

# NATIONAL Assessment Centre Services

Date In: 11/08/2018 15:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18014567/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLL 4738Z	I-Motor Claim Form	MT/1007255-001	15/8/18 11:05
DOA: 10/08/2018 16:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SGE 3637 J. 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Actions: ( )

( )

( )

( )

( )

( )

( )

( )

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( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Int. Bill	Add. Bill	
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QD*		
* N3: Courtesy Car / Tpt Allowance \$5		
* N6: Repair Co-ordination \$10		
* N7: Post Repair Inspection \$25		
* N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N'n INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

11/1:

11/2/3:



## 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	11/08/2018 15:04
Date Of Accident	10/08/2018 16:45
Exact Location Of Accident	BLK 628 BEDOK RESERVOIR RD ( CARPARK )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4738Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEGA CAR LEASING
Co Reg No	53322925A
Email Address	KEEJOHNNY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86994326
Alternative Phone No	OFFICE-86994326

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096824702
Cover Note Number	

### Driver

Name of Driver	KEE CHOON HENG JOHNNY
NRIC No	S7126846B
Date Of Birth	01/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1991
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84828121
Fax Number	
Contact Number	OTHERS-84828121
Email Address	KEEJOHNNY@HOTMAIL.COM

Address	BLK 144 PETIR ROAD #03-244
Postcode	670144
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)	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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE3637J
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	KEE CHOON HENG JOHNNY
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLL4738Z
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.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



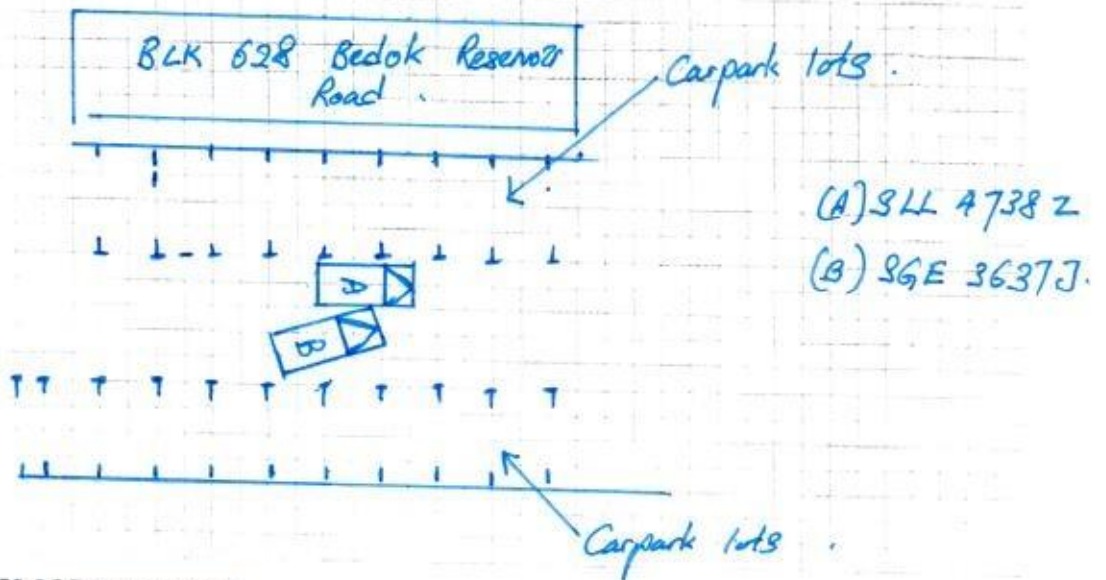
Policyholder's Signature  
Date & Time:

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

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

11/8/2018

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/08/18 at @ 1645 hrs, I was travelling in my vehicle (SLL 4738 Z) in the carpark of BLK 628 Bedok Reservoir Road. I saw the vehicle (SGE 3637 J) in front of me keep right and brake to stop. On seeing these, I keep to the left and overtake the said vehicle. As I drove passed, the said vehicle to turn to the left and collided onto the right side of my vehicle.

## 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.:

11/8/2018



<b>Vehicle No.</b>	SLL 4738 Z . Model / Make Toyota Axio .	
Date of Accident	10/08/18 .	
Time of Accident	1645 HRS	
Location of Accident	BLK 628, Bedok Reservoir Road Carpark .	
Exact purpose use during accident	Chauffeur .	
<b>Name of Owner</b>	Mega Car Leasing .	
Telephone No.	H/P : 8699 4326 . Home :	Office :
NRIC	53322925 A	
Address	152, Serangoon North Ave 1 #04-326 (S) 550152 .	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC .	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	5096824702 .	
<b>Name of Driver</b>	As Above If No, KEE CHUAN HENG, Johnny .	
NRIC	57126846 B . Any Passengers :	
Date of birth	11/08/1971 .	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	12/02/1991 .	
Gender	<u>Male</u> / Female	
Contact No.	H/P : 8482 8121 Home :	Office :
Address	BLK 144, Petir Road #03-244 (S) 670144 .	
Driver have any own vehicle	<u>No</u> . If yes, Reg No.	
Relationship	Employee, If no, state <u>Hire</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	KEE CHUAN HENG, Johnny (H/P: 8482 8121) .	
Name And Contact No.		
Police Report	No, If Yes, Where?	
<b>Vehicle B No.</b>	SGE 3637 J Any Passengers :	
Name of Driver	Contact No. :	
<b>Vehicle C No.</b>	Any Passengers :	
<b>Vehicle D No.</b>	Any Passengers :	
<b>Vehicle E No.</b>	Any Passengers :	
<b>Vehicle F No.</b>	Any Passengers :	
<b>Vehicle G No.</b>	Any Passengers :	
Witness Name	N-A .	Witness Contact :
<b>Accident Portion</b>	<u>Right side</u> .	
<b>Camera Recorder</b>	<u>Yes</u> / No	
<b>Email Address</b>	keejohnny@hotmail.com .	
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		
Yes / <u>No</u>		
<b>PARTICULAR WORKSHOP</b>	N-51	
<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 DRIVING LICENCE**



Licence Number: **S7126846B**  
 Name: **KEE CHOON HENG JOHNNY**  
 Birth Date: **11 Aug 1971**  
 Issue Date: **12 Nov 2003**


000997001B

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7126846B**




Name: **KEE CHOON HENG JOHNNY**  
 紀 俊 興  
 Race: **CHINESE**  
 Date of birth: **11-08-1971**  
 Country/Place of birth: **SINGAPORE**  
 Sex: **M**

**Land Transport Authority**



**VOCATIONAL LICENCE**  
 Licence No: **S7126846B**  
 Name: **KEE CHOON HENG JOHNNY**  
 Issue Date: **8/10/2007**  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Aug 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Feb 1991

NP 428A

Licence No: **S7126846B**

5784100




NRIC No. **S7126846B**



Date of issue: **14-08-2017**  
 Address: **APT BLK 144 PETIR ROAD #03-244 SINGAPORE 670144**

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.

Type	Description	Issue Date
02	TAXI VL	08/10/2007





## 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:** 5096824702

**Cover :** drive CLASSIC

- |   |                    |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLL4738Z         |
| Chassis Number  | : NZE1416029571    |
| 2. Name of Policyholder   | : MEGA CAR LEASING |
| 3. Effective Date of Insurance  | : 04 May 2018      |
| 4. Expiry Date of Insurance   | : 03 May 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
 Date of Issue : 18 Dec 2017 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/08/2018 16:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SLL4738Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096824702		MEGA CAR LEASING	53322925A	GFT	drive CLASSIC	SLL4738Z	SLL4738Z	04/05/2018	
<input type="button" value="Continue"/>										



### Policy Information

Policy No.	5096824702	Policyholder Name	MEGA CAR LEASING	Policyholder NRIC	53322925A
Certificate No.					
Address	BLK 152 #04-326 SERANGOON NORTH AVENUE 1 SINGAPORE 550152				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/12/2017	Effective Date	18/12/2017 00:00	Expiry Date	17/12/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 152 #04-326	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550152
Address 4		Address Type	Singapore address	Post Code	550152
Unit No.		Related Policy Number	5096709568		

### Insured Object: SLL4738Z

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/12/2017 00:00	Basic Information Endorsement	000001286719073	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Dec 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING PTE LTD
2	26/12/2017 00:00	Basic Information Endorsement	000001286718979	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLN405A 28-12-2017 \$1,800.38 In view of this amendment, an additional premium of \$1,800.38 (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

## Claim Handling

Accident MT/1007255

Policy No.	5096824702	Vehicle No.	SLL4738Z	GST Registration No.	
Certificate No.					
Policyholder Name	MEGA CAR LEASING			Policyholder NRIC	5332
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86994326	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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
<b>Accident Details</b>					
Report Date	15/08/2018 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	10/08/2018	Time of Accident hh:mm	16:45	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 628 BEDOK RESERVOIR RD ( CARPARK )				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	BLK 152 #04-326	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5501
Unit No.		Related Policy Number	5096709568		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KEE CHOON HENG JOHNNY	Driver NRIC	S71268468	Driver DOB	01/0
Register Date of Driver License	12/02/1991	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	84828121	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 144	Address 2	PETIR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	6701
Unit No.	#03-244				
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		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MEGA CAR LEASING	Insured NRIC	5332
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLL4738Z	TP Vehicle Number	SGE
Claim Description	SLL4738Z / SGE3637J ON 10 Aug 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	15/08/2018 11:08	Claim Close Date		Date Received	15/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.

MT/1007255

Claim No.

001



Last Doc. Received

☒ Yes ☐ No

Upload Date

15/08/2018 11:05

Path \*

Category \*


















Confidential

Urgency \*

	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:06	SAS	Normal	SAS 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:06	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:06	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:06	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:06	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:05	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:05	Photos	Normal	Photos 2018-8-15
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Aug 2018 11:05	Photos	Normal	Photos 2018-8-15

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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