

Date/In: 12/2/18 15:08	Job description	Date & Time Completed	Done by
Ref No: MNA/INC 18002789/h4	SAS e-filing		
Veh No: SJR 3941B	E-mail (within 3hrs. AOC 2hrs)		
D.O.A: 5/2/18 19:30	1-Motor Claim Form	MT/0982046	12/2/18 18:38.
OD: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (within 30 mins. TP 4hrs)		
	1-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: SG 5105L	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

Claimant's Particulars:-	Invoice Preparation Checklist		Amo (\$)	Amo (€)
			Inc Bill	Amo Bill
Driver/Owner:	1) AR: Accident Reporting (\$200)		30.00	
Contact No:	2) DA: Damage Assessment (\$1000)	INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$40		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming analyst (INC Only) (Ref 10 Jan 2018)			
	6) TR: Re-inspection	\$75		
	7) NI: Idas DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QIC			
QC Checked by (Engr-In-Charge):	*NS: Courtesy Car / Tpl Allowance	\$2		
	*NS: Repair Co-ordination	\$10		
	*NS: Post Repair Inspection	\$25		
	*NS: DV / School Busess Coordination	\$1		
	IR (N/A) : TP DA + INC, signed INC	\$20		
	9) NI: Idas Mobile	\$2		
	Invoice dated	Fax Charged		
	Invoice dated	Fax 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	12/02/2018 15:08
Date Of Accident	05/02/2018 19:30
Exact Location Of Accident	HOUGANG AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3941B
Insured/Policyholder	
Name Of Registered Owner	CANSHA LIM
Co Reg No	53350501A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93801876

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	NO
Policy Number	5096453696
Cover Note Number	-

Driver

Name of Driver	LIM SAY HEE
NRIC No	S8715610I
Date Of Birth	05/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93801876
Fax Number	
Contact Number	OFFICE-82000123
Email Address	NOEMAIL

Address	BLK 468C FERNVALE LINK #19-555
Postcode	793468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOSS
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	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?	
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: : GUO KAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	GUO KAI
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5105L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	HO CHEW LONG

NRIC/Passport Number

Contact Number

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.

CANSHA LIM

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

SKETCH PLAN

A = STR 30 412

B = SG 5105

US DUTIES

BRANCH

LAN SHA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7

refer to Traffic Police Rpt No -
F/20180200/2060
dat 06.02.2018 @ 1230

7

CANSHA LIM

[Signature]

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	05.02.2018 (DD/MM/YY)
Time of accident	1930 (HH:MM)
Exact location of accident	Hougang Ave 10.

DETAILS OF VEHICLE	
Vehicle registration number	SJR 3941B
Vehicle make and model	Hyundai Avante
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	5096453696
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Canha Lim Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S3350501A
Contact	
Address	Blk 468C Fernvale Link #19-555. (793468)

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Lim Say Hee Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S87156101
Contact	93801876 / 82000123
Address	Blk 468C Fernvale Link #19-555. (793468)
Email address	
Date of birth	05.06.1987
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	27.05.2006

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	02. (Inclusive of driver)

PASSENGER 1	
Name	Guo Kai
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Hayang N.P.C.

WITNESS 1	
Name	Guo Kai

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SG 5105L
Vehicle make model	Bus
Name	Ho Chew Long
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



F/20180206/2060

1 of 2

POLICE REPORT (NP299)

Report No. F/20180206/2060

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 06/02/2018 12:30	Vide Report No.	Station Diary No. 51	
Name Of Informant LIM SAY HEE	Address APT BLK 468C FERNVALE LINK #19-555 SINGAPORE 793468		
ID Type / ID No. NRIC NO / S8715610I	Contact No. Home/Office	Mobile 93801876	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation OPERATION PLANNER	Sex Male	Age 30	Date of Birth 05/06/1987
Institution/School Name	Race Chinese		
Date/Time Of Incident 05/02/2018 19:30	Location Of Incident HOUGANG AVENUE 10 SINGAPORE Along Hougang Avenue 10		

Brief details.

On 05/02/2018 at about 1930hrs, I was driving along Hougang Avenue 10 in my vehicle (SJR3941B) on second lane of the two lane road. As I drove past the bus stop outside Hougang ActiveSG Swimming Complex, a bus (SG5105L) was travelling behind me on the same lane. I then stopped my vehicle waiting to turn left into Hougang Avenue 4.

Subsequently, the bus signaled right and proceeded to change to the first lane. However, during the

Signature Of Officer Recording The Report: F / Sgt 2 TAN KAI JUN, CHRISTIAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt HO ZI CAI Contact No.: 64890999

Signature Of Informant:
Date/Time: 06/02/2018 12:30
Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20180206/2060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180206/2060

attempt, the side of the bus swipe onto my vehicle, resulting in the puncture of the right rear tire and several scratches on the right side bottom bumper.

Both myself and the bus driver (S2739149D, Ho Chew Long, residing at Blk 555 Hougang Street 51 #04-326, Company: Go-Ahead Singapore, Staff ID: 10535) then alighted from our vehicles to make a check and he informed me to report the matter to his company for follow up. After which, both of us left the incident location.

I am lodging this report for insurance claiming. I also wish to inform that a witness (Guo Kai, HP: 96677361) was present during the occurrence of the incident.

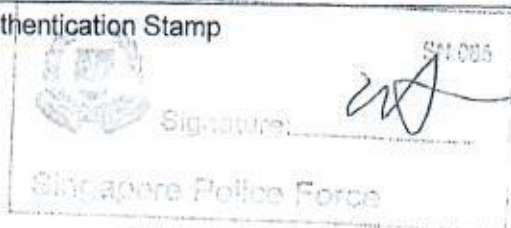
Signature Of Officer Recording The Report:

F / Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt HO ZI CAI
Contact No.: 64890999

Authentication Stamp



Signature Of Informant:

Date/Time:
06/02/2018 12:30

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S87156101



Name

LIM SAY HEE

林世喜

Race

CHINESE

Date of birth

05-06-1987

Sex

M

Country of birth

SINGAPORE

NRIC No. S87156101

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S87156101

Name

LIM SAY HEE

Birth Date: 05 Jun 1987

Issue Date: 27 May 2006



3799272



NRIC No. S87156101



Date of issue

04-11-2005

APT BLK 488C FERNVALE LINK #19-556
SINGAPORE 763408

NRIC No: S87156101

Date: 20/08/2015

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

PASS DATE

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 27 May 2006



NP 428A

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"/>	5096453696	CANSHA LIM	53350501A	GPC	drive CLASSIC	SJR3941B	SJR3941B	23/12/2017	22/12/2018

Claim Handling

Accident MT/0982046

Policy No.	5096453696	Vehicle No.	SJR3941B	GST Registration No.	53350
Policyholder Name	CANSHA LIM			Policyholder NRIC	53350
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93801876	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="Nc"/>
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(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	12/02/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Side S
Date of Accident	05/02/2018	Time of Accident hh:mm	19:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 10				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
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	Yes	GST Registration Date	17/11/2016
GST Registration No.	53350501A	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 468C #19-555	Address 2	FERNVALE LINK	Address 3	FERNV
Address 4	SINGAPORE 793468	Address Type	Singapore address	Post Code	79346
Unit No.	19-555	Related Policy Number	5096453696		

▼ OI Driver Info

Driver Name	LIM SAY HEE	Driver Type	Main Driver	Driver DOB	05/06
Unnamed driver Name		Driver NRIC	587156101	Driving Experience	11
Register Date of Driver License	27/05/2006	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	93801876	Contact No.(Office)		Address 3	FERNV
Address 1	BLK 468C #19-555	Address 2	FERNVALE LINK	Post Code	79346
Address 4	SINGAPORE 793468	Address Type	Singapore address		
Unit No.	19-555				
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 *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="CANSHA LIM"/>	Insured NRIC	<input type="text" value="53350"/>
Contact No.(Mobile)	<input type="text"/>	Contact No.(Home)	<input type="text" value="NIL"/>	Contact No.(Office)	<input type="text"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SJR3941B"/>	TP Vehicle Number	<input type="text" value="SG51"/>
Claim Description	<input type="text" value="SJR3941B / SG5105L ON 5 Feb 2018"/>				
Preferred Workshop Contact No.	<input type="text" value="0"/>	Insured Liability *	<input type="text" value="Not at Fault"/>	Name of Preferred Workshop	<input type="text" value="0"/>
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Recei"/>
Date Registered	<input type="text" value="12/02/2018 18:36"/>	Claim Close Date	<input type="text"/>	Date Received	<input type="text" value="12/02"/>
Report Taken By	<input type="text" value="LIEW SHAN HUI"/>				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment



Attachment List

Video List

Display in New Window

Scan and uploading