

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MWA118122138

Date In: 1/14/18 - 15:31	Job description	Date & Time Completed	Done by
Ref No: NA/14C8017785/64	SAS e-filing		
Veh No: J6580572	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/9/18 - 22:40	i-Motor Claim Form	M7/1013860-04	1/14/18 21:08
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: SKW92846	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)	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

NA806256	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	Q1*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Est. 1:	Invoice dated	Fee Charged	
Est. 2 / 3:	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	01/10/2018 15:31
Date Of Accident	29/09/2018 22:40
Exact Location Of Accident	JUNC SERANGOON CTRL & BOUNDARY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8037Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MVP SERVICES
Co Reg No	53319329W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98344290
Alternative Phone No	OFFICE-98344290

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G A
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	5102440956
Cover Note Number	

### Driver

Name of Driver	HENG KOK FONG
NRIC No	S1434755J
Date Of Birth	22/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98344290
Fax Number	
Contact Number	OFFICE-98344290
Email Address	NOEMAIL



Address	BLK 233 SIMEI STREET 4 #07-172
Postcode	520233
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 - 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	2
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)	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	SKW9284L
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)	2



Passenger 1

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

Name HENG KOK FONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLE8037Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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:



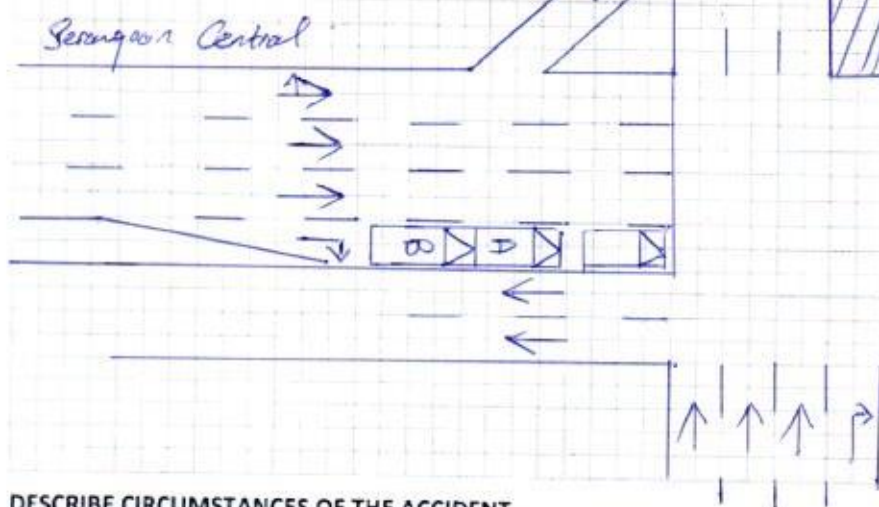
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



(A) 9LE 8037 Z  
(B) SKW 9284 L.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/09/18 at @ 2242 hrs, I stopped my vehicle (9LE 8037 Z) along Serangoon Central junction of Boundary Road on the extreme right lane due to red light, waiting to turn right. When the traffic light turn green, as I was about to move forward, a vehicle SKW 9284 L from behind collided onto the rear portion of my vehicle.

## DECLARATION

I/We hereby declare 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:



<b>Vehicle No.</b>	SLE 8037Z	<b>Model / Make</b>	Honda Shuttle
<b>Date of Accident</b>	29/09/2018		
<b>Time of Accident</b>	2242 HRS		
<b>Location of Accident</b>	Serangoon Central junction of Boundary Road / Yio Chu Kang Link		
<b>Exact purpose use during accident</b>	Chauffeur		
<b>Name of Owner</b>	MVP Services		
<b>Telephone No.</b>	H/P: 9834 4290	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	53319329W		
<b>Address</b>	BLK 233, Simei St 4 #07-172 (S) 520 233		
<b>Claim type</b>	OD <u>THIRD PARTY</u>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	NTPC		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5102440956		
<b>Name of Driver</b>	As Above If No, HENG KOK FONG		
<b>NRIC</b>	S 1434755 J	<b>Any Passengers :</b>	01 (F)
<b>Date of birth</b>	22/06/1960		
<b>Occupation</b>	<u>Outdoor</u> / Indoor		
<b>Driving License Pass Date</b>	12/05/1980		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P: 9834 4290	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 233, Simei St 4 #07-172 (S) 520 233		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state Owner		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Heng Kok Fong (H/P: 9834 4290)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where? Changi NPC		
<b>Vehicle B No.</b>	SKW 9284L	<b>Any Passengers :</b>	01 (F)
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b>	N.A
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	<u>Yes/No</u>		
<b>Email Address</b>	fheng60@gmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>		<b>Yes / <u>No</u></b>	
<b>PARTICULAR WORKSHOP</b>	Twincor		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixen		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



NOTICE OF REPORTING

This is to confirm that, HENG KOK FONG NRIC/FIN: S1434755J, residing at Blk 233 SIMEI ST 4 #07-172, hp: 98344290 has reported to the Police a non-injury traffic accident which occurred at Junction along Serangoon Central / Boundary Road / Yio Chu kang Link on 29/09/2018 at 2242HRS involving the following vehicles:

SLE8037Z (complainant)  
SKW9284L

Complainant was stationery along the said junction as he was waiting for the traffic light to turn green when the other party hit onto the rear of the complainant's vehicle. Complainant's vehicle had damages on his rear bumper and rear door. Complainant is lodging for insurance claim.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140420 Ilyaas

Date: 30/09/2018

Time: 2000hrs

S/D Ref: 35

Police Post/Unit: Changi Neighborhood Police Centre

  
Chang NPL  
No. 9 Simei Street 2  
Singapore 529914  
Tel: 1800-5872999



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1434755J**  
 Name **HENG KOK FONG**

Birth Date: 22 Jun 1960  
 Issue Date: 06 May 2004

001211962J




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1434755J**

Name **HENG KOK FONG**  
 邢 毅 鋒

Race **CHINESE**  
 Date of birth **22-06-1960** Sex **M**  
 Country of birth **SINGAPORE**





S1434755J

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No : S1434755J  
 Name : HENG KOK FONG

Issue Date : 22/10/2010  
 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 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 12 May 19

Licence No: S1434755J

NP 428A



4827458

NRIC No. **S1434755J**

Date of issue 20-02-2012


Address  
 APT BLK 233 SIMEI STREET 4  
 #07-172  
 SINGAPORE 520233




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Issue Date  
 22/10/2010  
 04/08/2010  
 22/10/2010

VL  
 S ATTENDANT





## 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:** 5102440956

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLE8037Z**  
Chassis Number : **GK81003920**
2. Name of Policyholder : **MVP SERVICES**
3. Effective Date of Insurance : **01 Aug 2018**
4. Expiry Date of Insurance : **31 Jul 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	: 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 : AUTOSHIELD PTE. LTD. (00000573469)  
Date of Issue : 25 Jul 2018 10:54 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.  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"/>	5102440956		MVP SERVICES	53319329W	GPC	drive CLASSIC	SLE8037Z	SLE8037Z	01/08/2018	31/07/2019



## Policy Information

Policy No:	5102440956	Policyholder Name	MVP SERVICES	Policyholder NRIC	53319329W
Certificate No.					
Address	BLK 233 #07-172 SIMEI STREET 4 SINGAPORE 520233				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/07/2018	Effective Date	01/08/2018 00:00	Expiry Date	31/07/2019 23:59
Excess Type		All Claims Excess			
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		Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 233 #07-172	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520233
Address 4		Address Type	Singapore address	Post Code	520233
Unit No.	07-172	Related Policy Number	5102440956		

Insured Object: SLE80372

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				



## Claim Handling

Exit

## Accident MT/1013860

Policy No.	5102440956	Vehicle No.	SLE8037Z	GST Registration No.	
Certificate No.					
Policyholder Name	MVP SERVICES			Policyholder NRIC	S3319329W
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	98344290	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFR	<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(%)	20	Private Hire	Yes

**Accident Details**

Report Date	01/10/2018 21:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/09/2018	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC SERANGOON CTRL & BOUNDARY RD				

**Excess**

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		

**Benefits**

**GST Registered Information**

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

## Policyholder Mailing Address

Address 1	BLK 233 #07-172	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520233
Address 4		Address Type	Singapore address	Post Code	520233
Unit No.	07-172	Related Policy Number	5102440956		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/12/1960
Unnamed driver Name	HEUNG KOK FONG	Driver NRIC	S1434755J	Driving Experience	38
Register Date of Driver License	12/05/1980	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	98344290	Contact No.(Office)	0		
Address 1	BLK 233	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520233
Address 4		Address Type	Singapore address	Post Code	520233
Unit No.	07-172				
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 checked="" type="radio"/> Yes <input type="radio"/> No

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MVP SERVICES	Insured NRIC	S3319329W
Contact No.(Mobile)	98344290	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SLE8037Z	TP Vehicle Number	SKW9284L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLE8037Z / SKW9284L ON 29 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	GIA report	Received
Date Registered	01/10/2018 21:08	Claim Close Date		Date Received	01/10/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1013860	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/10/2018 21:09

Path *	Category *	Confidential	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"/>



Please Select

N/A

Normal

Please Select

N/A

Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:09	SAS	Normal	SAS 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:09	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:09	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:09	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:09	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:08	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:08	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:08	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:08	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:08	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 01 Oct 2018 21:08	Photos	Normal	Photos 2018-10-1		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				