

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 16/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/8014899/13	SAS e-filing		
Veh No: SGJ1879P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/08/18 2035	i-Motor Claim Form	MT/1007517 -	001
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SL54119Z	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	16/08/2018 09:10
Date Of Accident	13/08/2018 20:35
Exact Location Of Accident	SIMEI STREET 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1879P
Insured/Policyholder	
Name Of Registered Owner	LAU CHEONG CHUAN
NRIC No	S7570067I
Email Address	LAI_CHANGQUAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91014934
Alternative Phone No	OTHERS-91014934

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

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	5081559716-02
Cover Note Number	

Driver

Name of Driver	LAU CHEONG CHUAN
NRIC No	S7570067I
Date Of Birth	13/05/1975
Occupation	INDOOR
Date Of Driving Pass	19/06/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91014934
Fax Number	
Contact Number	OTHERS-91014934
EMail Address	LAI_CHANGQUAN@YAHOO.COM

Address	BLK 122 GEYLANG EAST CENTRAL #11-72
Postcode	380122
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180814/2127

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS4119Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANTI KAUR D/O HARI SINGH BAJWA
NRIC/Passport Number	S0048644B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LAU CHEONG CHUAN
Approximate Age	
Injuries Sustain	CHEST PAIN,DIFFICULTY BREATHING & DIZZINESS
Injured person in which vehicle?	SGJ1879P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

la 16/8/2018

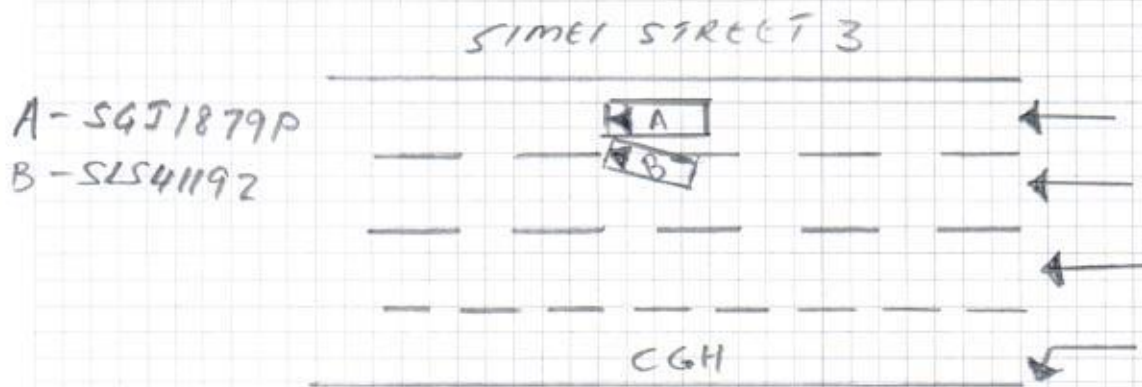
Policyholder's Signature
Date & Time:

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

sfym 16/08/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180814/2127

DECLARATION

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

lu 16/8/2018

Policyholder's Signature
Date & Time:

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

shym 16/08/18

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



SINGAPORE POLICE FORCE



T/20180814/2127

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20180814/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2018 17:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU CHEONG CHUAN			Address: APT BLK 122 GEYLANG EAST CENTRAL #11-72 GEYLANG EAST GROVE SINGAPORE 380122		
ID Type / ID No.: NRIC NO / S75700671			Contact No.: Home/Office: Mobile: 91014934		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 13/05/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TIMBER SUPPLIER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2018 20:35	Type of Location:
Location: Along Road 1 SIMEI STREET 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ1879P	Car	TOYOTA	COROLLA 1.6	Gold		0
SLS4119Z	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ1879P	NTUC Income Insurance Co-Operative Limited	5081559716-02	01/07/2018	30/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LAU CHEONG CHUAN		ID No.	S7570067I
Related Vehicle	SGJ1879P (Car)		Contact No.	91014934
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2018		Date Discharge	14/08/2018
No. of Days granted Medical Leave		01	Degree of Injury	NIL
Driver				
Name	SHANTI KAUR D/O HARI SINGH BAJWA		ID No.	S0048644B
Related Vehicle	SLS4119Z (Car)		Contact No.	NIL
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 13/8/2018 AT ABOUT 2035HRS AT SIMEI STREET 3,

I WAS TRAVELLING ALONG SIMEI STREET 3 OUTSIDE CHANGI HOSPITAL ON THE RIGHT MOST LANE. SUDDENLY, ANOTHER CAR COLLIDED INTO THE LEFT SIDE OF MY VEHICLE. WHEN I CAME OUT OF THE VEHICLE, THE OTHER DRIVER THEN SAID THAT IT WAS MY FAULT. HENCE, I REFUSED TO TALK TO THE OTHER DRIVER AND THEN CALLED FOR POLICE ASSISTANCE. I WANTED TO LEAVE IT TO POLICE INVESTIGATIONS. WHILE WAITING, I CALLED MY FRIEND WHO WAS NEARBY AND HE HELPED ME TO OBTAIN THE OTHER DRIVER PARTICULARS AND TAKE SOME PICTURES OF THE ACCIDENT. AFTER THE ACCIDENT, I WAS STILL FEELING OKAY. HENCE, WHEN AMBULANCE ARRIVED AT SCENE, I REFUSED CONVEYANCE AS THE HOSPITAL WAS QUITE NEARBY AND I WAS STILL FEELING OKAY. I THOUGHT THAT I WOULD BE ABLE TO GO BY MYSELF IMMEDIATELY. HOWEVER, AS THE TRAFFIC POLICE OFFICERS WERE TAKING FACTS AND OBTAINING PARTICULARS, I FELT MY CONDITION BECOMING WORSE AND I WAS EXPERIENCING SOME CHEST PAINS, DIFFICULTY BREATHING AND DIZZINESS. I THEN TOLD



**SINGAPORE
POLICE FORCE**



T/20180814/2127

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20180814/2127

CONTINUATION OF REPORT

THE OFFICERS THERE THAT I WANTED TO BE CONVEYED TO THE HOSPITAL. HOWEVER, THEY TOLD ME THAT THEY HAD TO ABIDE BY THEIR SOP AND COULD NOT LET ME GO. I ALSO TOLD THEM MULTIPLE TIMES THAT I WAS FEELING UNWELL AND WANTED TO GO TO THE HOSPITAL IMMEDIATELY. HOWEVER, THEY IGNORED ME AND THEY OTHER DRIVER EVEN INSULTED ME BY SAYING THAT I WAS ACTING. THEY THEN TOLD ME TO SIT IN THE CAR AND WAIT. THATS WHEN MY CONDITION BECOME WORSE AND AMBULANCE WAS CALLED AGAIN AND I WAS CONVEYED. WHEN THE PARAMEDICS CHECKED, THEY FOUND THAT MY BP WAS OVER 220. I WAS THEN DISCHARGED WITH 1 DAY MC AS I INFORMED THAT THAT I HAD A COURSE TO ATTEND TO.



**SINGAPORE
POLICE FORCE**



T/20180814/2127

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20180814/2127

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/08/2018 17:03

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S75700671



Name

LAU CHEONG CHUAN

賴 昌 泉

Race

CHINESE

Date of birth
13-05-1975

Sex

M

Country of birth
MALAYSIA

S75700671

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S75700671

Name

LAU CHEONG CHUAN

Birth Date 13 May 1975

Issue Date 18 Jun 2003



1000580903G



4492097



NRIC No. S75700671

Date of issue
10-11-2009

Address

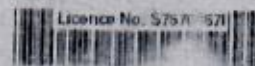
APT BLK 122 GEYLANG EAST CENTRAL
#11-72
SINGAPORE 380122

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

PASS DATE

Class 3 Motor Cars and Motor Tractors (i.e. weight of
which unladen does not exceed 2500 kilogram)

18 Jun 2001



Licence No. S75700671

NP 428A

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: 5081559716-02

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGJ1879P |
| Chassis Number | : MR053ZEC107117908 |
| 2. Name of Policyholder | : LAU CHEONG CHUAN |
| 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: LAU CHEONG CHUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOH SOON HUAT CO 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 : TOH SOON HUAT CO PTE LTD (00000614289)
Date of Issue : 29 Jun 2018 18:46 hrs
Reprint : 29 Jun 2018 18:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1007517

Policy No.	5081559716-02	Vehicle No.	SGJ1879P	GST Registrat
Certificate No.				
Policyholder Name	LAU CHEONG CHUAN			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91014934	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reasoi
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	16/08/2018 16:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2018	Time of Accident hh:mm	20:35	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SIMEI STREET 3			

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 122 #11-72	Address 2	GEYLANG EAST CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081559716-02	

▼ OI Driver Info

Driver Name	Lau Cheong Chuan	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7570067I	Driver DOB
Register Date of Driver License	19/06/2001	Driver Age	43	Driving Exper
Contact No.(Mobile)	91014934	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 122	Address 2	GEYLANG EAST CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-72			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	91014934	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SGJ1879P / SLS4119Z ON 13 Aug 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/08/2018 17:25
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1007517	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/08/2018 00:00

Path *		Category *		Confid
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:25	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:25	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:17	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:17	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:17	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:17	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:17	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 17:15	Photos	Normal	P

Video List

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