

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA118025783

Date In: 22/2/18 - 15:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1003438/24	SAS e-filing		
Veh No: QJM 7574C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/2/18 - 09:00	i-Motor Claim Form	MT/0983282	22/2/18 19:34
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: YP 5008R 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)

Remarks	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	Ant (\$) In Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	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:-		
	QN:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	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	22/02/2018 15:36
Date Of Accident	14/02/2018 09:00
Exact Location Of Accident	DRIVEWAY 10 KAKI BUKIT RD 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7574C
Insured/Policyholder	
Name Of Registered Owner	MV AUTO
Co Reg No	53236451A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68444640

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X
Exact Purpose for which vehicle was being used at time of accident	CAR DEALER
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095948141
Cover Note Number	

Driver

Name of Driver	CHUA KIM SOON (CAI JINSHUN)
NRIC No	S7412746J
Date Of Birth	27/04/1974
Occupation	INDOOR
Date Of Driving Pass	15/04/1999
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90625945
Fax Number	
Contact Number	OFFICE-90625945
Email Address	NOEMAIL

Address	15 PASIR RIS RISE #03-32
Postcode	518087
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

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	YP5008R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SYED MAHMUD BIN SYED OMAR
NRIC/Passport Number	S1643062E
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.
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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.

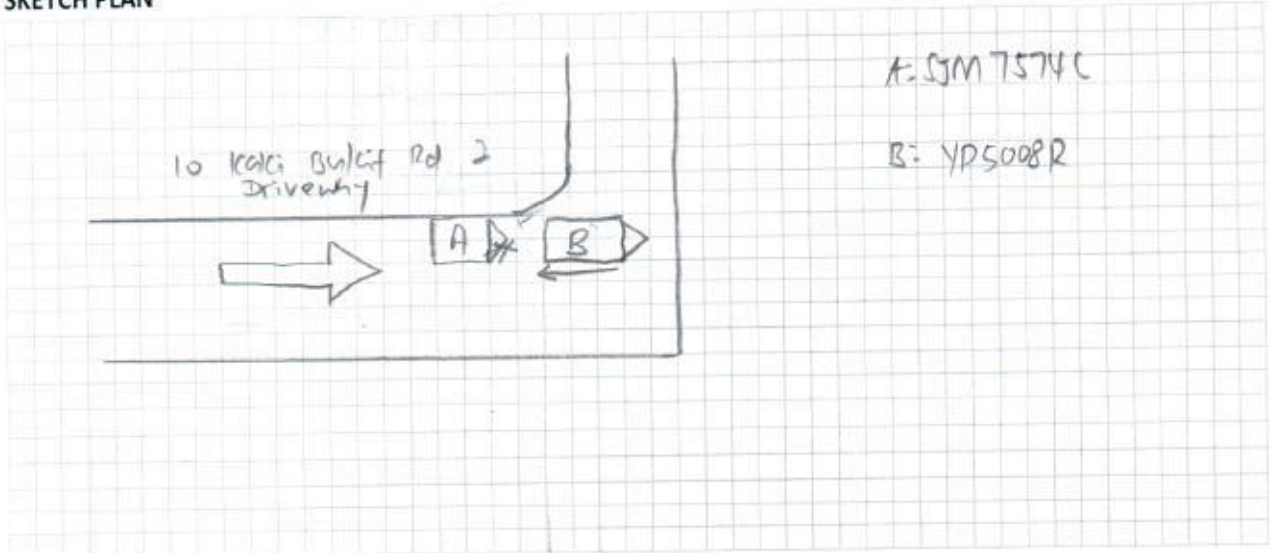


Policyholder's Signature
Date & Time:

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 statement.

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS PARKED IN THE PARKING LOT OF 10 KAKI BUKIT RD 2. SUDDENLY VEHICLE B MAKE A REVERSED WHICH RESULTING DAMAGES OF MY VEHICLE FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 2 / 18) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: 10 kalci Bukit Road 2 open space, car park ^{Multi-story}

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM7574C
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5095948141
- d) POLICY TYPE: (THIRD PARTY / COMPREHENSIVE / 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: MV Auto (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 53236651A CONTACT: 6844 4640
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

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) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YP 508R MODEL: _____

b) DRIVER'S NAME: Syed Mahmud Bin Syed Omar

c) NRIC/FIN/PASSPORT: S1643062E CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including d) (0)

* No of passenger (including d) (-)

* No of passenger (including d) (-)

email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7930338J



Name

CHUA CHING SIANG
(CAI JINXIANG)

蔡錦祥

Race

CHINESE

Date of birth

14-10-1979

Sex

M

S7930338J

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7930338J

Name:

CHUA CHING SIANG
(CAI JINXIANG)

Birth Date: 14 Oct 1979

Issue Date: 06 Jan 2005



455538



NRIC No. S7930338J

Date of issue
27-04-2010

APT BLK 124 RIVERVALE DRIVE #05-187
SINGAPORE 540124

NRIC No: S7930338J Date: 04/02/2018

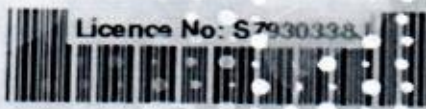
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg

PASS DATE

06 Jan 2005

NP 428A





Don Office HP
22/2/18, 15:33

All Media



3896433



NRIC No: S7412746J

Date of issue
16-03-2005

Address
15 PASIR RIS RISE #03-32
SINGAPORE 518087
NRIC No: S7412746J

Date: 19/12/2016

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

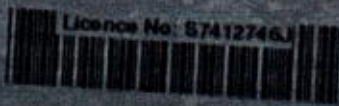
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
15 Apr 1999

11K 8 GEYLANG ROAD AVENUE 2
#10-05
SINGAPORE 389757

OCT 2003 SDR5015H LTA

Licence No: S7412746J



128A

Certificate of Insurance

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

Certificate Number : 5095948141 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **N/A**
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : MV AUTO
3. Effective Date of Insurance : 15 Nov 2017
4. Expiry Date of Insurance : 14 Nov 2018

5. Persons or Classes of Persons entitled to drive*
Refer to List Attached

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*
(a) Use only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

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

POLICY TYPE : MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS : CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S) : 4
DETAILS OF AUTHORISED DRIVER(S) : REFER TO LIST ATTACHED
EXCESS (SECTION I) : N/A
EXCESS (SECTION II) : N/A
SUM INSURED : N/A

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

Agency : DICKSON AUTO AGENCY (00000614645)
Date of Issue : 15 Nov 2017 17:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorized Officer



Chief Executive

THE SCHEDULE

Motor Trade Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5095948141
The Policyholder	: MV AUTO 10 KAKI BUKIT ROAD 2 #03-11 FIRST EAST CENTRE SINGAPORE 417868

Period of Insurance	: 15 Nov 2017 To 14 Nov 2018
Sum Insured	: N/A
Premium (inclusive GST)	: S\$2,094.30

Interest Insured

Cover Type	: Third Party
Type of Trade/Business	: Car Dealers
Total Number of Authorised Driver(s)	: 4
Detail of Authorised Driver(s)	: Refer to List Attached
NCD Entitlement	: 0%
Excess (Section I)	: N/A
Excess (Section II)	: N/A

Memo A : This Policy covers business operating hours from 7am to 10pm.

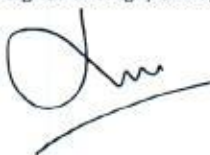
Endorsement Operative : MT1

Agency	: DICKSON AUTO AGENCY (00000614645)
Date of Issue	: 15 Nov 2017 17:21 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

LIST OF AUTHORISED DRIVER(S) ATTACHING TO POLICY NUMBER: 5095948141

No.	Name	ID Number	Driver's Licence Reg. Date
1	CHUA KIM SOON	S****746J	15 Apr 1999
2	CHUA KIM CHIN	S****674H	12 Sep 1996
3	WONG CHUN KONG	S****210A	23 Oct 2006
4	CHUA LEE LIANG	S****338E	10 Aug 1994

Total number of authorised driver(s): 4

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095948141	MV AUTO	53236451A	GMT	Third Party		CHUA KIM SOON/S7412746J_CHUA KIM CHIN/S7305674H_WONG CHUN KONG/S8619210A_CHUA LEE LIANG/S7002338E	15/11/2017	14/11/2018

Continue

Policy Information

Policy No.	5095948141	Policyholder Name	MV AUTO	Policyholder NRIC	53236451A
Address	10 KAKI BUKIT ROAD 2 #03-11 FIRST EAST CENTRE SINGAPORE 417868				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/11/2017	Effective Date	15/11/2017 00:00	Expiry Date	14/11/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 KAKI BUKIT ROAD 2	Address 2	#03-11 FIRST EAST CENTRE	Address 3	SINGAPORE 417868
Address 4		Address Type	Singapore address	Post Code	417868
Unit No.	03-11	Related Policy Number	5095948141		

Insured Object: CHUA KIM SOON/S7412746J_CHUA KIM CHIN/S7305674H_WONG CHUN KONG/S8619210A_CHUA LEE LIANG/S7002338E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/11/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Update 2pts perm load to temp load

[Exit](#)

Claim Handling

Accident MT/0983282

Policy No.	5095948141	Vehicle No.		GST Registration No.		
Policyholder Name	MV AUTO	Cover Type	Third Party	Policyholder NRIC	53236451A	
Product Code	MOTOR TRADE INSURANCE	Motor Trade Driver Name	CHUA KIM SOON (CA1 12NSHUN)	Loading	2	
Motor Trade Plate No.		Contact No. (Office)	88444640	Motor Trade Driver NRIC	574127461	
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason		
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No	
Accident Details			Report Date	22/02/2018 19:19	Accident Type	Damaged whilst parked
Date of Accident	14/02/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	DRIVEWAY 10 KAKI BUKIT RD 2					
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 Status Verified	No	
GST Registration No.						
Modification History						

Policyholder Mailing Address

Address 1	10 KAKI BUKIT ROAD 2	Address 2	#03-11 FIRST EAST CENTRE	Address 3	SINGAPORE 417868
Address 4		Address Type	Singapore address	Post Code	417868
Unit No.	03-11	Related Policy Number	5095948141		

DI Driver Info

Driver Name	CHUA KIM SOON	Driver Type	Named Driver	Driver DOB	27/04/1974
Unnamed driver Name		Driver NRIC	574127461	Driving Experience	18
Register Date of Driver License	15/04/1999	Driver Age	49	Contact No. (Home)	0
Contact No. (Mobile)	90625945	Contact No. (Office)	0	Address 3	SINGAPORE 518087
Address 1	15 PASIR RIS RISE	Address 2	SEA HORIZON	Post Code	518087
Address 4		Address Type	Singapore address		
Unit No.	03-32				
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 *	OD-MX	Insured Name	MV AUTO	Insured NRIC	53236451A
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		DI Vehicle Number		TP Vehicle Number	YPS008R
Claim Description	/ YPS008R ON 14 Feb 2018			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	22/02/2018 00:00
Date Registered	22/02/2018 19:34	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0983282	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2018 19:36

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send Message **Upload**

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 19:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 19:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 19:35	Photos	Normal	Photos 2018-2-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 19:35	Photos	Normal	Photos 2018-2-22		Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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