

NATIONAL Assessment Centre Services

Date In	02/03/2018 15:57	Job description	(Date & Time Completed)	Done by
Ref No	NA/INC18004084/K4	SAS e-filing	137	
Veh No	FBH 88684	E-mail (within 3hrs, AIC 2hrs)		
DOA	12/01/2018 09:15	i-Motor Claim Form	MT/0984467	2/3/18 17:30
OD	TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: GX1480G	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:	NA1801391	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: 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		
Cat 1:		For claiming against INC Only (wef 10 Jan 2003)		
Cat 2/3:		6) TR: Re-inspection \$75		
		7) NI: 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 \$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	02/03/2018 15:57
Date Of Accident	12/01/2018 09:15
Exact Location Of Accident	BOON LAY WAY / C ' WEALTH AVE WEST AT JURONG POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8868U
Insured/Policyholder	
Name Of Registered Owner	CHAN WAI NENG
NRIC No	S0589014D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90761092
Alternative Phone No	OTHERS-90761092

Vehicle Particulars

Manufacturer	KYMCO
Model	K-XCT200I
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5069507067-03
Cover Note Number	

Driver

Name of Driver	CHAN WAI NENG
NRIC No	S0589014D
Date Of Birth	02/06/1948
Occupation	INDOOR
Date Of Driving Pass	23/07/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90761092
Fax Number	
Contact Number	OTHERS-90761092
Email Address	NOEMAIL

Address	8 BOON LAY DRIVE #02-20
Postcode	649928
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	DRIZZLING
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180129/2076

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	GX1480G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
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 WAI NENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBH8868U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A

A

Boon Lay way
Commonwealth Avenue
West happened
at Jurong Point.



A - FB H88684

B - Gx 1480G

1 Taxi Stand

Jurong Point

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180129/2076

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 2/3/2018

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



SINGAPORE POLICE FORCE



T/20180129/2076

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180129/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2018 14:22	Vide Report No.:	Station Diary No.: 90
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN WAI NENG			Address: 8 BOON LAY DRIVE #02-20 SINGAPORE 649928		
ID Type / ID No.: NRIC NO / S0589014D			Contact No.: Home/Office: Mobile: 90761092		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 02/06/1948	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Business consultant			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/01/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 BOON LAY WAY COMMONWEALTH AVENUE WEST Happened at Jurong Point.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Self-Skidded.				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8868U	Motorcycle	KYMCO	K-XCT200I	Blue	Slightly Damaged	0
GX1480G	Van	TOYOTA	LITEACE 5DR	Silver	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8868U	NTUC Income Insurance Co-Operative Limited	5069507067-03	05/01/2018	04/01/2019



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S0589014D
Name	CHAN WAI NENG	Contact No.	90761092
Related Vehicle	FBH8868U (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Date Treatment	12/01/2018
		Date Discharge	26/01/2018
No. of Days granted Medical Leave	30	Degree of Injury	NIL

Brief Details.

With reference to T/20180112/2090. I received a letter from Traffic Police when I was discharged on the 26/01/2018 during night time and discovered it in my mailbox. Reference TP/IP/02563/2018 under Traffic Police Investigation Officer Daniel Yan Ming Sheng.

On the 12/01/2018 at about 0913hrs, I was riding my motorcycle V1)FBH8868U along Boon Lay Way near to Jurong Point and was driving Lane 3 on the most right lane of the 3 lane traffic.

From afar, I noticed a Van V2) GX1480G parked further up on the upper most left lane on the double yellow line near to the taxi stand, as I was approaching nearer I realize that V2 abruptly cut out from the most left lane and tried to swerve onto my lane which is on lane 3 without signaling. I then immediately sounded my horn to warn the driver of the imminent danger we were in however he continued to swerve out.

In order to avoid the collision, I then applied the emergency brakes of my motorcycle V1 and skidded as it was also raining to avoid a collision with V2. My vehicle V1 then and my right body parts including my leg and wrists was then dragged on the road for about a few kilometers before falling onto the ground. I then rolled onto the road and Passerbys then came over and rendered assistance.

The driver of V2 however just came down and had a look and did not bother to assist me, about 10 minutes later Traffic Police and Ambulance was at scene to assist and I was conveyed conscious to Ng Teng Fong General Hospital. There are CCTVS around the vicinity of the road that I believed might have captured what happen, I would like to comment that the driver of V2 was driving dangerously which caused me to skid.



**SINGAPORE
POLICE FORCE**



T/20180129/2076

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180129/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 GOH WEI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/01/2018 14:22

Classification Of Case:

annasims@yahoo.com.sg

ATAN MOTORING

TEL: 67431351

PLEASE EMAIL REPORT.

THANKS

Reported on 2/3/2018
@ 1320HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 12/01/2018 (DD/MM/YYYY), TIME: (09:15) (HH:MM)

LOCATION: Boon Lay way Commonwealth Avenue West
Impounded at Jelling Point.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH8868U
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

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90761092
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) OWNER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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

6. WAS ANYBODY INJURED (YES / NO) Right Leg Injury. Seriously.

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GX1480G MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

email =

fax =

Waiting for Motorcycle Photo?
at compound?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0589014D



NAME
CHAN WAI NENG

RACE
CHINESE

Date of Birth
02-06-1948

Sex
M

Country of Birth
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0589014D**

Name
CHAN WAI NENG

Birth Date: **02 Jun 1948**

Issue Date: **01 Mar 2004**




1966213



NRIC No: **S0589014D**



Board Group: **04-04-1994**


8 BROM LAY DRIVE #02-20
SINGAPORE 649928

NRIC No: **S0589014D** Date: **19/03/2009 (R)** No: **6206102**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	23 Jul 1976
Class 2A Motorcycles between 201 cc and 400 cc	23 Jul 1976
Class 2 Motorcycles exceeding 400 cc	23 Jul 1976
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Mar 1979

Licence No: **S0589014D**



NP 428A

Policy Query

Policy No.

Date of Accident

12/01/2018 09:15

Vehicle No.(For Motor)

FBH8868U

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069S07067-03	CHAN WAI NENG	S0589014D	GMC	Third Party	FBH8868U	FBH8868U	05/01/2018	04/01/2019

Continue

▼ Policy Information

Policy No.	5069507067-03	Policyholder Name	CHAN WAI NENG	Policyholder NRIC	S0589014D
Address	8 BOON LAY DRIVE #02-20 SUMMERDALE SINGAPORE 649928				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/12/2017	Effective Date	05/01/2018 00:00	Expiry Date	04/01/2019 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	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 BOON LAY DRIVE	Address 2	#02-20 SUMMERDALE	Address 3	SINGAPORE 649928
Address 4		Address Type	Singapore address	Post Code	649928
Unit No.		Related Policy Number	5069507067-03		

▶ Insured Object: FBH8868U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

3/2/2018

Claim Handling

Accident MT/0984467

Policy No.	5069507067-03	Vehicle No.	FBH8868U	GST Registration No.	
Policyholder Name	CHAN WAI NENG			Policyholder NRIC	S05:
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90761092	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	02/03/2018 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	12/01/2018	Time of Accident hh:mm	09:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY WAY / C ' WEALTH AVE WEST AT JURONG POINT				
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	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	8 BOON LAY DRIVE	Address 2	#02-20 SUMMERDALE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	6490
Unit No.		Related Policy Number	5098567853		
OI Driver Info					
Driver Name	CHAN WAI NENG	Driver Type	Main Driver	Driver DOB	02/0
Unnamed driver Name		Driver NRIC	S0589014D	Driving Experience	41
Register Date of Driver License	23/07/1976	Driver Age	69	Contact No.(Home)	0
Contact No.(Mobile)	90761092	Contact No.(Office)	0	Address 3	
Address 1	8 BOON LAY DRIVE	Address 2		Post Code	6490
Address 4		Address Type	Singapore address		
Unit No.	#02-20			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHAN WAI NENG	Insured NRIC	S05:
Contact No.(Mobile)	81101050	Contact No.(Home)	66862301	Contact No.(Office)	
Email Address		OI Vehicle Number	FBH8868U	TP Vehicle Number	GX1
Claim Description	FBH8868U / GX1480G ON 12 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/0
Date Registered	02/03/2018 17:34	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Claim Handling(accident reporting Claim Task 001 OD-MX)

3/2/2018

Accident No.

MT/0984467

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/03/2018 17:30

Path *

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Message Read

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:34	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:33	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:32	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading