

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118009305

Date In: 18/1/18-17:48	Job description	Date & Time Completed	Done by
Ref No: NA118001163/24	SAS e-filing		
Veh No: 5653680A	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 21/12/17-2250	i-Motor Claim Form	MT/0978499	18/1/18 18:08
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: SKR9469C	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% [Note-Est Status (WO): N: 0-20%; P: 21-79% F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1800431	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idao Mobile \$30		
	10) N5: Courtesy Car / Tpl Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (Non INC) against INC \$20		
	15) N12: Idao Mobile \$30		
	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 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	18/01/2018 17:48
Date Of Accident	21/12/2017 20:50
Exact Location Of Accident	ALONG BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3680A
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Insured/Policyholder

Name Of Registered Owner	DRIVEWORKS SINGAPORE
Co Reg No	53309735E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094305080
Cover Note Number	

Driver

Name of Driver	MOHAMED FIRDAUS BIN ABDUL HAMID
NRIC No	S8439039I
Date Of Birth	28/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84998118
Fax Number	
Contact Number	OFFICE-84998118
Email Address	NOEMAIL

Address	BLK 415C FERNVALE LINK #05-62
Postcode	793415
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180118/2065.

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	SKQ9469C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MOHAMED FIRDAUS BIN ABDUL HAMID
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SLS3680A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

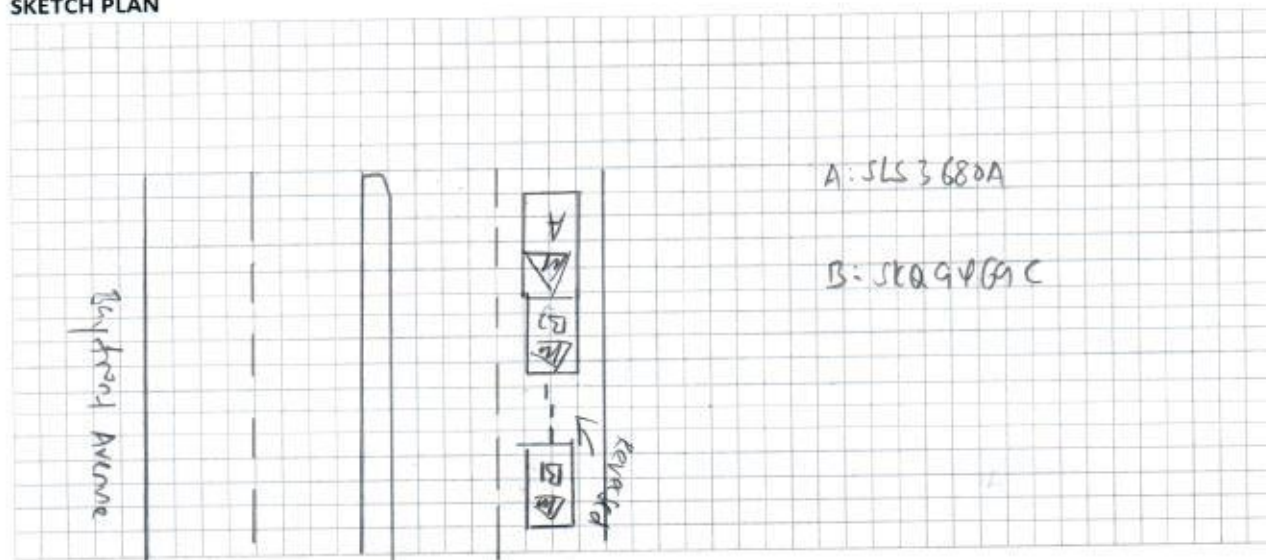
Policyholder's Signature
Date & Time:



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 - T/20180118/2065.

DECLARATION

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



Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

[Signature]

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

[Signature]

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

Date: 21 Dec 2017.
Time: 2050 HRS.

I ALI YAM WEE DANIEL Driver Vehicle SKQ 9469C Home.
Stranger Ave accidentally hit onto SL83680A where
(BAYFRONT AVE)
REVERSING.

I UNDERTAKE TO BEAR the damages arising,
From this Incident.

ALI YAM WEE DANIEL

S7203894C

820 82015988

SKQ 9469C

45

Mohamed Firdaus

S64890392

84998118.

SL83680A.

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 12 / 17) (DD/MM/YYYY), TIME: (20 : 50) (HH:MM)

LOCATION: Along Bayview Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 368DA
 b) INSURANCE COMPANY: N70L
 c) POLICY NUMBER: 5094305080
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: DriveWorks Singapore (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53304735E CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Mohamed Firdaus Bin Abdul Hamid (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 584390392 CONTACT: 84998118
 c) ADDRESS: Bk 415C Fernvale Link #05-62 6793471

*d) DATE OF BIRTH: (28 / 11 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2 / 11 / 2005 (class 3)

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - Driver: injured and air Back

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK 29469C MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger (including d) (+)

* No of passenger (including d) (+)

* No of passenger (including d) (-)

Email = 549549 firdaus @gmail.com
 Fax =



**SINGAPORE
POLICE FORCE**



T/20180118/2065

1 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180118/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 13:44	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: MOHAMED FIRDAUS BIN ABDUL HAMID	Address: APT BLK 415C FERNVALE LINK #05-62 SINGAPORE 793415
ID Type / ID No.: NRIC NO / S8439039I	Contact No.: Home/Office: Mobile: 84998118
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 33 Date of Birth: 28/11/1984	Type of Informant: Driver
Race: Malay	Language: English Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2017 20:50	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ9469C	Car				Slightly Damaged	0
SLS3680A	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180118/2065

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180118/2065

CONTINUATION OF REPORT

Driver			
Name	NG YAM WEE DANIEL	ID No.	S7203898C
Related Vehicle	SKQ9469C (Car)	Contact No.	82015988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED FIRDAUS BIN ABDUL HAMID	ID No.	S8439039I
Related Vehicle	SLS3680A (Car)	Contact No.	84998118
Hospital/Clinic	NATIONAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 21/12/2017 at about 2050hrs, I was driving my vehicle bearing registration number SLS3680A along Bayfront Ave. As I was going to make a U turn, the car bearing registration number SKQ9469C in front of my vehicle going to move out from his lot as such he was reversing. As he was reversing very fast, I then horn to warn him however he still collided onto my vehicle's front. We then hand written an agreement and left. No traffic police or ambulance attended. On 22/12/2017, I then went to the clinic for check up as I had injury my back due to the accident. I was given 3 days medical certificate and I had also went to Khoo Teck Puat Hospital and Tan Tock Seng Hospital for check up.



**SINGAPORE
POLICE FORCE**



T/20180118/2065

3 of 3

Report No. T/20180118/2065

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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 3 TIONG YEE SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI GOH GEOK LYE

Contact No.: 65476148

Signature Of Informant:

Date/Time:

18/01/2018 13:44

Classification Of Case:



SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

SIGNATURE

eBaoTech

General Claim

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"/>	5094305080	DRIVEWORKS SINGAPORE	53309735E	GFT	drivo CLASSIC	SLS3680A	SLS3680A	07/11/2017	

Policy Information

Policy No.	5094305080	Policyholder Name	DRIVEWORKS SINGAPORE	Policyholder NRIC	53309735E
Address	25 KAKI BUKIT ROAD 4 #08-47 SYNERGY @ KB SINGAPORE 417800				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/09/2017	Effective Date	14/09/2017 00:00	Expiry Date	03/09/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1081.49		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	IVAN INSURANCE AGENCY	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#08-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	#12-606	Related Policy Number	5095139473		

Insured Object: SLS3680A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	14/09/2017 00:00	Basic Information Endorsement	000001286655001	Endorsement Take Effective	Update finance company
2	15/09/2017 00:00	Basic Information Endorsement	null	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 15 Sep 2017, the following amendment(s) is/are made to this policy:</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ843M 19-09-2017 \$1,652.93</p> <p>In view of this amendment, an additional premium of \$1,652.93 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and</p>
3	18/09/2017 00:00	Basic Information Endorsement	000001286656167	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

Accident MT/0978499

Policy No.	S094305080	Vehicle No.	SLS3680A	GST Registration No.	
Policyholder Name	DRIVEWORKS SINGAPORE	Cover Type	drive CLASSIC	Policyholder NRIC	53309735E
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1/1
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	18/01/2018 18:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/12/2017	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BAYFRONT AVE				

Benefits

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#08-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	#12-605	Related Policy Number	SD95139473		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/11/1984
Unnamed driver Name	MOMAMED FIRDAUS BIN ABDUL	Driver NRIC	S8439039I	Driving Experience	12
Register Date of Driver License	02/11/2005	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	84998118	Contact No.(Office)	0	Address 3	FERNVALE RIVERBOW
Address 1	BLK 415C	Address 2	FERNVALE LINK	Post Code	793415
Address 4	SINGAPORE 793415	Address Type	Singapore address		
Unit No.	05-52				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	DRIVEWORKS SINGAPORE	Insured NRIC	53309735E
Contact No.(Mobile)	93230440	Contact No.(Home)		Contact No.(Office)	65811951
Email Address		OI Vehicle Number	SLS3680A	TP Vehicle Number	SKQ9469C
Claim Description	SLS3680A / SKQ9469C ON 21 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/01/2018 00:00
Date Registered	18/01/2018 18:06	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0978499	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2018 18:09

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	SAS	Normal	SAS 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:09	Photos	Normal	Photos 2018-1-18		Edit
Video List						
Uploaded By/Date	Folder Date	File Name		Source		Action
<div>Display in New Window</div> <div>Scan and uploading</div>						