear HW

Sent:

Please tow this vehicle from Idac and contact owner Mr Ken of BEAUTY FACTORS at 90698889 when the vehicle arrived at your workshop to revert on the repair days required, excess \$600/-.

Our Ref: MT/CA/OD/051/1108721-001/NHJ

04 Nov 2020

HOCK WAH MOTOR WORKSHOP PTE LTD

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

BEDOK INDUSTRIAL PARK E

SINGAPORE 489977

Dear Sir

**CLAIM NUMBER: MT/1108721-001** 

REPAIR OF VEHICLE NUMBER: GBH4130R

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

follows:

Award Date: 04 Nov 2020

Make: TOYOTA Model: HIACE

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

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

Benefits Applicable: N/A Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 7890 or email us at motor@income.com.sg.

Yours sincerely Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

#### Ng Hak Joo

Executive

Operations, Motor and Personal Lines

T+65 64307890

www.income.com.sg















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Waliala Chaole In

# 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.

venicle Check-In			Contract Con	
Vehicle No: GBH 4130R	Date In:	rizibia:	Time In:	with Keys: Yes/No
			For Office i	use
			Attended by:	
Workshop Collection of Vehicle				
Workshop: Hock Wah	motor			2.00
Collection Date: 074/11/2020	Time:	610	with Keys: Yes No	
Collection Date: 04/11/2020 Tow Truck No: 078/4/400 65	Tow Man:	On	NRIC	: 5744 02329A
Signature:	9271567	+7	O	
For office use				
Attended by: when In i			Approved by	y:
Workshop Return of Vehicle				
Workshop:		***		
Returned Date:	Time:		with Key: Yes / No	
* Tow In / Drive In Tow Man / Workshop Representative:			NRIC:	
10w Man / Workshop Representative.			Ndc.	
Signature:			For office u	se .
			Attended by:	
Owner Collection of Vehic <u>le</u>				
Collection Date:			with Key: Yes / No	
Owner:	ì	NRIC:		
Signature:				
For office use				
Attended by:			Approved	by: