

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA18095989**

Date In: 25/7/18 - 11:38	Job description	Date & Time Completed	Done by
Ref No: NA1/NC18013505/24	SAS e-filing		
Veh No: JKM33244	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/7/18 - 11:00	i-Motor Claim Form	MT/1024488-001	25/7/18 1153
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:	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

NA1804204	Invoice Preparation Checklist	Amt (\$) In 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
	10) N5: Courtesy Car / Tpt Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (Non INC) against INC \$20		
	15) 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	25/07/2018 11:38
Date Of Accident	23/07/2018 11:00
Exact Location Of Accident	BLK 673 WOODLANDS DR 71 DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM3324Y
Insured/Policyholder	
Name Of Registered Owner	CAR CLUB PTE LTD
Co Reg No	200912077G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5069447486-03
Cover Note Number	

Driver

Name of Driver	YAN KIT FATT ALVIN (ZHEN JIEFA)
NRIC No	S7705899J
Date Of Birth	26/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91059078
Fax Number	
Contact Number	OFFICE-91059078
Email Address	NOEMAIL

Address	33 MILTONIA CLOSE #04-28
Postcode	768064
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180723/2060.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time

A handwritten signature in black ink.

Driver's Signature
(If driver is not the policyholder)

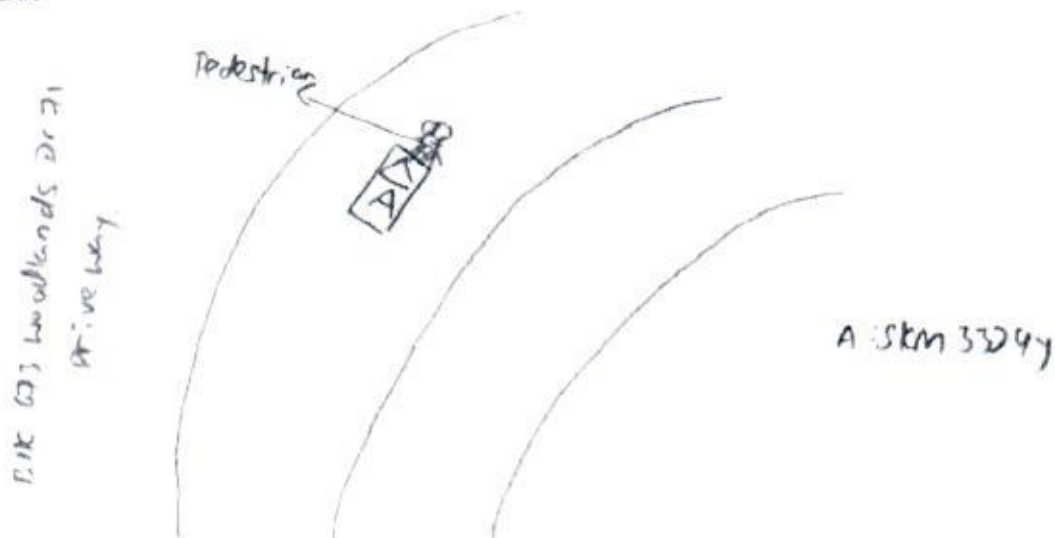
Date & Time

A handwritten signature in black ink.

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

A handwritten signature in blue ink.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180723/2060.

DECLARATION

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



Holder's Signature
Date & Time

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

Reporting Centre Person's Signature
Name
NRIC/FIN No

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 7 / 18) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: 11c 673 Woodlands Dr 71 Driveway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM33244
b) INSURANCE COMPANY: NTUC
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: Commercial use
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: Yan Kai Fatt Alvin (Zhen Jieku) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S77058997 CONTACT: 91659078
c) ADDRESS: 33 Mithonia Close Apt-28 C7 68064

*d) DATE OF BIRTH: (26 / 2 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/1/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

video footage with TP.

Email =

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20180723/2060

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20180723/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 13:00		Vide Report No.: J/20180723/0085		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: YAN KIT FATT ALVIN			Address: 33 MILTONIA CLOSE #04-28 SINGAPORE 768064		
ID Type / ID No.: NRIC NO / S7705899J			Contact No.: Home/Office: Mobile: 91059078		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 26/02/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/07/2018 11:00	Type of Location: Service road
Location: Along Road 1 WOODLANDS DRIVE 71 Along the service road near to Blk 673 Woodlands drive 71.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM3324Y	Car	NISSAN		Silver	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 2	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20180723/2060

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20180723/2060

CONTINUATION OF REPORT

Driver			
Name	YAN KIT FATT ALVIN	ID No.	S7705899J
Related Vehicle	SKM3324Y (Car)	Contact No.	91059078
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was travelling at the service road near to Blk 673 Woodlands drive 71. As I was making a delivery and was looking out for the block number, 2 female subjects suddenly appeared in front of my vehicle. As the 2 subjects were close to my vehicle front, I was unable to jam brake on time. I hit the jam brake but still hit onto them. I subsequently called for ambulance and also the Police for assistance. Ambulance conveyed the 2 subjects. TP officer arrived at scene and took my in-car camera memory card as evidence, NP 323 was issued to me by the TP officer.



**SINGAPORE
POLICE FORCE**



T/20180723/2060

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20180723/2060

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:

F /

Sgt 3 GUNACHANDRAN S/O ARUMUGAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp

NP168

Signature:

SN 055

Signature Of Informant:

Date/Time:

23/07/2018 13:00

Classification Of Case:

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7705899J**

Name
**YAN KIT FATT ALVIN
(ZHEN JIEFA)**

Birth Date **26 Feb 1977**

Issue Date **05 Dec 2003**

001023060J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7705899J**

Name
**YAN KIT FATT ALVIN
(ZHEN JIEFA)**

甄杰发

Race
CHINESE

Date of birth **26-02-1977** Sex **M**

Country of birth
SINGAPORE






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

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

PASS DATE
12 Nov 1996

Licence No: **S7705899J**

NP 428A




4897267

NRIC No **S7705899J**

Date of issue
02-10-2012

**33 MILTONIA CLOSE #04-28
SINGAPORE 768064**

NRIC No: **S7705899J** Date: **27/04/2018**




eBaoTech

GeneralClaim

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"/>	5069447486-03	CAR CLUB PTE LTD	200912077G	GFT	drive CLASSIC	SKM3324Y	SKM3324Y	01/01/2018	

Policy Information

Policy No.	S069447486-03	Policyholder Name	CAR CLUB PTE LTD	Policyholder NRJC	200912077G
Address	60 PAYA LEBAR ROAD #06-43 PAYA LEBAR SQUARE SINGAPORE 409051				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/01/2018	Effective Date	01/01/2018 00:00	Expiry Date	31/12/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		Young/Inexperience Driver Excess
Agent	INCOME - MT DEPT	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 PAYA LEBAR ROAD	Address 2	#06-43 PAYA LEBAR SQUARE	Address 3	SINGAPORE 409051
Address 4		Address Type	Singapore address	Post Code	409051
Unit No.		Related Policy Number	S069447486-03		

Insured Object: SKM3324Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/03/2018 00:00	Basic Information Endorsement	000001286776329	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JHMRC1880JC200575 19-03-2018 \$859.51 In view of this amendment, an additional premium of \$859.51 (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. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	16/03/2018 00:00	Basic Information Endorsement	null	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 16 Mar 2018, the following amendment(s) is/are made to this policy: Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST) 1. SLX2576Z 21-03-2018 \$853.54 In view of this amendment, a refund of \$5.97 (inclusive of GST) will be adjusted against the outstanding premium.
3	22/03/2018 00:00	Basic Information Endorsement	000001286780062	Endorsement Take Effective	

Continue

Cancel

Claim Handling

+ Exit

Accident MT/1004488

Policy No.	5059447456-03	Vehicle No.	SKM3324V	GST Registration No.	200912077G
Policyholder Name	CAR CLUB PTE LTD			Policyholder NRIC	200912077G
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	25/07/2018 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	23/07/2018	Time of Accident (hh:mm)	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 673 WOODLANDS DR 71 DRIVEWAY				

Benefits

Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

GST Registered Information

GST Registered	Yes	GST Registration Date	13/07/2009
GST Registration No.	200912077G	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	60 PAYA LEBAR ROAD	Address 2	#06-43 PAYA LEBAR SQUARE	Address 3	SINGAPORE 409051
Address 4		Address Type	Singapore address	Post Code	409051
Unit No.		Related Policy Number	5059447456-03		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/02/1977
Unnamed driver Name	YAN KIT FATT ALVIN (ZHEN JIE)	Driver NRIC	S77058993	Driving Experience	21
Register Date of Driver License	12/11/1996	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	91059078	Contact No.(Office)	0	Address 3	SINGAPORE 768064
Address 1	33 HILTONIA CLOSE	Address 2	SKISS HILTONIA	Address 3	SINGAPORE 768064
Address 4		Address Type	Singapore address	Post Code	768064
Unit No.	04-28				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification history

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CAR CLUB PTE LTD	Insured NRIC	200912077G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68487900
Email Address		01 Vehicle Number	SKM3324V	TP Vehicle Number	
Claim Description	SKM3324V ON 23 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/07/2018 11:53	Claim Close Date		Date Received	25/07/2018 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1004488	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2018 11:55

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:55	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	SAS		Normal	SAS 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	Photos		Normal	Photos 2018-7-25		Edit
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	Video List						
	Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>							