NATIONAL Assessment Centre Services

Date In: 24/01/2018 10:37	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800123/K4	SAS e-filing		
Veh No: FT4553T	E-mail (within 8hrs, AIC 2hrs)		
D O A: 10/01/2018 18:30	i-Motor Claim Form	MT/0979342	24/01/18 16:50
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: JPW8768 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

NA1800537

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		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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:-			
OD*			
*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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/01/2018 12:40

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 witholding 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	24/01/2018 10:37
Date Of Accident	10/01/2018 18:30
Exact Location Of Accident	JALAN TEBRAU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FT4553T
Insured/Policyholder	
Name Of Registered Owner	CHAN THYE CHIANG
NRIC No	S1297072B
Email Address	TCCHAN004@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94528326
Alternative Phone No	OTHERS-94528326
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR600F1
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	MOTORCYCLE
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	5055068968-04
Cover Note Number	
Driver	
Name of Driver	CHAN THYE CHIANG
NRIC No	S1297072B
Date Of Birth	04/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94528326
Fax Number	
Contact Number	OTHERS-94528326
EMail Address	TCCHAN004@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	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?	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 POLICE REPORT :

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 Witness 1

Name	RANJITKUMAR VEERAMALAI
Phone Number	83518123
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPW8768
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHERN TECK SAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN THYE CHIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT4553T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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.

TC Chan

TCchan004@gmail.com

24/1/2018

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

- No sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Pls Refer to the Police Report
TRAFIK JOHOR BAHRU
(S) 000894/18

TRAFIK JOHOR BAHRU
(S) 001127/18

DECLARATION

I/We declare the foregoing particulars are true in every respect. pending my email & details

Tcchan004@gmail.com

24/1/2018

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.:

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : CHAN THYE CHIANG
No Kad Pengenalan / Paspot : E5165138A
No Repot Polis : TRAFIK JOHOR BAHRU(S)/001127/18
Tarikh @ Masa Repot Polis : 12/01/2018 @ 19:50
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R92851) SJN SAHRIL ANUAR BIN HASHIM
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : **No Telefon Bimbit** : 019-7686566
Tarikh @ masa Perjumpaan : .....
Pengesahan Penerimaan Repot :

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....
Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. **Salinan Repot Polis** ☐
2. **Gambar Kenderaan** ☐
3. **Rajah Kasar Kemalangan** ☐
4. **Keputusan Siasatan** ☐
5. **Lain-lain Dokumen** ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: R92851
Daerah	: J/BAHRU SELATAN	**No Repot Bersangkut**	: TRAFIK JOHOR BAHRU (S)/000894/18
Kontinjen	: JOHOR		
No Repot	: TRAFIK JOHOR BAHRU(S)/001127/18		
Tarikh	: 12/01/2018		
Waktu	: 1950 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : MOHAMMAD NASHARUDDIN BIN BANUN **No Personel :** R194594 **Pangkat :** KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---

No Paspot: --- **Bahasa Asal :** ---

Alamat: ---

Butir-butir Pengadu

Nama : CHAN THYE CHIANG

No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** E5165138A

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir :** 04/08/1958 **Umur :** 59 tahun 5 bulan

Keturunan : Cina **Warganegara :** Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : 8 CONTONMENT CLOSE # 09-95 SE 081008 SINGAPORE, 081008, JOHOR

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 01116149551

Emel : ---

Pengadu Menyatakan:-

PADA 10/01/2018 JAM LEBIH KURANG 1830HRS. SAYA MENUNGGANG M/SIKAL NO FT4553T DARI SINGAPORE HENDAK KE TEBRAU. APABILA SAMPAI DI KM 5.5 JALAN JOHOR BAHRU KOTA TINGGI TIBA-TIBA SEBUAH M/MPV NO JPW8788 DARI LORONG KIRI TELAH MASUK KE LORONG KANAN DAN TELAH MELAMNGGAR BELAKANG M/SIKAL SAYA. SAYA MENGALAMI CEDERA DI BAHAGIAN LUTUT SEBELAH KIRI, KAKI KANAN. MENDAPAT RAWATAN DI HOSPITAL SINGAPORE DAN MENDAPAT CUTI SAKIT SELAMA 7 HARI PADA 10/01/2018 SEHINGGA 17/01/2018. KEROSAKAN M/SIKAL SAYA PEMIJAK GEAR PATAH, SET MIRROL SEBELAH KIRI DAN LAIN-LAIN KEROSAKAN KURANG PASTI. SEKIAN LAPORAN SAYA.

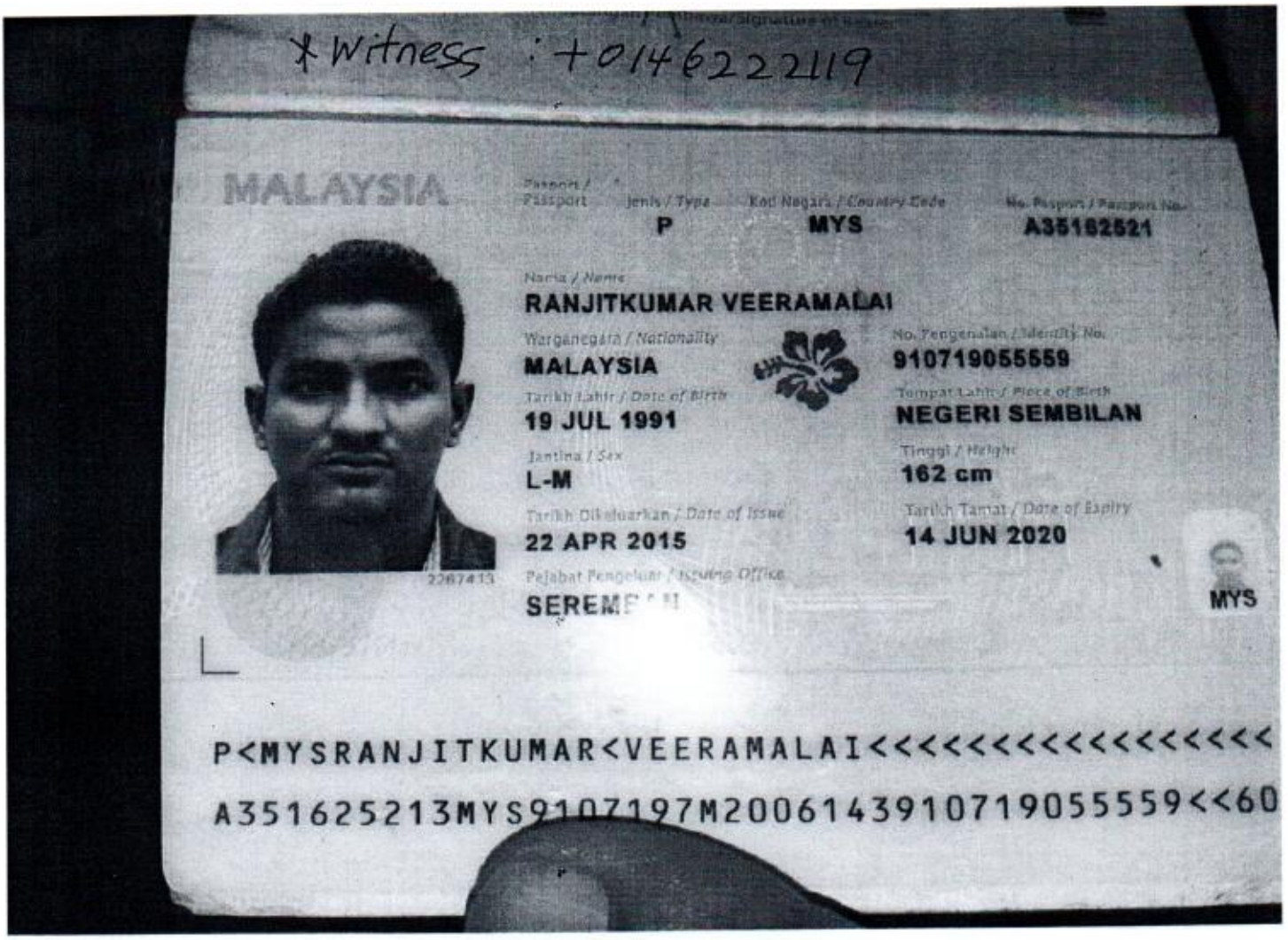
Tandatangan Pengadu: 12/1/18

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R194594 | 12/01/2018 08:14:25 PM

*witness : +0146222119



Witness

Reported on 19/1/2018 @ 11.45AM

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 01 / 2018) (DD/MM/YYYY), TIME: (18.30) (HH:MM)

LOCATION: Jalan Tebrau

Happen in Malaysia

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FT 4553 T
   b) INSURANCE COMPANY:
   c) POLICY NUMBER:
   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: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (___/___/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) Body
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: JPW 8768 MODEL:
   b) DRIVER'S NAME: CHERN TECK SAN
   c) NRIC/FIN/PASSPORT: CONTACT:

\# No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

\# No of passenger (Including driver) (__)

* Vitheesri
* Ranjitkumar Veeramalai
HP: 83518123

tcchan004@gmail.com

email = tcchan004@gmail.com
fax =
V1060

↑ zero
tel: 94528326
+60111614955 ← better

Waiting for Email of Police Report

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:

PASSPORT REPUBLIC OF SINGAPORE

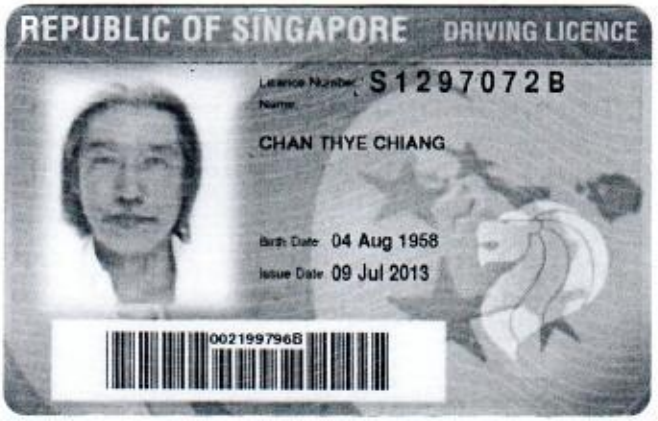
Type: PA
Country Code: SGP
Passport No: E5165138A

Name:
CHAN THYE CHIANG

Sex: M
Nationality: SINGAPORE CITIZEN
Date of birth: 04 AUG 1958
Place of birth: SINGAPORE
Date of issue: 30 SEP 2015
Date of expiry: 07 APR 2021
Modifications: SEE PAGE 2
Authority: MINISTRY OF HOME AFFAIRS
National ID No: S1297072B

PASGPCHAN<<THYE<CHIANG<<<<<<<<<<<<<<<<<<<<<<

E5165138A7SGP5808049M2104072S1297072B<<<<<16


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S1297072B
Name
CHAN THYE CHIANG
Birth Date 04 Aug 1958
Issue Date 09 Jul 2013
002199796B


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc 16 Apr 1979
Class 2A Motorcycles between 201 cc and 400 cc 16 Apr 1979
Class 2 Motorcycles > 400 cc 16 Apr 1979
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Nov 1983
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg 02 Apr 1997
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg 01 Sep 1997
Licence No: S1297072B
NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 10/01/2018 18:30

Vehicle No.(For Motor) FT4553T

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5055068968-04	CHAN THYE CHIANG	S1297072B	GMC	Third Party, Fire & Theft	FT4553T	FT4553T	16/01/2017	15/01/2018

Continue

Policy Information

Policy No.	5055068968-04	Policyholder Name	CHAN THYE CHIANG	Policyholder NRIC	S1297072B
Address	BLK 6 #04-18 EVERTON PARK SINGAPORE 080006				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/12/2016	Effective Date	16/01/2017 00:00	Expiry Date	15/01/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TELESALES	Agent Tel.	67881777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 6 #04-18	Address 2	EVERTON PARK	Address 3	SINGAPORE 080006
Address 4		Address Type	Singapore address	Post Code	080006
Unit No.		Related Policy Number	5055068968-05		

Insured Object: FT4553T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/0979342

Policy No.	5055068968-04	Vehicle No.	FT4553T	GST Registration No.	
Policyholder Name	CHAN THYE CHIANG			Policyholder NRIC	S12
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94528326	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	24/01/2018 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	10/01/2018	Time of Accident hh:mm	18:30	Country of Accident	Outs
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN TEBRAU				

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	BLK 6 #04-18	Address 2	EVERTON PARK	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	080
Unit No.		Related Policy Number	5055068968-05		

OI Driver Info

Driver Name	CHAN THYE CHIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1297072B	Driver DOB	04/(
Register Date of Driver License	01/01/1979	Driver Age	59	Driving Experience	39
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 6	Address 2	EVERTON PARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	080
Unit No.	#04-18				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ◉ No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHAN THYE CHIANG	Insured NRIC	S12
Contact No.(Mobile)	94528326	Contact No.(Home)	94528326	Contact No.(Office)	
Email Address	TC004.HAWK@GMAIL.COM	OI Vehicle Number	FT4553T	TP Vehicle Number	JPW
Claim Description	FT4553T / JPW8768 ON 10 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	24/01/2018 16:59	Claim Close Date		Date Received	24/(
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/0979342	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	24/01/2018 16:50

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2018 16:57	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2018 16:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2018 16:52	Photos	Normal	Photos 20:
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Video List

Uploaded By/Date	Folder Date	File Name	Source

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