

NATIONAL Assessment Centre Services

Form 1 (Rev 1/2018)

Date In: 10/01/2018 12:34
 Ref No NA/INC18000577/K4
 Vch No SGJ9088C
 DOA 10/01/2018 07:50
 OD TP Reporting Only
 TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksn

Date & Time Completed

Done by

MT/0977184

10/1/18 14:30

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Vch No:

SLG 1983C

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

Date & Time Completed

Done by

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30); INC (\$30)
 2) DA: Damage Assessment (\$100); INC (\$30)
 3) TP: Towing Fee \$40/\$45
 4) FT: Follow-Through Survey \$120
 5) FT: Follow-Through Survey (Resurvey) \$30
 For claiming against INC Only (wef 10 Jan 2005)
 6) TR: Re-inspection \$75
 7) N1: Idac DA + SMRT Survey \$160
 8) NTUC Additional Services:-
 OP*
 *N5: Courtesy Car / Tpt 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: Idac Mobile \$0
 Invoice dated
 Invoice dated

Am't (\$)
1st Bill

Am't (\$)
Add Bill

Fee Charged
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	10/01/2018 12:34
Date Of Accident	10/01/2018 07:50
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9088C
Insured/Policyholder	
Name Of Registered Owner	ZAINAL ABIDIN BIN ABU
NRIC No	S0257748H
Email Address	AZHAR014@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81211535
Alternative Phone No	OTHERS-81211535

Vehicle Particulars

Manufacturer	SUZUKI
Model	APV 1.6 AT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5021996551-10
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AZHAR BIN ZAINAL ABIDIN
NRIC No	S7633902C
Date Of Birth	29/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2002
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81211535
Fax Number	
Contact Number	OTHERS-81211535
Email Address	AZHAR014@YAHOO.COM.SG

Address	BLK 467B FERNVALE LINK #10-531
Postcode	792467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG1983C
Vehicle Make/Model/Colour	HONDA / CIVIC / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVAN SEAH YU JUN
NRIC/Passport Number	S9109652H
Contact Number	96217285
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

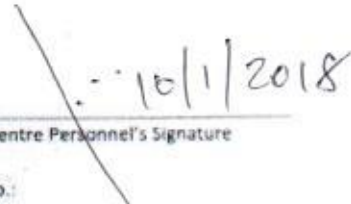
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

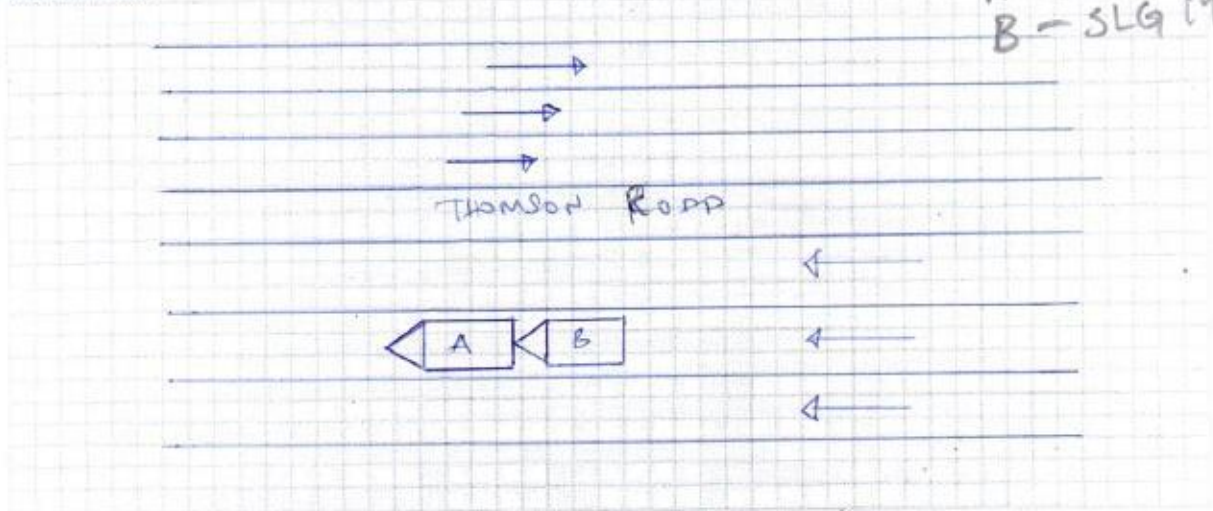
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10 Jan 2018


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

SKETCH PLAN

A - SGJ9088C
B - SLG1983C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 0747hrs, I was driving along Thomson Road on my way to work. It was heavy traffic. Car A was stationary and suddenly Car B hit the rear of Car A.

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: 10 JAN 2018

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

10/1/2018

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: S0257748H
 Owner ID Type: Singapore NRIC
 Owner Name: ZAINAL ABIDIN BIN ABU
 Registered Address: APT BLK 109 TAMPINES STREET 11 #06-289 SINGAPORE 521109
 Mailing Address: -
 Birth Date: 11 Sep 1946

Vehicle Particulars

Vehicle No.: SGJ9088C
 Previous Vehicle No.: -
 Effective Date of Ownership: 25 Jul 2006
 Original Regn Date: 25 Jul 2006
 Registration Date: 25 Jul 2006
 Year of Manufacture: 2006
 Vehicle Type: Passenger Station Wagon/Jeep/Land Rover
 Vehicle Scheme: Revised Off-Peak Car
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: SUZUKI
 Vehicle Model: APV 1.6 AT
 Primary Colour: Beige
 Secondary Colour: -
 Passenger Capacity: 7
 Chassis No.: MHYGDN71V00104537
 Engine No.: G16AID115538
 Engine Capacity/Power Rating: 1590 cc / -
 Maximum Power Output: 68.0 kW (91 bhp)
 Propellant: Petrol
 Max Unladen Weight: 1325 kg
 Maximum Laden Weight: 1950 kg
 Open Market Value: \$12,971.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 24 Jul 2016
 Minimum PARF Benefit: \$4,235.00
 No. of Transfers: 0
 IU Label No.: 1120354202
 COE No.: 2006070101001232G
 COE Expiry Date: 24 Jul 2016
 COE Category: A - Car (1600cc & below)
 COE Registration Category: A - Car (1600cc & below)

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 10 JAN 2018 Time 0747 Hrs
 Exact Location Of Accident * ALONG THOMSON ROAD

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SGJ 9088 C

Insured Policyholder

Name of Registered Owner * ZAINAL ABIDIN BN ABU
 NRIC/FIN/Passport Number * S02577484

Vehicle Particulars

Manufacturer * SUZUKI
 Model * APV 1.6 AUTO
 Exact Purpose for which vehicle was being used at time of accident * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others

If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐
 Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company * NTUC INCOME
 Type of Coverage * PRIVO CLASSIC
 Fleet Policy Yes ☐ No ☒
 Policy Number * 5021996551-10
 Cover Note Number

Driver

Name of Driver * MOHAMMAD AZHAR BN ZAINAL ABIDIN
 NRIC/FIN/Passport Number * S76339020
 Date of Birth * 29 OCT 1976
 Occupation * PUBLIC RELATION OFFICER
 Date of Driving Pass * 18 DEC 2002
 Gender * Male ☒ Female ☐
 Mobile Number * 8121 1535
 Address * BLK 467B FERNVALE LINK #10-531
 S (792467)
 Email Address * azhar014@yashoo.com.sg

Was driver an employee of the Insured's Company? * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured * SON

Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
General Information of the Accident			
Type of Accident	* HEAD TO REAR		
Weather Conditions	* Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
Road Surface	* Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Others <input type="checkbox"/>
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Details of Injured Persons			
Name	*		
Address			
Approximate Age	*		
Injuries Sustained	*		
If vehicle Occupants, state in which vehicle?			
Were seat belts worn?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Details of Police Action			
Was the Accident reported to the Police?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If Yes, please state which Police Station			
Was notice of intended Prosecution given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, against whom?			
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	* SLG 1983 C		
Vehicle Make / Model / Colour	HONDA CIVIC / BLACK		
Detail Of Properties			
Name of Driver	* IVAN SEAH YU JUN		
NRIC/Passport Number	S9109652H		
Contact Number	* 9621 7285		
Email Address			
Address	894 UPPER BUCH TAMPAL ROAD #03-25 (678188)		
Insurance Company Name			
Nature of Damage			
Details of Witness			
Name			
Phone Number			
Email Address			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7633902C



Name
MOHAMMAD AZHAR BIN
ZAINAL ABIDIN

Race
MALAY

Date of birth
29-10-1976

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE
S7633902C



MOHAMMAD AZHAR BIN
ZAINAL ABIDIN

Issue Date: 29 Oct 1976

Valid Until: 18 Dec 2002



3956387




NRIC No: S7633902C

Date of issue
08-11-2006

APT BLK 467B FERNVALE LINK #10-531
SINGAPORE 792467

NRIC No: S7633902C Date: 14/07/2017

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which (including load) does not exceed 2500 kilograms

PASS DATE
18 Dec.



Licence No: S7633902C



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5021996551-10

Cover : Third Party, Fire & Theft

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGJ9088C |
| Chassis Number | : MHYGDN71V00104537 |
| 2. Name of Policyholder | : ZAINAL ABIDIN BIN ABU |
| 3. Effective Date of Insurance | : 25 Jul 2017 |
| 4. Expiry Date of Insurance | : 24 Jul 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: ZAINAL ABIDIN BIN ABU *
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEED CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INCOME - TAMPINES BRANCH (00000600507)
Date of Issue : 15 Jul 2017 10:42 hrs
Reprint : 15 Jul 2017 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5021996551-10	ZAINAL ABIDIN BIN ABU	S0257748H	GPC	Third Party, Fire & Theft	SGJ9088C	SGJ9088C	25/07/2017	24/07/2018

▼ Policy Information

Policy No.	5021996551-10	Policyholder Name	ZAINAL ABIDIN BIN ABU	Policyholder NRIC	S0257748H
Address	BLK 109 #06-289 TAMPINES ST 11 SINGAPORE 521109				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/07/2017	Effective Date	25/07/2017 00:00	Expiry Date	24/07/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	INCOME - TAMPINES BRANCH	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 109 #06-289	Address 2	TAMPINES ST 11	Address 3	SINGAPORE 521109
Address 4		Address Type	Singapore address	Post Code	521109
Unit No.		Related Policy Number	5021996551-10		

► Insured Object: SGJ9088C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

Accident MT/0977184

Policy No.	5021996551-10	Vehicle No.	SGJ9088C	GST Registration No.	
Policyholder Name	ZAINAL ABIDIN BIN ABU	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	502
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81211535	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	10/01/2018 14:19	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	10/01/2018	Time of Accident hh:mm	07:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG THOMSON ROAD				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 109 #06-289	Address 2	TAMPINES ST 11	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	521
Unit No.		Related Policy Number	5021996551-10		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD AZHAR BIN ZAINAL	Driver NRIC	S7633902C	Driver DOB	29/1
Register Date of Driver License	18/12/2002	Driver Age	41	Driving Experience	15
Contact No.(Mobile)	81211535	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 467B	Address 2	FERNVALE LINK	Address 3	
Address 4		Address Type	Singapore address	Post Code	792
Unit No.	#10-531				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ZAINAL ABIDIN BIN ABU	Insured NRIC	502
Contact No.(Mobile)	96211146	Contact No.(Home)	67826210	Contact No.(Office)	
Email Address		OI Vehicle Number	SGJ9088C	TP Vehicle Number	SLG
Claim Description	SGJ9088C / SLG1983C ON 10 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	10/01/2018 14:29	Claim Close Date		Date Received	10/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



1/10/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0977184

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

10/01/2018 14:30

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:29	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:26	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 14:25	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

[Display in New Window](#)
[Scan and uploading](#)