

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118625857

Date In: 22/1/18-16:34	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18003428/24	SAS e-filing		
Veh No: JE8556R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A : 21/2/18-18:00	i-Motor Claim Form	MT/0983280	22/2/18 18:44
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: SLB579PX	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time: (
Insured/Driver Liability: (	% (Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%)	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:**

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

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

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

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

Injury : \_\_\_\_\_

Date/Time	Actions

NA 201111	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	TP (N11) : TP (N'n INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	22/02/2018 16:34
Date Of Accident	21/02/2018 18:00
Exact Location Of Accident	SLIP RD JURONG WEST ST 64 TWDS BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8556R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THE LOCAL LEASING COMPANY PTE LTD
Co Reg No	201632096M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5094741200
Cover Note Number	

### Driver

Name of Driver	KOH KIAN MENG, MCLENNAN
NRIC No	S8012873H
Date Of Birth	21/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98766556
Fax Number	
Contact Number	OFFICE-98766556
Email Address	NOEMAIL

Address	BLK 114 HO CHING ROAD #09-72
Postcode	610114
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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

REFER TO 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	SLB5798X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTABELLA LOW MEIJUN
NRIC/Passport Number	S9047630J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	KOH KIAN MENG, MCLENNAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJE8556R
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.

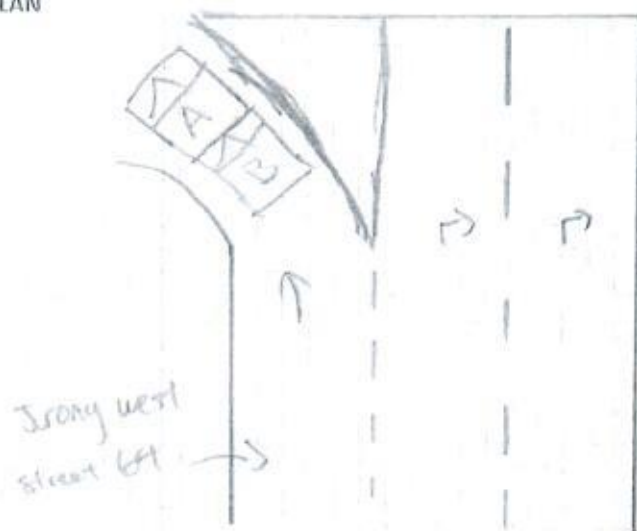


Policyholder's Signature  
Date & Time:

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

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

Boon Lay way



Vehicle B → SLB 5798X

I was travelling along Trang west street 64 on the filter line waiting to filter out towards Boon lay way. As I was waiting for the traffic to be clear before I can move off, vehicle B suddenly from behind hit onto my vehicle Rear portion.

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



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	21/02/18	(DD/MM/YY)
Time of accident	1800	(HH:MM)
Exact location of accident	Jurong West Street 64 tuds Boon Lay way	

## DETAILS OF VEHICLE

Vehicle registration number	SJE 8556 R		
Vehicle make and model	Toyota Axi		
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	Working		
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	5094741200		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input checked="" type="checkbox"/>

## INSURED / POLICY HOLDER

Name	the Local Leasing Company PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	201632046M		
Contact			
Address	550 B Segar Road #02-636 Segar Palmview S(672550)		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Koh Kian Meng, McLennan Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	S8012873H		
Contact	98766556		
Address	Blk 114 HO Chng Road #09-72 S(610114)		
Email address			
Date of birth	21/04/1980		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	27/03/2003		

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	2 (Inclusive of driver)

PASSENGER 1	
Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WITNESS 1	
Name	_____

WITNESS 2	
Name	_____



THIRD PARTY VEHICLE 1	
Vehicle registration number	SLB5798X
Vehicle make model	
Name	Christabella Low Meijun
NRIC / Fin / Passport number	S90476305
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	Koh Kian Meng, MCKMMA
Injuries sustained	Body
Which vehicle person in?	SESSOR
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" 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"/>



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Mar 2003

Licence No: S8012873H

P 29



3140885

NRIC No: S8012873H



Blood Group - Date of issue 20-05-2003

APT BLK 114 HO CHING ROAD #00-72 SINGAPORE 610114

NRIC No: S8012873H

Date: 24/02/2011 No: 6120831

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8012873H

Name

KOH KIAN MENG, MCLENNAN

Birth Date: 21 Apr 1980

Issue Date: 01 Aug 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8012873H

Ministry



KOH KIAN MENG, MCLENNAN

李 建 明

Race

CHINESE

Date of Birth

21-04-1980

Country of Birth

SINGAPORE

Sex

M



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

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"/>	5094741200	THE LOCAL LEASING COMPANY PTE. LTD.	201632096M	GFT	Third Party	SJE8556R	SJE8556R	02/10/2017	



### Policy Information

Policy No.	5094741200	Policyholder Name	THE LOCAL LEASING COMPANY	Policyholder NRIC	201632096M
Address	BLK 550 #02-636 SEGAR ROAD SEGAR PALMVIEW SINGAPORE 670550				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/10/2017	Effective Date	02/10/2017 00:00	Expiry Date	01/10/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	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	BLK 550 #02-636	Address 2	SEGAR ROAD	Address 3	SEGAR PALMVIEW
Address 4	SINGAPORE 670550	Address Type	Singapore address	Post Code	670550
Unit No.	02-636	Related Policy Number	5097500667		

### Insured Object: SJE8556R

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/10/2017 00:00	Basic Information Endorsement	000001286665559	Endorsement Take Effective	Update Memo A  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. SJL5133K 11-10-2017 \$1,043.62 In view of this amendment, an additional premium of \$1,043.62 (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 policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	11/10/2017 00:00	Basic Information Endorsement	000001286671485	Endorsement Take Effective	

## Claim Handling

Exit

Accident MT/0983280

Policy No.	5094741200	Vehicle No.	S3E8556R	GST Registration No.	
Policyholder Name	THE LOCAL LEASING COMPANY PTE. LTD.			Policyholder NRIC	201632096M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remarks		eCode	<input type="text"/>
KPK	<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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	22/02/2018 18:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/02/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	SLIP RD JURONG WEST ST 64 TWD5 BOON LAY WAY				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	BLK 550 #02-636	Address 2	SEGAR ROAD	Address 3	SEGAR PALMVIEW
Address 4	SINGAPORE 670550	Address Type	Singapore address	Post Code	670550
Unit No.	02-636	Related Policy Number	5097500667		

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH KIAN MENG, MCLENNAN	Driver NRIC	S8012873H	Driver DOB	21/04/1980
Register Date of Driver License	27/03/2003	Driver Age	37	Driving Experience	14
Contact No.(Mobile)	98766556	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 114	Address 2	HO CHING ROAD	Address 3	CORPORATION COURT
Address 4	SINGAPORE 610114	Address Type	Singapore address	Post Code	610114
Unit No.	09-72				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	THE LOCAL LEASING COMPANY	Insured NRIC	201632096M
Contact No.(Mobile)	90110003	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	S3E8556R	TP Vehicle Number	SLB5796x
Claim Description	S3E8556R / SLB5796X ON 21 Feb 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	Received
Date Registered	22/02/2018 18:44	Claim Close Date		Date Received	22/02/2018 00:00
Report Taken By	Jackson				

☒ Print Ack letter

Save Submit

## Attachment

▼

Accident No.	MT/0983280	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2018 18:45

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	

▼ Attachment List



Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:45	SAS	Normal	SAS 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:45	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:44	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
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<b>Video List</b>						
Uploaded By/Date	Folder Date	File Name		Source		Action
<div>Display in New Window</div> <div>Scan and uploading</div>						