

NATIONAL Assessment Centre Services

Date In: 09/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008449/13	SAS e-filing		
Veh No: SKQ1536U	E-mail (within 8hrs, MP 2hrs)		
DOA: 08/05/18 1435	i-Motor Claim Form	M7/0993561 - 001	
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: (TEAMWORK)	Tel:	Fax:
TP Particulars:	Veh No: GBH303C	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

NA1802909	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11) : TP (Non INC) against INC		
	9) N12: Idac Mobile		
Auditors' Comments :-	Invoice date/	Fee Charged	
Pat 1:			
Pat 2/3:			

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	09/05/2018 09:14
Date Of Accident	08/05/2018 14:35
Exact Location Of Accident	PIE TWDS AIRPORT B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1536U
Insured/Policyholder	
Name Of Registered Owner	KWAN CHEE WOH
NRIC No	S7023651F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91811387
Alternative Phone No	OTHERS-91811387

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092654357
Cover Note Number	

Driver

Name of Driver	KWAN CHEE WOH
NRIC No	S7023651F
Date Of Birth	12/07/1970
Occupation	INDOOR
Date Of Driving Pass	09/01/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91811387
Fax Number	
Contact Number	OTHERS-91811387
Email Address	NOEMAIL

Address	BLK 415A FERNVALE LINK #02-42
Postcode	791415
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	CHAIN COLLISION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED 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	GBH323C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFT560Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

KWAN CHEE WOH

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKQ1536U

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:

 09/05/18

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

SKETCH PLAN

PIE toward Airport
before Euros Exit



- (A) SKQ15364
- (B) GBH323C
- (C) SFT1560Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ahead of my vehicle slow down and stop due to heavy traffic, and I also follow to stop slow down and stop without any contact to the front vehicle. Out of sudden vehicle from behind couldn't stop in time and hit onto my rear portion and with the impact cause my vehicle to move forward and hit ther front vehicle. Total there were 3 vehicle involved

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	08-05-2018	(DD/MM/YY)
Time of accident	14.35pm	(HH:MM)
Exact location of accident	PIE toward Airport before Eunos Exit	

DETAILS OF VEHICLE

Vehicle registration number	SKQ1536U		
Vehicle make and model	Toyota Estima		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" 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 checked="" type="checkbox"/>	Commercial <input 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	S092654357		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Kwan Chee Woh	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7023651E	
Contact	91811387	
Address	B1K415A Fernvale Link #02-42 Spore 791415	

DRIVER

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

Name	as above	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	/	
Contact	/	
Address	/	
Email address	Renodesign18@gmail.com	
Date of birth	12-07-1970	
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>
Driving date pass	09-01-1995	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: _____
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	01	(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 checked="" type="checkbox"/>

PASSENGER 3

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

PASSENGER 4

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

PASSENGER 5

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

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" 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
Vehicle make model
Name
NRIC / Fin / Passport number
Contact

GBH323C
Toyota

THIRD PARTY VEHICLE 2

Vehicle registration number
Vehicle make model
Name
NRIC / Fin / Passport number
Contact

SFT560Z
Honda

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	Kwan Chee Woh	
Injuries sustained	Neck and Back	
Which vehicle person in?	driver	
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"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7023651F

Name
KWAN CHEE WOH

关志和

Race
CHINESE

Date of Birth
12-07-1970

Country of Birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE - DRIVING LICENCE

Licence Number S7023651F

Name
KWAN CHEE WOH

Birth Date: 12 Jul 1970

Issue Date: 19 Aug 2003

000759346J




3242925



NRIC No. S7023651F



Blood Group: O+ Date of Issue: 17-01-2001

Address
APT BLK 415A FERNVALE LINK #02-42
SINGAPORE 791415


NRIC No. S7023651F Date: 01/10/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycle not exceeding 250 cc	03 Mar 1995
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Jan 1995

NP 428A

Licence No: S7023651F



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: 5092654357

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKQ1536U
Chassis Number : ACB500095877
2. Name of Policyholder : KWAN CHEE WOH
3. Effective Date of Insurance : 18 Jul 2017
4. Expiry Date of Insurance : 24 Aug 2018
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KWAN CHEE WOH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : IVAN INSURANCE AGENCY (00000614519)
Date of Issue : 18 Jul 2017 14:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0993561

Policy No.	5092654357	Vehicle No.	SKQ1536U	GST Registration No.	
Policyholder Name	KWAN CHEE WOH	Cover Type	drive CLASSIC	Policyholder NRIC	S7023651F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91811387	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	09/05/2018 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/05/2018	Time of Accident hh:mm	14:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS AIRPORT B4 EUNOS EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 415A #02-42	Address 2	FERNVALE LINK	Address 3	FERNVALE RIVERBOW
Address 4	SINGAPORE 791415	Address Type	Singapore address	Post Code	791415
Unit No.	02-42	Related Policy Number	5092654357		

▼ O1 Driver Info

Driver Name	KWAN CHEE WOH	Driver Type	Main Driver	Driver DOB	12/07/1970
Unnamed driver Name		Driver NRIC	S7023651F	Driving Experience	23
Register Date of Driver License	09/01/1995	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	91811387	Contact No.(Office)	0	Address 3	FERNVALE RIVERBOW
Address 1	BLK 415A	Address 2	FERNVALE LINK	Post Code	791415
Address 4	SINGAPORE 791415	Address Type	Singapore address		
Unit No.	#02-42	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

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 OD-MX New

Claim Type *	OD-MX	Insured Name	KWAN CHEE WOH	Insured NRIC	S7023651F
Contact No.(Mobile)	91811387	Contact No.(Home)	63105809	Contact No.(Office)	
Email Address		O1 Vehicle Number	SKQ1536U	TP Vehicle Number	GBH323C
Claim Description	SKQ1536U / GBH323C ON 8 May 2018			Name of Preferred Workshop	TEAMWORK
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	09/05/2018 00:00
Date Registered	09/05/2018 09:54	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Attachment

Accident No.	MT/0993561	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	

5/9/2018

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:54	SAS	Normal	SAS 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:54	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:54	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:53	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:53	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:53	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:53	Photos	Normal	Photos 2018-5-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 May 2018 09:53	Photos	Normal	Photos 2018-5-9
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