

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA18064312

Date In: 17/5/18-14:07	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009013/24	SAS e-filing		
Veh No: SJN7093L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 16/5/18-12:55	i-Motor Claim Form	MT/0994799-001	17/5/18 19243
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: SLAY329D	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 1803127	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 30		
	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	17/05/2018 14:07
Date Of Accident	16/05/2018 12:55
Exact Location Of Accident	SIGLAP RD TWDS NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7693L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OMEGA RENTALS PTE LTD
Co Reg No	201603967W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96987236
Alternative Phone No	OFFICE-96987236

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099797926
Cover Note Number	

### Driver

Name of Driver	ONN CHEE SENG (WEN ZHICHENG)
NRIC No	S8133522B
Date Of Birth	09/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645710
Fax Number	
Contact Number	OFFICE-97645710
EEmail Address	NOEMAIL

Address	BLK 333D ANCHORVALE LINK #02-308
Postcode	544333
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	COLLISION - CHANGE/CROSS LANE
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	SLA4329D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH ZHENG WEN JOHN
NRIC/Passport Number	
Contact Number	98503895
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	ONN CHEE SENG (WEN ZHICHENG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN7693L
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.

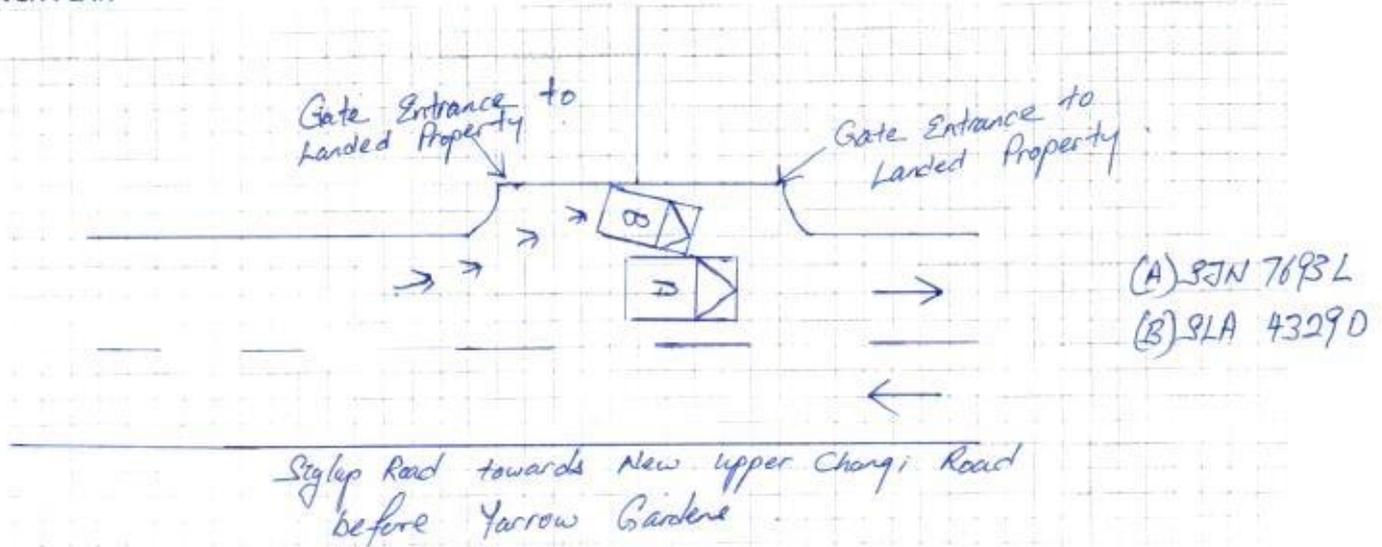
**Omega Rentals PTE LTD**  
**Registration No: 201803987W**

  
\_\_\_\_\_  
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**

On 16/05/18 at @ 1255 hrs, I was travelling in my vehicle (82JN 7693L) along Siglap Road towards New Upper Changi Road before Yarrow Gardens travelling straight on the dual traffic on a single lane. Suddenly, a vehicle (8LA 43290) trying to overtake me from my left and collided onto the left portion of my vehicle.

**DECLARATION**

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

  
**Omega Rentals PTE LTD**  
 Registration No: 201803967W  
 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.:

<b>Vehicle No.</b>	SJN 7693 L	<b>Model / Make</b>	Toyota Altis
<b>Date of Accident</b>	16/05/18		
<b>Time of Accident</b>	1255 HRS		
<b>Location of Accident</b>	Siglap Road Towards New Upper Changi Road before Yarrow Gardens		
<b>Exact purpose use during accident</b>	Chauffeur		
<b>Name of Owner</b>	OMEGA RENTALS PTE LTD		
<b>Telephone No.</b>	H/P: 9698 7236	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	201603967W		
<b>Address</b>	95, Kaki Bukit Ave 1, Shun Li Industrial Park #03-00(B) 415982.		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
<b>Policy No.</b>	5089733607		
<b>Name of Driver</b>	As Above If No, ONN CHEE SENG		
<b>NRIC</b>	S 8133522/B	<b>Any Passengers:</b>	01 (female)
<b>Date of birth</b>	09/01/1981		
<b>Occupation</b>	<u>Outdoor</u> / Indoor		
<b>Driving License Pass Date</b>	13/10/2009		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P: 9764 5710	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	BLK 333D, Anchorvale Link #02-308 (B) 544333		
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.		
<b>Relationship</b>	<u>Employee</u> , If no, state		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	ONN CHEE SENG H/P: 9764 5710		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	SLA 4329D	<b>Any Passengers:</b>	N.A.
<b>Name of Driver</b>	GOH ZHENG WEN JUAN	<b>Contact No.:</b>	9850 3895
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>	N.A.	<b>Witness Contact:</b>	
<b>Accident Portion</b>	Left side		
<b>Camera Recorder</b>	<u>Yes/No</u>		
<b>Email Address</b>	eddyonn2958@gmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / <u>No</u>
<b>PARTICULAR WORKSHOP</b>	Twincar		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixin		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8133522B**

Name

**ONN CHEE SENG  
(WEN ZHICHENG)**

温志成

Race

CHINESE

Date of birth

1981-10-06

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 2253318 S**

Name

**ONN CHEE SENG  
(WEN ZHICHENG)**



Date: **06 Oct 1981**

Issue Date: **07 Mar 2017**



9625929522B

Land Transport Authority

VOCATIONAL LICENCE

Licence No.: **S8133522B**

Name: **ONN CHEE SENG**

Date: **10/02/98**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



Type Description Issue Date  
**02 TAXI VL 28/06/2017**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	13 Oct 2009
Class 4	Motor vehicles which are constructed to carry load of passengers and the unladen weight $\leq$ 2500kg	01 Jun 2012
Class 5	Motor vehicles which are not constructed to carry load of passengers and the unladen weight $\leq$ 7250kg	10 Oct 2012
	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	



Licence No: S8133522B

NP 428A



MHC No: S8133522B



Date of Issue  
24-02-2017

Address  
APT BLK 333D ANCHORVALE LINK  
#02-308  
SINGAPORE 544333

5714121

**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:** 5089733607

**Cover :** Third Party

- |   |                         |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJN7693L              |
| Chassis Number  | : MR053ZEE106139234     |
| 2. Name of Policyholder   | : OMEGA RENTALS PTE LTD |
| 3. Effective Date of Insurance  | : 24 Jan 2018           |
| 4. Expiry Date of Insurance   | : 23 Jan 2019           |
| 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 or Hirer's business.  |                         |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: 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)

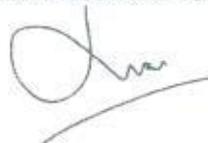
Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 04 Apr 2017 17:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5099797926	OMEGA RENTALS PTE LTD	201603967W	GPC	Third Party	SJM7693L	SJM7693L	12/04/2018	25/02/2019

**Policy Information**

Policy No.	5099797926	Policyholder Name	OMEGA RENTALS PTE LTD	Policyholder NRIC	201603967W
Address	22 SIN MING LANE #05-85 MIDVIEW CITY SINGAPORE 573969				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/04/2018	Effective Date	12/04/2018 00:00	Expiry Date	25/02/2019 23:59
Excess Type		All Claim Excess			
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		Young/Inexperience Driver Excess
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

**Policyholder Mailing Address**

Address 1	22 SIN MING LANE	Address 2	#05-85 MIDVIEW CITY	Address 3	SINGAPORE 573969
Address 4		Address Type	Singapore address	Post Code	573969
Unit No.	04-12	Related Policy Number	5099802244		

**Insured Object: SJN7693L**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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**Claim Handling**

[Exit](#)

Accident MT/0994799

Policy No.	5099797926	Vehicle No.	SIN7693L	GST Registration No.	
Policyholder Name	OMEGA RENTALS PTE LTD	Cover Type	Third Party	Policyholder NRIC	201603967W
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	95987236	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	Yes
<b>Accident Details</b>		Report Date	17/05/2018 19:41	Accident Type	Collision - Change / Cross lane
Date of Accident	15/05/2018	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIGLAP RD TWDS NEW LPP CHANGI RD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	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		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	22 SIN MING LANE	Address 2	#05-85 MIDVIEW CITY	Address 3	SINGAPORE 573969
Address 4		Address Type	Singapore address	Post Code	573969
Unit No.	04-12	Related Policy Number	5099802244		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/10/1981
Unnamed driver Name	OMN CHEE SENG / WEN ZHOE	Driver NRIC	S0133522B	Driving Experience	8
Register Date of Driver License	13/10/2009	Driver Age	36	Contact No. (Home)	0
Contact No. (Mobile)	97645710	Contact No. (Office)	0	Address 3	ANCHORVALE ISLES
Address 1	BLK 333D	Address 2	ANCHORVALE LINK	Post Code	544333
Address 4	SINGAPORE 544333	Address Type	Singapore address		
Unit No.	02-30B				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	OMEGA RENTALS PTE LTD	Insured NRIC	201603967W
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	67435323
Email Address		OI Vehicle Number	SIN7693L	TP Vehicle Number	SLA4329D
Claim Description	SIN7693L / SLA4329D ON 16 May 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	17/05/2018 00:00
Date Registered	17/05/2018 19:43	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<a href="#">Save</a> <a href="#">Submit</a>					

**Attachment**

Accident No.	MT/0994799	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/05/2018 19:44
Page *			
Browse... <a href="#">Clear</a>		Category *	Confidential
Please Select		<input type="text" value=""/>	Urgency *
Please Select		<input type="text" value=""/>	<input type="text" value=""/>
Please Select		<input type="text" value=""/>	<input type="text" value=""/>
Please Select		<input type="text" value=""/>	<input type="text" value=""/>
Please Select		<input type="text" value=""/>	<input type="text" value=""/>
Please Select		<input type="text" value=""/>	<input type="text" value=""/>
Please Select		<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Send Message <a href="#">Upload</a>			

**Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description	Mag Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 19:44	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-17	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 19:44	SAS		Normal	SAS 2018-5-17	<a href="#">Edit</a>
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<b>Video List</b>						
	Uploaded By/Date	Folder Date		File Name		Source Action
<a href="#">Display in New Window</a>		<a href="#">Scan and uploading</a>				