

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA18104854**

Date In: 14/8/18-13:49	Job description	Date & Time Completed	Done by
Ref No: NA/18014793/24	SAS e-filing		
Veh No: JKW89964	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/8/18-15:45	i-Motor Claim Form	MT/1007099-002	14/8/18 18:00
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: 6T7441B	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:	Date & Time Completed	Done by
(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

NA1805048	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		For Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TF (N11) : TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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 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	14/08/2018 13:49
Date Of Accident	13/08/2018 15:45
Exact Location Of Accident	CRESCENT RD TWDS MEYER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8996Y
Insured/Policyholder	
Name Of Registered Owner	SIM HUI KENG
NRIC No	S1109945I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97502260
Alternative Phone No	OFFICE-97502260

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5101372539
Cover Note Number	

Driver

Name of Driver	SIM HUI KENG
NRIC No	S1109945I
Date Of Birth	02/03/1955
Occupation	INDOOR
Date Of Driving Pass	11/10/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97502260
Fax Number	
Contact Number	OFFICE-97502260
Email Address	NOEMAIL

Address	37 LORONG M TELOK KURAU #01-02
Postcode	425316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	GT7441B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANG MONG KOONG
NRIC/Passport Number	S0162658B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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.



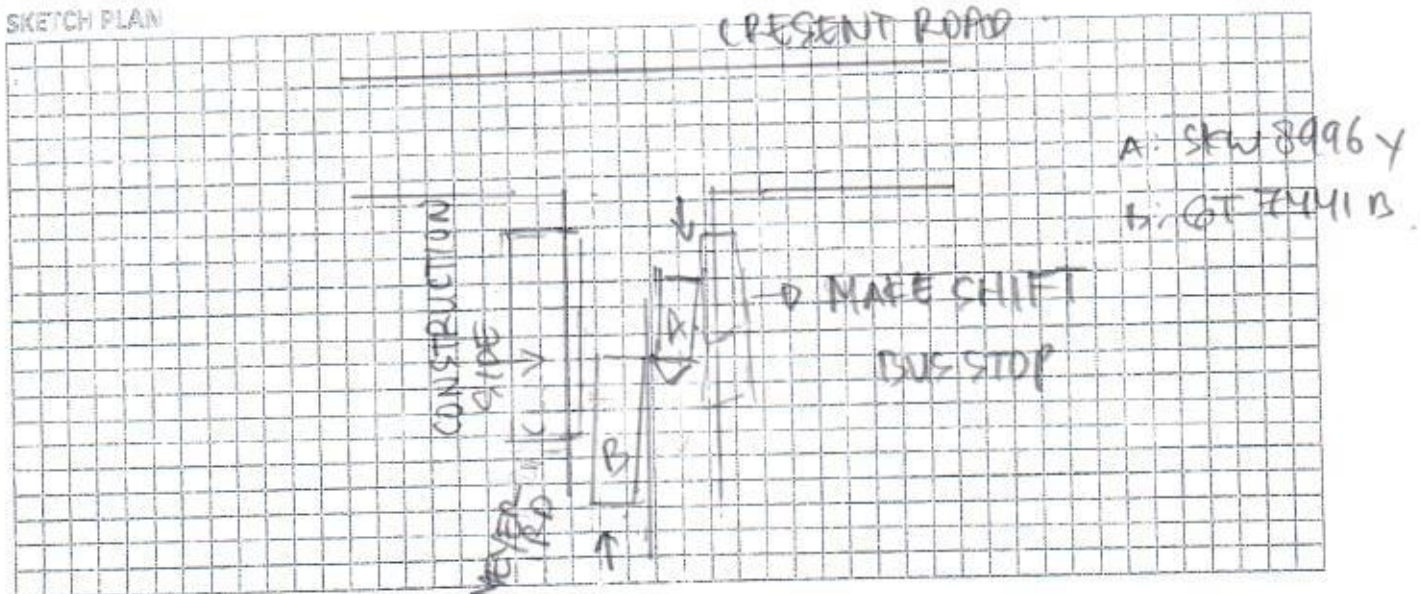
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving a long Mayer Road. Opposite on my ^{right} side there is a construction ^{site} and on the left side is the make shift bus stop which is narrowed the road. The vehicle B drove in to my path very fast and collided into my car cause front portion damage.

As it cost traffic jam, we have to shift our cars to the right to allowed other vehicle to pass through. Also to allow the bus turn from cresent road to meyer road. We have to give way to bus to turning from cresent road to meyer road which is will cut into opposite lane

DECLARATION

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

James
Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	13/08/18	(DD/MM/YY)
Time of accident	3.45pm	(HH:MM)
Exact location of accident	CRESENT RD TO MEYER RD TURN	

DETAILS OF VEHICLE

Vehicle registration number	SKW 8996Y		
Vehicle make and model	MAZDA 3		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, please select:	
	Third part claim <input type="checkbox"/>	Reporting only <input checked="" type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	SIM HUI KENG	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S 110 99451	
Contact	9750 2260	
Address	37 LORONG M TELOK KURAY #01-02. SG 425 316	

DRIVER

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

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	11/10/1970	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>OWNER</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	<u>2</u>	(Inclusive of driver)

PASSENGER 1

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

PASSENGER 2

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

PASSENGER 3

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

PASSENGER 4

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

PASSENGER 5

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

PASSENGER 6

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

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please state which police station.
Police station name		

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

Vehicle registration number	GT 7441B
Vehicle make model	
Name	FANG MONG KOON
NRIC / Fin / Passport number	S 016269B
Contact	

THIRD PARTY VEHICLE 2

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

THIRD PARTY VEHICLE 3

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

THIRD PARTY VEHICLE 4

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

THIRD PARTY VEHICLE 5

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

THIRD PARTY VEHICLE 6

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

THIRD PARTY VEHICLE 7

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

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S11099451



NAME
SIM HUI KENG

CHINESE
沈 意 卿

RACE
CHINESE

DATE OF BIRTH
02-03-1955

COUNTRY/PLACE OF BIRTH
SINGAPORE

SEX
F

S11099451

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S11099451

Name:

SIM HUI KENG

Birth Date: 02 Mar 1955

Issue Date: 26 Jul 2003



5920739



IDENTITY NO. S11099451



DATE OF ISSUE

23-04-2018

ADDRESS

37 LORONG M TELOK KURAU
#01-02
SINGAPORE 425316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

11 Oct 1976

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

NP 428A



Certificate of Insurance

K/202
#07

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: 5101372539

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW8996Y**
Chassis Number : **JM6BM42A8G0323413**
2. Name of Policyholder : **SIM HUI KENG**
3. Effective Date of Insurance : **01 Jul 2018**
4. Expiry Date of Insurance : **30 Jun 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	: SIM HUI KENG
NAMED DRIVER (1)	: JODIE KOH PEI RONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : KCB AGENCY (00000614904)
Date of Issue : 21 Jun 2018 15:03 hrs

KCB AGENCY

Co Reg No. 53116552C
200 Jalan Sultan
#02-36B Textile Centre
Singapore 199018
Tel: 6391 3813 Fax: 6391 3810

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. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101372539		SIM HUI KENG	S1109945I	GPC	drivo CLASSIC	SKW8996Y	SKW8996Y	01/07/2018	30/06/2019

Claim Handling

• Exit

Accident MT/1007099

Policy No.	S101372539	Vehicle No.	SKW8996Y	GST Registration No.	
Certificate No.					
Policyholder Name	SIM HUI KENG			Policyholder NRIC	S11099451
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	50	Private Hire	NOT available

Report Date	14/08/2018 12:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	13/08/2018	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRESCENT ROAD TOWARDS MOUNTBATTEN / JALAN SEAVIEW				

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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

Policyholder Mailing Address

Address 1	37 LORONG M TELOK KURAU	Address 2	#01-02 CANDEVILLE	Address 3	SINGAPORE 425316
Address 4		Address Type	Singapore address	Post Code	425316
Unit No.	01-02	Related Policy Number	S101372539		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

Claim Type *	OD-MX	Insured Name	SIM HUI KENG	Insured NRIC	S11099451
Contact No.(Mobile)	97502260	Contact No.(Home)	63460989	Contact No.(Office)	63542306
Email Address		OT Vehicle Number	SKW8996Y	TP Vehicle Number	GT7441B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SKW8996Y / GT7441B ON 13 Aug 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2018 18:00	Claim Close Date		Date Received	14/08/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/1007099	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2018 18:01

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

☐ Send Message

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	SAS		Normal	SAS 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 18:01	Photos		Normal	Photos 2018-8-14		Edit
Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
		Display in New Window	Scan and uploading				