

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

Date In: 02/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017807/13	SAS e-filing		
Veh No: FV9464Z	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 05/09/18 0855	i-Motor Claim Form	07/10/3012 - 002	
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: ( 0650 51 Tel: Fax: )

TP Particulars: Veh No: 52N5909E 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

NA1806214	Invoice Preparation Checklist	Am't (\$) Int 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		
Auditors' Comments:-	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:-		
	QJ:		
	*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-11 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	02/10/2018 14:03
Date Of Accident	25/09/2018 08:55
Exact Location Of Accident	UPP SERANGOON RD AFT POTONG PASIR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV9464Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KWEE KHIANG
NRIC No	S1117138I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91117304
Alternative Phone No	OTHERS-91117304

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
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	MOTORCYCLE

### 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	0083270417-14
Cover Note Number	

### Driver

Name of Driver	ANG KWEE KHIANG
NRIC No	S1117138I
Date Of Birth	27/06/1955
Occupation	INDOOR
Date Of Driving Pass	19/05/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91117304
Fax Number	
Contact Number	OTHERS-91117304
EEmail Address	NOEMAIL

Address	BLK 188B RIVERVALE DRIVE #15-1068
Postcode	542188
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	
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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181001/2072

#### 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	SLN5909E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ANG KWEE KHIANG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FV9464Z
Were seat belts worn?	
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:

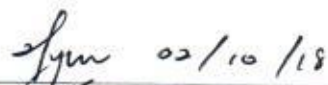
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.



Policyholder's Signature  
Date & Time:

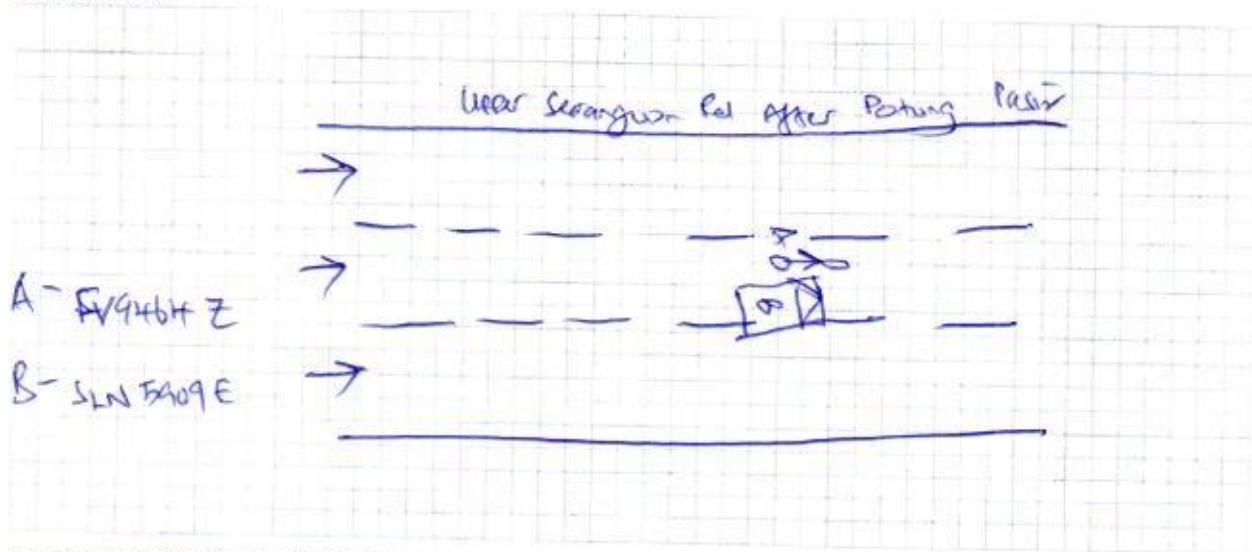


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 02/10/18

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

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per RTA report no. T/20181001/2072

## 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:

 02/10/18  
 Reporting Centre Personnel's Signature  
 Name:





# SINGAPORE POLICE FORCE



T/20181001/2072

1 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20181001/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2018 13:43	Vide Report No.:	Station Diary No.: 30
<b>Informant's Particulars</b>		
Name of Informant: ANG KWEE KHIANG	Address: APT BLK 188B RIVERVALE DRIVE #15-1068 SINGAPORE 542188	
ID Type / ID No.: NRIC NO / S1117138I	Contact No.: Home/Office:	Mobile: 91117304
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 63	Date of Birth: 27/06/1955
Type of Informant: Rider		
Race: Chinese	Language: Chinese	Institution / School Name:
Occupation: Part time	Driving Licence Information: Class: 2,3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2018 08:55	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD after Potong Pasir				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV9464Z	Motorcycle	HONDA	WAVE125S	Blue	Seriously Damaged	0
SLN5909E	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV9464Z	NTUC Income Insurance Co-Operative Limited	0083270417-14	12/12/2017	11/12/2018



**SINGAPORE  
POLICE FORCE**



T/20181001/2072

2 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20181001/2072

**CONTINUATION OF REPORT**

**Brief Details.**

On 25/09/2018 at about 0855hrs, I was riding my motorcycle (FV9464Z) along Upper Serangoon Road towards Hougang. After Potong Pasir junction, the traffic volume was clear and all of a sudden, one vehicle (SLN5909E) side swipe my motorcycle from my right and dragged my motorcycle for a short distance before coming to a stop. As the vehicle stop, my motorcycle fell. I was assisted by passerby to the side of the road and the driver kept on apologizing to me. Shortly after ambulance arrived and made a check on me. I was then conveyed to Raffles Hospital by ambulance. On 28/09/2018, I received a letter from Traffic police instructing me to lodge a traffic accident report with reference to ref no. TP/IP/54577/2018.





**SINGAPORE  
POLICE FORCE**



T/20181001/2072

3 of 3

Report No. T/20181001/2072

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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:

F /

Sgt 2 NGIO HAN BOON, DARREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2018 13:43

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

SN 15.1

Authentication Stamp

NP168



Signature:

Singapore Police Force

<b>Vehicle No.</b>	Fr 94642	<b>Model / Make</b>	Atanda Wave 125J
<b>Date of Accident</b>	25/9/2018		
<b>Time of Accident</b>	8:55am	<b>HRS</b>	
<b>Location of Accident</b>	Upper Selegie Rd near Botany Park		
<b>Exact purpose use during accident</b>	for use		
<b>Name of Owner</b>	Ang Kwee Kheng		
<b>Telephone No.</b>	H/P: 9117304	<b>Home :</b>	<b>Office :</b> 9641052 (Daughter)
<b>NRIC</b>	S 1117158I		
<b>Address</b>	BLK 188B Riverdale Drive, #15-1068, 3542188		
<b>Claim type</b>	OD (THIRD PARTY)	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	NHUL		
<b>Type of Coverage</b>	Comprehensive	Third Party	(Third Party / Fire / Theft)
<b>Policy No.</b>	0063270417-14		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	Nil
<b>Date of birth</b>			
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	19/5/1977		
<b>Gender</b>	(Male) / Female		
<b>Contact No.</b>	H/P: 9117304	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	As owner		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	(Clear) Raining Other		
<b>Road Surface</b>	(Dry) Wet Other		
<b>Any Injuries</b>	No, If (Yes) Who?		
<b>Name And Contact No.</b>	Ang Kwee Kheng		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLN 509 E	<b>Any Passengers :</b>	
<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>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Right Portion		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
		<b>Yes / (No)</b>	
<b>PARTICULAR WORKSHOP</b>	Matosi Auto		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Muthu		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S11171381**  
 Name: **ANG KWEE KHIANG**  
 Birth Date: **27 Jun 1955**  
 Issue Date: **17 Nov 2003**

001004196D

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S11171381**


 Name: **ANG KWEE KHIANG**  
 洪桂强  
 Race: **CHINESE**  
 Date of birth: **27-06-1955** Sex: **M**  
 Country of birth: **SINGAPORE**

S11171381


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


		PASS DATE
Class 2	Motorcycles exceeding 400 cc	19 May 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Feb 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Sep 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	26 Feb 1981

NP 428A

Licence No: S11171381

3439579


 NRIC No. **S11171381**


 Date of issue: **17-11-2003**

Address:  
**APT BLK 188B RIVERVALE DRIVE**  
**#15-1068**  
**SINGAPORE 542188**

## 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 : 0083270417-14

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **FV9464Z**  
Chassis Number : NOT KNOW
2. Name of Policyholder : **ANG KWEE KHIANG**
3. Effective Date of Insurance : **12 Dec 2017**
4. Expiry Date of Insurance : **11 Dec 2018**
5. Persons or Classes of Persons entitled to drive#  
(a) Named Driver(s) Only.  
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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: ANG KWEE KHIANG
NAMED DRIVER (2)	: QUEK SIOW MENG
HIRE PURCHASE COMPANY	: N/A
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 : ONG BEE GUAN PETER (00000521563)

Date of Issue : 09 Nov 2017 12:11 hrs

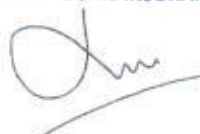
Reprint : 09 Nov 2017 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1013012

Policy No.	0083270417-14	Vehicle No.	FV9464Z	GST Registration No.
Certificate No.				
Policyholder Name	ANG KWEE KHIANG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
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(%)	20	Private Hire

## ▼ Accident Details

Report Date	25/09/2018 16:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/09/2018	Time of Accident hh:mm	08:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UPP SERANGOON RD TWDS SENGKANG EAST DRIVE			

## ▼ Excess

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

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 188-B #15-1068	Address 2	RIVERVALE DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	0083270417-14	

## ▼ OI Driver Info

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

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	ANG KV
Contact No.(Mobile)		Contact No. (Home)	638492
Email Address		Vehicle Number	FV9464
Claim Description	FV9464Z / SLN5909E ON 25 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/10/2018 14:38
		Workshop Repairer	ROSLINDA

☒ Print AK letter

[Save](#) [Submit](#)**Attachment**

Accident No.	MT/1013012	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2018 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Message Read</a>	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2018 14:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2018 14:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2018 14:38	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2018 14:38	Photos	Normal	Photos

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