

# NATIONAL Assessment Centre Services.

part 1 Jan 2021

SM 0920 C 9000 N

Date Inc: 9/12/20 17:10 0	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC 200 13625/4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBM 97742	I-Motor Claim Form	MT/1111734 02	10/12/20 15:18
DOA: 29/11/20 20:35	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
(11) TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( Motor sport Pte Ltd Tel: 67496717 Fax: )

TP Particulars: Veh No: SMU 2085 C INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 200 13625/4)

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

Injury: \_\_\_\_\_

Date/Time	Actions

NA 2100270	Invoice/Repairation Checklist	Amc (\$)	Adm (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	80.00	
Contact No:	3) TP: Towing Fee \$40/345		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wof 10 Jan 2021)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (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 Submission ..... 09/12/2020 17:10 (SGT)  
Date of Accident ..... 29/11/2020 20:35 (SGT)  
Exact Location of Accident ..... Hougang Ave 5, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBM9774Z

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO EUGENE  
NRIC No ..... SXXXX831I  
Email Address ..... FERNANDO.EUGENE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82825203  
Alternative Phone No ..... +65-82825203

#### VEHICLE PARTICULARS

Manufacturer ..... Kymco  
Model ..... AK550  
Variant ..... -  
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  
Vehicle Category ..... Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5117519744  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NEO EUGENE  
NRIC No ..... SXXXX831I  
Date Of Birth ..... 20/03/1990  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/04/2017
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82825203
Alt. Phone Number .....	+65-82825203
Email Address .....	FERNANDO.EUGENE@GMAIL.COM
Address .....	BLK 278C COMPASSVALE BOW #11-569
Address complement .....	-
Postcode .....	543278
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20201201/7046

#### 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 .....	SMU2085C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	REBECCA AW HWEE LING
NRIC No .....	SXXXX151H



Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	NEO EUGENE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBM9774Z
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

## 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 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.

### 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

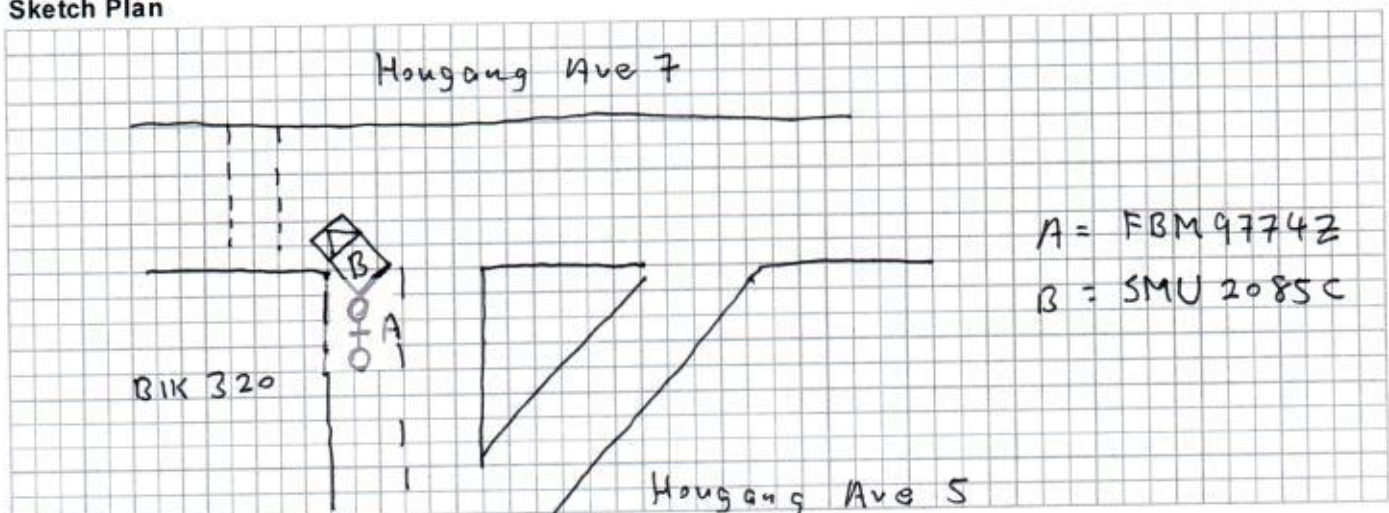
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

Refer to Police Report F/20201201/7046

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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



Witnessed by Reporting Centre  
Personnel



**POLICE REPORT (NP299)**

Report No. F/20201201/7046

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 01/12/2020 16:47	Vide Report No.	Station Diary No.
Name Of Informant NEO EUGENE	Address 278C COMPASSVALE BOW #11-569 SINGAPORE 543278	
ID Type / ID No. NRIC NO / S90088311	Contact No. Home/Office:	Mobile: 82825203
Nationality SINGAPORE CITIZEN	Email Address fernando.eugene@gmail.com	
Occupation Despatch worker	Sex Male	Age 30
Institution/School Name	Date of Birth 20/03/1990	Race Chinese
Date/Time Of Incident 29/11/2020 20:35 - 29/11/2020 20:40	Location Of Incident 278C COMPASSVALE BOW #11-569 SINGAPORE 543278	

**Brief details.**

I was riding along Hougang ave 5 turning left to hougang ave 7 at the traffics junction. I was already braking slowing down but my motorbike skid on the white line and I hit the vehicle SMU2085C at 29/11/20 at 8.37pm.

<b>Subjects Involved</b>	
Victim	
Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2020 16:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201201/7046

Person Name	NEO EUGENE		
ID Type	NRIC NO	ID No	S9008831I
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Despatch worker	Address	278C COMPASSVALE BOW #11-569 SINGAPORE 543278
Mobile No	82825203	Is Informant A Victim?	Yes
Person Name	NEO EUGENE (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/12/2020 16:47

Classification Of Case:



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

07/12/2020 14:26

Vehicle No.(For Motor)

FBM9774Z

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117519744		NEO EUGENE	S90088311	GMC	Comprehensive	FBM9774Z	FBM9774Z	04/06/2020	03/06/2021

## ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 11 / 2020) (DD/MM/YYYY), TIME: (20 : 37) (HH:MM)

LOCATION: Hougang Ave 5

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 977 4Z  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 3117519744  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: AK 550 KYMCO 550 Auto.  
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: NEO EUGENE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S90080311 CONTACT: 82825203  
c) ADDRESS: 81K 278C Compassvale bow #11-569

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: As Above. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) No conveyed

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: AMIS Division.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMU 2085C. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Rebecca Aw Hwee Ling  
c) NRIC/FIN/PASSPORT: S 800 2151H. CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Rspu

Prefer workshop  
Motor Sport Pte Ltd.

6749.6717

Email: Fernando.eugene@gmail.com

fax =

video = Mo.

attached scene photo.



ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

**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 &amp; Assessment report

- 1) Potential Total Loss ( )
- 2) SRS Light on ( )
- 3) ABS Light on ( )

**By Assessor- 1) Vehicle Information**

COE Jun 2028

Veh No: FBM 97742 Yr Regn: Jun / 2018

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

Make & Model: Kymco AK 550 C.C. 550

Colour Black Transmission Type: Auto / Manual

Eng/No: SAA11600139 Sp. Reading: N.A.

C/No: RFBE100005600128

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

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

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

Tyre Size: F: 120/70 R15

R: 160/60 R15

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

Front	Rear
R/Bal. <u>3</u> mm	R/Bal. <u>3</u> 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. 10/12/22 Time: 1400hrs

**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 9774Z

- 1.) ✓ Seat x 1 torn
- 2.) ✓ Rear box ~~box~~ x 1 cut
- 3.) ✓ Step panel LH x 1 cut
- 4.) ✓ Rear LH panel x 1 cut
- 5.) ✓ LH engine cover x 1 cut
- 6.) ✓ LH centre <sup>lower</sup> panel x 1 cut
- 7.) ✓ LH step panel lower garnish x 1 cut
- 8.) ✓ LH side <sup>front</sup> panel x 1 cut
- 9.) ✓ LH signal lamp x 1 crack
- 10.) ✓ LH side front top panel x 1 cut
- 11.) ✓ RH side front top panel x 1 broken
- 12.) ✓ Front centre panel (chrome) x 1 ~~broken~~ cut
- 13.) ✓ Front headlamp x 1 broken
- 14.) ✓ RH signal lamp x 1 ~~miss~~ dislodged
- 15.) ✓ RH centre panel x 1 mounting broken
- 16.) ✓ LH brake lever x 1 cut
- 17.) ✓ LH side mirror x 1 cut
- 18.) front mudguard x 1 reg



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	831I
<b>Vehicle Details</b>	
Vehicle No.:	FBM9774Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Dec 2020
Vehicle Make:	KYMCO
Vehicle Model:	AK550
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	SAA11600139
Chassis No.:	RFBE10000J1600128
Maximum Power Output:	-
Open Market Value:	\$7,452.00
Original Registration Date:	02 Jun 2018
First Registration Date:	02 Jun 2018
Transfer Count:	1
Actual ARF Paid:	\$1,976.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	01 Jun 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,115.00
COE Rebate Amount:	\$5,319.00
<b>Total Rebate Amount:</b>	<b>\$5,319.00</b>

The information contained herein is correct as at 10 Dec 2020

OK



NATIONAL ASSESSMENT CENTRE SERVICES  
(LKK GROUP)

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



Vehicle Movement Form

Vehicle Check-In

Vehicle No: FBM 9774Z Date In: 11/12/20 Time In: 16:00 hrs with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: MOTOR SPORT PTE LTD

Collection Date: 11/12/20 Time: 16:00 hrs with Keys: Yes / No

Tow Truck No: G44257K Tow Man: Herbert Tan NRIC: S1008641F

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

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

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**From:** Tan Siew Choo <siewchoo.tan@income.com.sg>  
**Sent:** Friday, 11 December 2020 2:31 pm  
**To:** kymco@singnet.com.sg; NAC  
**Subject:** FBM9774Z, OD claim no : MT/1111734

**Importance:** High

Dear Mr Herbert of Motor Sport Pte Ltd,

As spoken.

Pls assist to tow bike back to your workshop so as to put up detailed estimate to arrange for survey personally at [mtsurvey@income.com.sg](mailto:mtsurvey@income.com.sg)

Once survey done, pls forward surveyor's marking to my email for our approval.

**Dear IDAC** – Pls release bike to Motor Sport Pte Ltd, owner Mr Neo had been informed accordingly too.

Regards.

**Tan Siew Choo**  
Senior Executive  
Operations, Motor & Personal Lines  
T +65 6430 7882  
[www.income.com.sg](http://www.income.com.sg)



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