

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118001460

Date In: 3/1/18-15:27	Job description	Date & Time Completed	Done by
Ref No: NA/1AC18000177/24	SAS e-filing		
Veh No: 6V207M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/1/18-23:20	i-Motor Claim Form	M7/0976263	3/1/18 17:31
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: JA36031	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 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

NA1800062	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idao Mobile 30		
Pat. 2 / 3:	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 ability.
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 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	03/01/2018 15:27
Date Of Accident	02/01/2018 23:20
Exact Location Of Accident	JUNC LOYANG AVE & OLD TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV2087M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUNGYIJAIME
Co Reg No	53257363C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	DEFENDER 90
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5065207502-03
Cover Note Number	

### Driver

Name of Driver	HO HUNG YI
NRIC No	S8503220H
Date Of Birth	19/01/1985
Occupation	INDOOR
Date Of Driving Pass	31/03/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91708293
Fax Number	
Contact Number	OFFICE-91708293
EMail Address	NOEMAIL

Address	12 FLORA DRIVE #08-13
Postcode	506943
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQS6031 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180103/2079.

#### 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	JQS6031
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

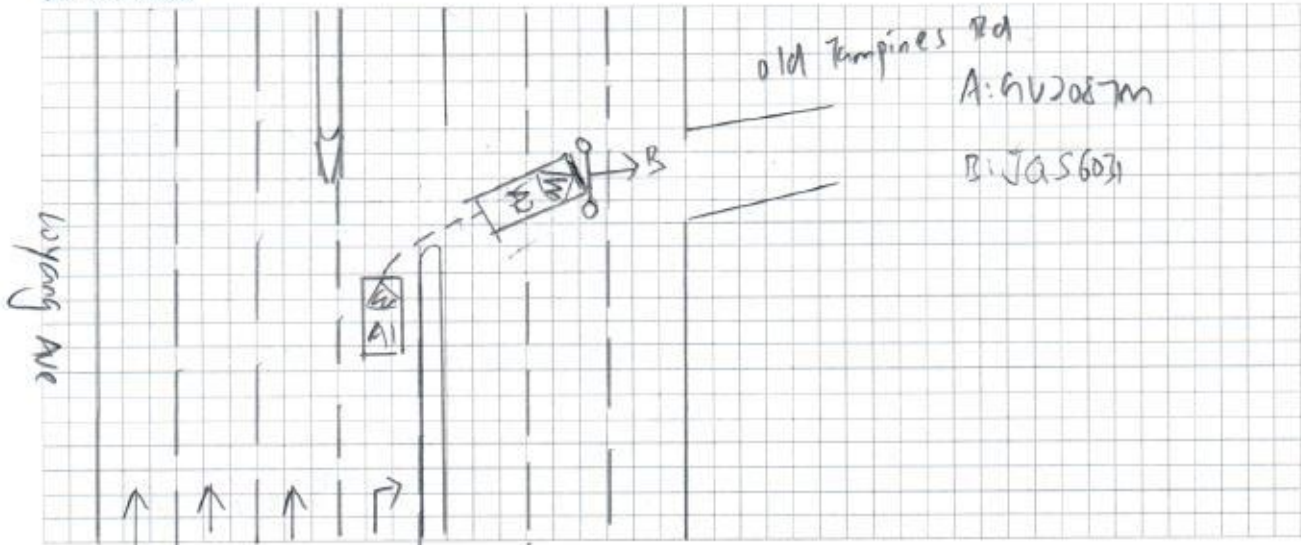
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180103/2079.

## DECLARATION

I/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:

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





**SINGAPORE  
POLICE FORCE**



T/20180103/2079

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180103/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2018 14:10	Vide Report No.: G/20180102/0284	Station Diary No.: 86
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<b>Informant's Particulars</b>		
Name of Informant: HO HUNG YI		Address: 12 FLORA DRIVE #08-13 SINGAPORE 506943
ID Type / ID No.: NRIC NO / S8503220H		Contact No.: Home/Office: Mobile: 91708293
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 32	Date of Birth: 19/01/1985
Type of Informant: Driver		
Race: Chinese		Language: English
Institution / School Name:		
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3
Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2018 23:20	Type of Location: X-Junction
Location: Along Road 1 LOYANG AVENUE OLD TAMPINES ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV2087M	Car	LAND ROVER	DEFENDER 90	Grey	Slightly Damaged	1
JQS6031	Motorcycle					0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20180103/2079

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20180103/2079

**CONTINUATION OF REPORT**

Driver			
Name	HO HUNG YI	ID No.	S8503220H
Related Vehicle	GV2087M (Car)	Contact No.	91708293
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/01/2018 at about 2320hours, I was driving in my vehicle bearing the registration number, GV2087M (V1) with my wife, who was seated at the front passenger seat. I was driving along Loyang Ave and I wanted to turn right onto Old Tampines Road away Tampines Expressway. I was on the right most lane. I was the first car to stop at the traffic light junction as the traffic light was red in colour.

When the traffic light arrow turned Green, I even waited for a while before moving off. The vehicles from the Tampines towards Loyang Ave also did not move. Suddenly, while I was making the right turn, a motorcycle was suddenly collided head on onto my vehicle. The rider who was alone was thrown towards the Old Tampines Road.

I then stepped out of my vehicle and went to make a check on the rider. I saw that the rider, a Male Chinese, Malaysian was unresponsive and that his legs had broken thus I told my wife to call police for assistance. The rider had ridden a motorcycle bearing the registration number JQS6031 (V2).

The rider was then conveyed to hospital by ambulance. A driver, who was driving a vehicle bearing the registration number SLJ8504R behind me informed that he had in-vehicle camera installed if I require the footage as I do not have any cameras installed and my wife was not paying attention on the road as she was on her phone. The driver is Khairul, contact number: 81000443. The Traffic Police came and they gave me an incident number G/20170102/0284.

The damage to my vehicle is that the whole front bumper was damaged and had dislodged, the radiator, fan and front grille was damaged. Neither me nor my wife is injured.





**SINGAPORE  
POLICE FORCE**



T/20180103/2079

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

3 of 3

Report No. T/20180103/2079

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2018 14:10

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of HUNGYIJAIME (53257363C)

Date: 13/05/2016

## The Following Are The Brief Particulars of :

Name of Business	:	HUNGYIJAIME
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53257363C
Registration Date	:	24/03/2014
Commencement Date	:	25/03/2014
Status of Business	:	Live
Status Date	:	11/04/2016
Renewal Date	:	11/04/2016
Expiry Date	:	24/03/2019
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	12 FLORA DRIVE #08-13 FERRARIA PARK CONDOMINIUM SINGAPORE (506943)
Date of Change of Address	:	23/12/2014

## Principal Activities

Activities (I)	:	INDUSTRIAL DESIGN ACTIVITIES NEC (74119)
Description	:	INDUSTRIAL DESIGN
Activities (II)	:	ART AND GRAPHIC DESIGN SERVICES (74192)
Description	:	WEB & GRAPHIC DESIGN

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
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## INFORMATION RESOURCES

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## Business Profile (Business) of HUNGYIJAIME (53257363C)

Date: 13/05/2016

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
HO HUNG YI	S8503220H	SINGAPORE CITIZEN	12 FLORA DRIVE #08-13 FERRARIA PARK CONDOMINIUM SINGAPORE (506943)	OSCARS	25/03/2014 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA160513101868

DATE : 13/05/2016

This is computer generated. Hence no signature required.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8503220H



Name  
HO HUNG YI  
何 弘 毅

Race  
CHINESE


Date of birth  
19-01-1985

Sex  
M

Country of birth  
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8503220H  
Name  
HO HUNG YI

Birth Date 19 Jan 1985  
Issue Date 31 Mar 2006

1001409913J



4054145




NRIC No. S8503220H

Date of issue  
05-06-2007

12 FLORA DRIVE #08-13  
SINGAPORE 606943  
NRIC No: S8503220H Date: 15/03/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles <= 200 CC	14 Sep 2005
Class 2A	Motorcycles between 201 CC and 400 CC	11 Aug 2009
Class 2	Motorcycles > 400 CC	02 Nov 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	31 Mar 2006

\*728122\*

S8503220H S/No. 9000134678

NP-428A

Licence No: S8503220H





Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

02/01/2018 23:20

Vehicle No.(For Motor)

GV2087M

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5065207502-03	HUNGYIJAIME	53257363C	GCV	Third Party	GV2087M	GV2087M	18/07/2017	17/07/2018

Continue

## ▼ Policy Information

Policy No.	5065207502-03	Policyholder Name	HUNGYIJAIME	Policyholder NRIC	53257363C
Address	212 LOYANG AVENUE #04-01 LOYANG VALLEY SINGAPORE 509064				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/07/2017	Effective Date	18/07/2017 00:00	Expiry Date	17/07/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	212 LOYANG AVENUE	Address 2	#04-01 LOYANG VALLEY	Address 3	SINGAPORE 509064
Address 4		Address Type	Singapore address	Post Code	509064
Unit No.	04-01	Related Policy Number	5065207502-03		

▶ Insured Object: GV2087M

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/0976263

Policy No.	5065207502-03	Vehicle No.	GV2087M	GST Registration No.	
Policyholder Name	HUNGYIJAIME			Policyholder NRIC	532
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	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(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	03/01/2018 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	02/01/2018	Time of Accident hh:mm	23:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC LOYANG AVE & OLD TAMPINES RD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	212 LOYANG AVENUE	Address 2	#04-01 LOYANG VALLEY	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	5096
Unit No.	04-01	Related Policy Number	5065207502-03		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HO HUNG YI	Driver NRIC	S8503220H	Driver DOB	19/01/1980
Register Date of Driver License	31/03/2006	Driver Age	32	Driving Experience	11
Contact No.(Mobile)	91708293	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	12 FLORA DRIVE	Address 2	FERRARIA PARK CONDOMINIUM	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	5066
Unit No.	08-13				
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

New

Claim Type *	OD-MX	Insured Name	HUNGYIJAIME	Insured NRIC	532
Contact No.(Mobile)	91708293	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GV2087M	TP Vehicle Number	005
Claim Description	GV2087M / JQ56031 ON 2 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	03/01/2018 17:31	Claim Close Date		Date Received	03/01/2018
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

## Attachment

Accident No.

MT/0976263

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/01/2018 17:32

Path \*

Category \*

Confidential

Urgency \*

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO










Normal

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:32	Photos	Normal	Photos 20
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## Video List

Uploaded By/Date	Folder Date	File Name	Source
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