





## 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	30/05/2018 12:55
Date Of Accident	30/05/2018 09:00
Exact Location Of Accident	SIMS AVENUE B4 LOR 13 GEYLANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4420B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	JOSHUA.LIM@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92323523
Alternative Phone No	OFFICE-92323523

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806
Cover Note Number	

### Driver

Name of Driver	JOSHUA LIM SHANE HUI
NRIC No	S9620455H
Date Of Birth	08/06/1996
Occupation	INDOOR
Date Of Driving Pass	26/02/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323523
Fax Number	
Contact Number	OTHERS-92323523
Email Address	JOSHUA.LIM@LIVE.COM.SG

Address	BLK 122 GEYLANG EAST CENTRAL #12-70
Postcode	380122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	
	NAME: : JEANEVE
	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

PLS REFER TO THE POLICE REPORT :

#### 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	SGM6546B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG KOK LING
NRIC/Passport Number	S1451560G
Contact Number	98808022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	JOSHUA LIM SHANE HUI
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJS4420B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

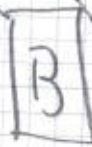
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

A - JS544203  
B - SGM  
65463

Sims Ave



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was travelling along Sims Ave @ around 90km/h; vehicle A was going straight. Vehicle B John

pls Refer to the Police Report  
T/20180530/2169

## 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.:

31/5/2018





**SINGAPORE  
POLICE FORCE**



T/20180530/2169

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 4

Report No. T/20180530/2169

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2018 21:10	Vide Report No.:	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: JOSHUA LIM SHANE HUI			Address: APT BLK 122 GEYLANG EAST CENTRAL #12-70 SINGAPORE 380122	
ID Type / ID No.: NRIC NO / S9620455H			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 92323523
			Email:	
Sex: Male	Age: 21	Date of Birth: 08/06/1996	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name: SINGAPORE INSTITUTE OF MANAGEMENT
Occupation: Student			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Additional Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE				
SIMS AVENUE BEF LOR 13 GEYLANG RD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM6546B	Car				Slightly Damaged	0
SJS4420B	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





**SINGAPORE  
POLICE FORCE**



T/20180530/2169

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20180530/2169

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JOSHUA LIM SHANE HUI		ID No. S9620455H
Related Vehicle	SJS4420B (Car)		Contact No. 92323523
Hospital/Clinic	CHUAH CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/05/2018	Date Discharge	30/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	PANG KOK LING		ID No. S1451560G
Related Vehicle	NIL		Contact No. 98808022
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/05/2018 at about 0900hrs, I was driving my vehicle (SJS4420B) with one passenger along Sims Avenue heading towards Paya Lebar Rd. At the point of time, traffic volume was moderate. At that point of time, I was driving on Lane 2 of Sims Ave and I then spotted a stationary lorry (XD6571Z) on lane 3 for construction work. There were also guide cones with arrows to divert traffic to the left.

I continued on driving normally as I have the right of way. As I was creeping forward, suddenly one vehicle (SGM6546B) hit on to my rear right portion of my vehicle. Subsequently, I tried to open my door however I could not as the said vehicle had impacted near to my door not allowing me to open the door fully. As such, I pointed to the said driver to move forward to empty parking spaces ahead in front of Lor 13 Geylang to avoid causing a traffic jam.

I then met up with the driver of the said vehicle to exchange particulars however he was reluctant and wanted to leave the scene. I managed to persuade him not to leave and phoned up my leasing company (Blaze Motoring; Mervin) who spoke to the said driver and managed to persuade him to exchange particulars with me. Following that, we took photos of our respective vehicle damages.

My vehicle suffered scratches from the mid to the rear door of my vehicle. The other vehicle suffered scratches on front left fender. I then proceeded on with my journey to drop off my passenger (Jeaneve Hp: 81120435) at 53 Ubi Avenue 3.

At about 1400hrs, I then went to IDAC to lodge an accident report. Subsequently, I went back to rest however when I woke up, I felt strain on my neck and went to a nearby clinic, Chuah Clinic & Surgery Pte Ltd. I was dispensed with some medication and given 3 days of medical leave.





**SINGAPORE  
POLICE FORCE**



T/20180530/2169

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
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Report No. T/20180530/2169

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999



T/20180530/2169

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Report No. T/20180530/2169

**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:

G /

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/05/2018 21:10

Classification Of Case:



Reported on 30/5/2018  
@ 1320 HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: 30/5/2018 (DD/MM/YYYY), TIME: 09:00 (HH:MM)

LOCATION: Sims Ave

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 4420B  
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: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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) Back Pain

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGM 6546B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Pang Kok Ling  
c) NRIC/FIN/PASSPORT: S14515609 CONTACT: 98808022

### 9. THIRD PARTY VEHICLE

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

mervin.pan@blaze-motoring.com.sg

email = joshua.lim@live.com.sg ✓

fax =

Waiting for Police Report? ✓ ok

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9620455H



Name

JOSHUA LIM SHANE HUI

林展輝

Race

CHINESE

Date of birth

08-08-1996

Sex

M

Country of birth

SINGAPORE



S9620455H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9620455H

Name

JOSHUA LIM SHANE HUI

Birth Date: 08 Jun 1996

Issue Date: 26 Feb 2015



002399864G

SG  
50

4746920



NRIC No. S9620455H



Date of issue

11-07-2011

Address

APT BLK 122 GEYLANG EAST CENTRAL  
#12-70  
SINGAPORE 380122

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 Feb 2015

NP 428A



Licence No: S9620455H



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="checkbox"/>	5094921806	ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SJS4420B	SJS4420B	09/10/2017	

## ▼ Policy Information

Policy No.	5094921806	Policyholder Name	ACCURATE LEASING PTE LTD	Policyholder NRIC	201727451M
Address	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/10/2017	Effective Date	09/10/2017 00:00	Expiry Date	08/10/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5095104229		

## ► Insured Object: SJS4420B

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/10/2017 00:00	Basic Information Endorsement	000001286671333	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 5 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM6389C 11-10-2017 \$1,086.28 2. SJU7188S 11-10-2017 \$1,086.28 3. SKU3733H 11-10-2017 \$1,086.28 4. SKX1826X 11-10-2017 \$1,086.28 5. SLA3412C 11-10-2017 \$1,086.28 In view of this amendment, an additional premium of \$5,431.39 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.</p>



## Claim Handling

Accident MT/0996752

Policy No.	5094921806	Vehicle No.	SJS4420B	GST Registration No.	
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC	201
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92323523	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 type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>▼ Accident Details</b>					
Report Date	01/06/2018 10:16	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	30/05/2018	Time of Accident hh:mm	09:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVENUE B4 LOR 13 GEYLANG 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 Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	01-33	Related Policy Number	5095104229		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/1
Unnamed driver Name	JOSHUA LIM SHANE HUI	Driver NRIC	S9620455H	Driving Experience	3
Register Date of Driver License	26/02/2015	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	92323523	Contact No.(Office)	0	Address 3	
Address 1	BLK 122	Address 2	GEYLANG EAST CENTRAL	Post Code	380
Address 4		Address Type	Singapore address		
Unit No.	#12-70				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJS4420B	TP Vehicle Number	SGV
Claim Description	SJS4420B / SGM6546B ON 30 May 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	01/6
Date Registered	01/06/2018 10:26	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

6/1/2018

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

Accident No.

MT/0996752

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

01/06/2018 10:25

Path \*

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category \*

Confidential

Urgency \*

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:25	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:24	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:22	Photos	Normal	Photos 20
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