

**NATIONAL Assessment Centre Services**

(wef 1 Jan'05) **MNA/18120116**

|                                 |  |                       |                      |
|---------------------------------|--|-----------------------|----------------------|
| Date In: <b>17/1/18-10:46</b>   | Job description                          | Date & Time Completed | Done by              |
| Ref No: <b>NA/1818016935724</b> | SAS e-filing                             |                       |                      |
| Veh No: <b>SL71683A</b>         | E-mail (within 5hrs, AIC 2hrs)           |                       |                      |
| D.O.A: <b>17/1/18-08:30</b>     | i-Motor Claim Form                       | <b>M/1011843-001</b>  | <b>17/1/18 19:40</b> |
| OD: <b>TP</b> 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: **MS5274** 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                      |                       |
|--|---|----------------------|-----------------------|
| <b>NA1805909</b>                       | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>In Bill | Am't (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR: Accident Reporting (\$30);               |                      |                       |
| <b>Driver/Owner:</b>                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                       |
| <b>Contact No:</b>                     | 3) TF: Towing Fee \$40/\$45                     |                      |                       |
| <b>Damaged Portion:</b>                | 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:-                   |                      |                       |
| <b>QC Checked by (Engr-In-Charge):</b> | <b>QJ*</b>                                      |                      |                       |
|  | *N5: Courtesy Car / Tpl Allowance \$5           |                      |                       |
|  | *N6: Repair Co-ordination \$10                  |                      |                       |
|  | *N7: Post Repair Inspection \$25                |                      |                       |
|  | *N8: DV / Collect Excess Coordination \$5       |                      |                       |
| <b>Auditors' Comments :-</b>           | <b>TP (N11): TP (Non INC) against INC \$20</b>  |                      |                       |
| <b>Cat. 1:</b>                         | 9) N12: Idac Mobile \$0                         |                      |                       |
| <b>Cat. 2 / 3:</b>                     | 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             | 17/09/2018 10:46             |
| Date Of Accident           | 17/09/2018 08:30             |
| Exact Location Of Accident | PIE (TUAS) TWDS TOH TUCK AVE |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLT1683A               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | RELIABLE RIDES PTE LTD |
| Co Reg No                   | 201611527N             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-89999999        |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | HONDA                   |
| Model  | SHUTTLE HYBRID 1.5 AUTO |
| 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                                       | 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             | 5095162427                             |
| Cover Note Number         |  |

### Driver

|                      |                                    |
|----------------------|------------------------------------|
| Name of Driver       | CHUA TIEN WOON, EUGENE (CAI TIWEN) |
| NRIC No              | S7810887H                          |
| Date Of Birth        | 23/04/1978                         |
| Occupation           | OUTDOOR                            |
| Date Of Driving Pass | 17/09/1997                         |
| Driving Experience   | 21 YEARS AND 0 MONTHS              |
| Gender               | MALE                               |
| Mobile Number        | (LOCAL) +65-97910530               |
| Fax Number           |                                    |
| Contact Number       | OFFICE-97910530                    |
| EMail Address        | NOEMAIL                            |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 612B PUNGGOL DRIVE<br>#14-891 |
| Postcode  | 822612                            |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |                                  |
|---|----------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                               |
| Number of vehicles involved in the accident   | 3                                |
| 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: : HASHIM<br>GENDER: : MALE |

#### 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG PIE (TUAS) TWDS TOH TUCK AVE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION. AFTER AN IMPACT, VEHICLE B- THE DRIVER FELL AT VEHICLE C LEFT PORTION.

#### 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 Witness 1

|               |          |
|---------------|----------|
| Name          | HASHIM   |
| Phone Number  | 90838698 |
| Email Address |          |

#### Details of Witness 2

|               |          |
|---------------|----------|
| Name          | HASNI    |
| Phone Number  | 97531721 |
| Email Address |          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | FBE527Y |
| Vehicle Make/Model/Colour   |         |

Details Of Properties

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Vehicle Category                    | MOTORCYCLE                        |
| Name of Driver                      | MUHAMMAD HIZKIL BIN MUHAMMAD RAFI |
| NRIC/Passport Number                | S9607079I                         |
| Contact Number                      |                                   |
| Address                             |                                   |
| Postcode                            |                                   |
| Insurance Company Name              |                                   |
| Nature Of Damage                    |                                   |
| No. Of Passenger (Including Driver) | 1                                 |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |                            |
|-------------------------------------|----------------------------|
| Vehicle Registration Number         | SJL7295M                   |
| Vehicle Make/Model/Colour           |                            |
| Details Of Properties               |                            |
| Vehicle Category                    | PRIVATE CAR                |
| Name of Driver                      | MUHAMMAD HASNI BIN KARSANI |
| NRIC/Passport Number                | S7817412I                  |
| Contact Number                      |                            |
| Address                             |                            |
| Postcode                            |                            |
| Insurance Company Name              |                            |
| Nature Of Damage                    |                            |
| No. Of Passenger (Including Driver) | 1                          |

## 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.

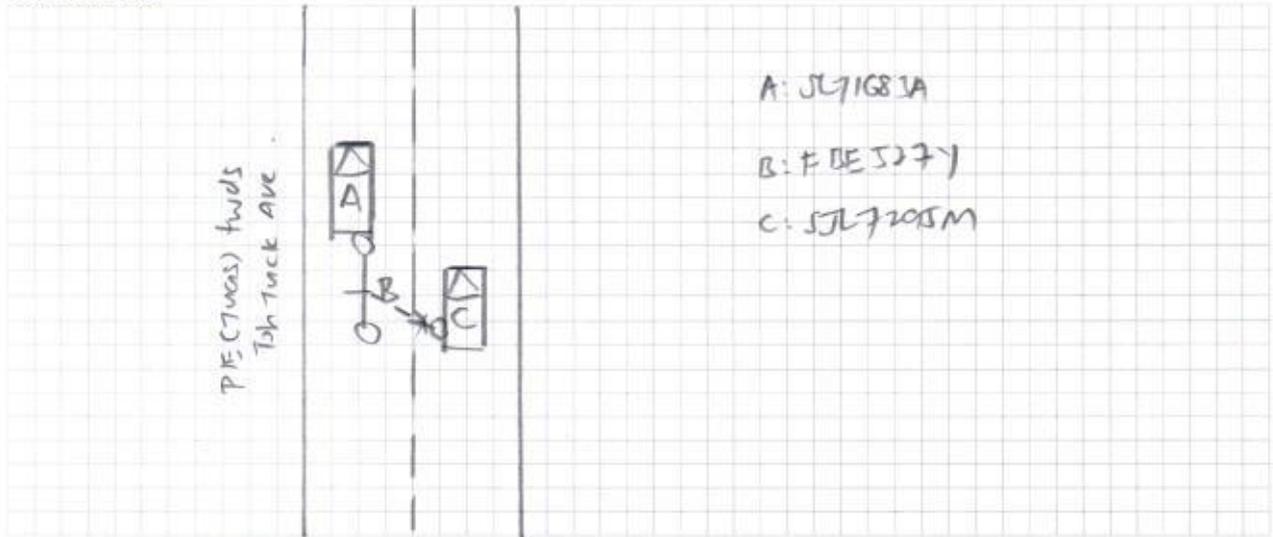


Policyholder's Signature  
Date & Time:

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

Refer to statement.

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:

*Om*

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

*[Signature]*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7810887H




Name  
CHUA TIEN WOON, EUGENE  
(CAI TIWEN)  
蔡 体 文

Race  
CHINESE

Date of birth 23-04-1978 Sex M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7810887H

Name  
CHUA TIEN WOON, EUGENE  
(CAI TIWEN, EUGENE)

Birth Date: 23 Apr 1978

Issue Date: 19 May 2004




4266661



NRIC No. S7810887H



Date of issue  
20-08-2008

APT BLK 612B PUNGGOL DRIVE #14-891  
SINGAPORE 822612

NRIC No: S7810887H Date: 05/04/2012 No: 7036433

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

PASS DATE  
17 Sep 1997

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

NP 428A

Licence No: S7810887H



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident: 17/09/2018 08:30

Vehicle No. (For Motor): SLT1683A  Certificate Number:

Search

| Select                | Policy No. | Certificate Number | Policyholder Name      | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095162427 |                    | RELIABLE RIDES PTE LTD | 201611527N        | GPC     | drive CLASSIC | SLT1683A    | SLT1683A       | 20/10/2017    | 19/10/2018  |

Continue

Policy Information

|                             |  |                             |                        |                                  |                  |
|-----------------------------|--|-----------------------------|------------------------|----------------------------------|------------------|
| Policy No.                  | 5095162427   | Policyholder Name           | RELIABLE RIDES PTE LTD | Policyholder NRIC                | 201611527N       |
| Certificate No.             |  |                             |                        |                                  |                  |
| Address                     | 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 |                             |                        |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE  | Plan                        |                        | Group Policy Flag                | N                |
| Policy Issue Date           | 19/10/2017   | Effective Date              | 20/10/2017 00:00       | Expiry Date                      | 19/10/2018 23:59 |
| Excess Type                 |  | All Claims Excess           |                        |                                  |                  |
| Third Party Excess          | 1500   | Own damage Excess           | 1000                   | Windscreen Excess                | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                      |                                  |                  |
| Outside Singapore OD Excess | 3000   | Outside Singapore TP Excess | 3000                   | Young/Inexperience Driver Excess |                  |
| Agent                       | TAN INSURANCE BROKERS PTE  | Agent Tel.                  | NIL                    | GST Flag                         | Y                |
| Co-insurance Flag           | No   |                             |                        |                                  |                  |
| Open Policy Info            |  |                             |                        |                                  |                  |
| Certificate Info            |  |                             |                        |                                  |                  |

Policyholder Mailing Address

|           |                       |                       |                             |           |                  |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2             | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 |                       | Address Type          | Singapore address           | Post Code | 415875           |
| Unit No.  | 05-50                 | Related Policy Number | 5094551582-01               |           |                  |

Insured Object: SLT1683A

Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1        | 20/10/2017 00:00    | POI Move                      | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 20 Oct 2017 TO 19 Oct 2018   |
| 2        | 20/10/2017 00:00    | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 20 Oct 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 20 Oct 2017 TO 19 Oct 2018 2. ORIGINAL REGISTRATION DATE: 20 Oct 2017 3. VEHICLE REGISTRATION NUMBER: SLT1683A |

**Claim Handling**

[Exit](#)

**Accident MT/1011843**

|   |   |                               |   |                        |                          |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No.                              | 5095162427  | Vehicle No.                   | SLT1683A  | GST Registration No.   |                          |
| Certificate No.                         |   |                               |   |                        |                          |
| Policyholder Name                       | RELIABLE RIDES PTE LTD  | Policyholder NRIC             | 201611527N  |                        |                          |
| Product Code                            | PRIVATE CAR INSURANCE   | Cover Type                    | drive CLASSIC   | Loading                | 0                        |
| Contact No.(Mobile)                     | 0   | Contact No.(Office)           | 0   | Contact No.(Home)      | 0                        |
| Email Address                           |   | Special Remark                |   | eCode                  |                          |
| KFX                                     | <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                             | 17/09/2018 19:38  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collision - Head to Rear |
| Date of Accident                        | 17/09/2018  | Time of Accident hh:mm        | 08:30   | Country of Accident    | Singapore                |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                          |
| Accident Location                       | PSE (TUAS) TWOS TOH TUCK AVE                                  |                               |   |                        |                          |
| <b>Excess</b>                           |   |                               |   |                        |                          |
| Own damage Excess                       | 1,000.00  | Additional Excess             | 0   | Windscreen Excess      | 100.00                   |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   | 3,000.00  |                        |                          |
| Third Party Excess                      | 1,500.00  | Outside Singapore TP Excess   | 3,000.00  |                        |                          |
| <b>Benefits</b>                         |   |                               |   |                        |                          |
| <b>GST Registered Information</b>       |   |                               |   |                        |                          |
| GST Registered                          | No  | GST Registration Date         |   | GST Status Verified    | Yes                      |
| GST Registration No.                    |   |                               |   |                        |                          |
| Modification History                    |   |                               |   |                        |                          |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                          |
| Address 1                               | 8 KAKI BUKIT AVENUE 4   | Address 2                     | #05-50 PREMIER @ KAKI BUKIT                                   | Address 3              | SINGAPORE 415875         |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 415875                   |
| Unit No.                                | 05-50   | Related Policy Number         | 5094551582-01   |                        |                          |
| <b>Q1 Driver Info</b>                   |   |                               |   |                        |                          |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  | Driver DOB             | 23/04/1978               |
| Unnamed driver Name                     | CHUA TIEN WOOD, EUGENE (G)                                    | Driver NRIC                   | 57810887H   | Driving Experience     | 21                       |
| Register Date of Driver License         | 17/09/1997  | Driver Age                    | 40  | Contact No.(Home)      | 0                        |
| Contact No.(Mobile)                     | 97910530  | Contact No.(Office)           | 0   | Address 3              | DAMAI GROVE              |
| Address 1                               | BLK 612B  | Address 2                     | PUNGGOL DRIVE   | Post Code              | 822612                   |
| Address 4                               | SINGAPORE 822612  | Address Type                  | Singapore address   |                        |                          |
| Unit No.                                | 14-391  | Driver Vehicle No.            |   | Driver Insurer Company |                          |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No |                               |   |                        |                          |
| <b>Declaration</b>                      |   |                               |   |                        |                          |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |                          |
| Modification History                    |   |                               |   |                        |                          |

**Claim 001** [New](#)

|   |                                   |                         |                                  |                            |                  |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | OD-MX                             | Insured Name            | RELIABLE RIDES PTE LTD           | Insured NRIC               | 201611527N       |
| Contact No.(Mobile)                                 |                                   | Contact No.(Home)       |                                  | Contact No.(Office)        | 66351820         |
| Email Address                                       |                                   | Q1 Vehicle Number       | SLT1683A                         | TP Vehicle Number          | FB527Y           |
| Claimant Type Claimant Type *                       | Please Select                     | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                   | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                   |                         |                                  |                            |                  |
| Claim Description                                   | SLT1683A / FB527Y ON 17 Sept 2018 |                         |                                  |                            |                  |
| Preferred Workshop Contact No.                      |                                   | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation                                | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GSA report                 | Received         |
| Date Registered                                     | 17/09/2018 19:40                  | Claim Close Date        |                                  | Date Received              | 17/09/2018 00:00 |
| Report Taken By                                     | Jackson                           |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                            |                  |
| <b>Save</b> <b>Submit</b>                           |                                   |                         |                                  |                            |                  |

**Attachment**

|                      |   |                      |                      |                      |
|----------------------|---|----------------------|----------------------|----------------------|
| Accident No.         | MT/1011843  | Claim No.            | 001                  |                      |
| Last Doc. Received   | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date          | 17/09/2018 19:41     |                      |
| Path *               | Category *  | Confidential         | L urgency *          | Description *        |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |

