

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 118136509

Date In: 22/10/18 10:14	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18019088/44	SAS e-filing		
Veh No: SLK 6182T	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/10/18 19:00	i-Motor Claim Form	MT/1016662-04	22/10/18 11:02
OD: <input checked="" type="checkbox"/> 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:

SLE 1380C

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

MA1806773

## Invoice Preparation Checklist

Am (\$)

Inc Bill

Am (\$)

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: 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:-		
OD:		
*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 (N11) 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 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. 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 22/10/2018 10:14  
 Date Of Accident 19/10/2018 19:00  
 Exact Location Of Accident CTE(SLE) B4 MERCHANT RD EXIT  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK6182T  
**Insured/Policyholder**  
 Name Of Registered Owner METRO CAR LEASING PTE LTD  
 Co Reg No 201810490D  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-96638481

### Vehicle Particulars

Manufacturer MAZDA  
 Model MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  
 Exact Purpose for which vehicle was being used at time of accident WORK  
 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 5102453024  
 Cover Note Number -

### Driver

Name of Driver LOH SZE HOW(LUO SHIHAI)  
 NRIC No S9221616J  
 Date Of Birth 26/06/1992  
 Occupation OUTDOOR  
 Date Of Driving Pass 04/07/2013  
 Driving Experience 5 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96638481  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address	BLK 161 LOR 1 TOA PAYOH #11-1608
Postcode	310161
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	CHAIN COLLISION
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

#### 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

PLEASE REFER TO POLICE REPORT.

#### 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	SLE1380C
-----------------------------	----------

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBA8418Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 LOH SZE HOW(LUO SHIHAO)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK6182T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PREGNANT LADY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK6182T  
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.



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.:

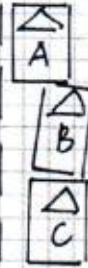
SKETCH PLAN

Vehicle A: SLK6182T

Vehicle B: SLE1380C

Vehicle C: GBA8418Y

GE(SLE), before merchant



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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:

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 10 / 2018) (DD/MM/YYYY), TIME: (19 : 00) (HH:MM)

LOCATION: CTE (SLE), before merchant Rd Exit.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK61827  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:   
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mazda 3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Metro Car Leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:   
 c) ADDRESS:   
 \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Loh See How (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9221616J CONTACT: 9663 8481  
 c) ADDRESS: 161 Lorong 1 Toa Payoh #11-1608 S(310161)

d) DATE OF BIRTH: (26 / 06 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: driver

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE 1380C MODEL:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT: CONTACT:   
 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: GBA8418Y MODEL:   
 e) DRIVER'S NAME:   
 f) NRIC/FIN/PASSPORT: CONTACT:   
 10. THIRD PARTY VEHICLE

a) VEHICLE NUMBER:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT: CONTACT:   
 11. THIRD PARTY VEHICLE

a) VEHICLE NUMBER:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT: CONTACT:   
 12. THIRD PARTY VEHICLE

Email =

fax =



# SINGAPORE POLICE FORCE



T/20181019/7016

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

1 of 3

Report No. T/20181019/7016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2018 21:53		Vide Report No.: A/20181019/0105		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH SZE HOW			Address: APT BLK 161 LORONG 1 TOA PAYOH #11-1608 SINGAPORE 310161		
ID Type / ID No.: NRIC NO / S9221616J			Contact No.: Home/Office: Mobile: 96638481		
Nationality: SINGAPORE CITIZEN			Email: brain_dead1992@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 26/06/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/10/2018 19:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8418Y	Car	TOYOTA	DYNA		Seriously Damaged	1
SLE1380C	Car	MERCEDES BENZ			Seriously Damaged	1
SLK6182T	Car	MAZDA	3		Seriously Damaged	5





**SINGAPORE  
POLICE FORCE**



T/20181019/7016

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

2 of 3

Report No. T/20181019/7016

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOH SZE HOW	ID No.	S9221616J
Related Vehicle	SLK6182T (Car)	Contact No.	96638481
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/10/2018	Date Discharge	19/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

ON 19/10/2018, I WAS DRIVING MY VEHICLE ALONG WITH 4 PASSENGERS IN MY CAR FROM SGH HEADING TOWARDS YISHUN. BEFORE THE EXIT TO MERCHANT ROAD, ON CTE(SLE), THE VEHICLE IN FRONT OF MINE MADE AN EMERGENCY BRAKE TO FILTER OUT. I IMMEDIATELY BRAKE AS WELL. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION, SHORTLY FOLLOWED BY ANOTHER IMPACT. I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

THE FEMALE PASSENGERS IN MY VEHICLE WHO ARE PREGNANT, WERE THEN CONVEYED TO THE HOSPITAL & ACCOMPANIED BY THEIR HUSBANDS. I THEN SEEK MEDICAL ATTENTION AS WELL AT KIRIN CLINIC & SURGERY AND WAS GIVEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20181019/7016

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

3 of 3

Report No. T/20181019/7016

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
19/10/2018 21:53

Classification Of Case:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9221616J**



Name

**LOH SZE HOW**  
**(LUO SHIHAO)**

**罗世豪**

Race

**CHINESE**

Date of birth

**26-06-1992**

Sex

**M**

Country of birth

**SINGAPORE**

**S9221616J**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

**S9221616J**

Name

**LOH SZE HOW**  
**(LUO SHIHAO)**

Birth Date **26 Jun 1992**

Issue Date **04 Jul 2013**



**002198776A**



4068672



NRIC No. S9221616J

Date of issue  
07-07-2007

APT BLK 161 LORONG 1 TOA PAYOH #11-1608-  
SINGAPORE 310161

NRIC No: S9221616J

Date: 29/03/2012

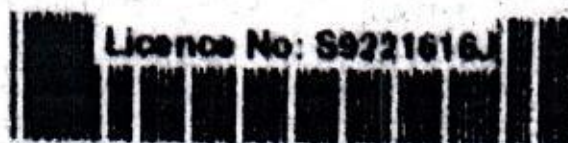
No: 7055390

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

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 04 Jul 2013

NP 428A



Licence No: S9221616J



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/10/2018 10:13"/>
Vehicle No.(For Motor)	<input type="text" value="SLK6182T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102453024		METRO CAR LEASING PTE LTD	201810490D	GPC	drive CLASSIC	SLK6182T	SLK6182T	18/07/2018	17/07/2019

## Claim Handling

Accident MT/1016662

Policy No.	5102453024	Vehicle No.	SLK6182T	GST Registration No.	
Certificate No.					
Policyholder Name	METRO CAR LEASING PTE LTD			Policyholder NRIC	201811
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96638481	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	22/10/2018 19:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain C
Date of Accident	19/10/2018	Time of Accident hh:mm	19:00	Country of Accident	Singap.
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE(SLE) B4 MERCHANT RD EXIT				
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	210 TURF CLUB ROAD	Address 2	#LOTA8 THE GRANDSTAND	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	28799
Unit No.	LOTA8	Related Policy Number	5104885239		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH SZE HOW(LUO SHIHAO)	Driver NRIC	S92216163	Driver DOB	26/06/
Register Date of Driver License	04/07/2013	Driver Age	26	Driving Experience	5
Contact No.(Mobile)	96638481	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 161 #11-1608	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PA
Address 4	SINGAPORE 310161	Address Type	Singapore address	Post Code	31016
Unit No.	11-1608				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	METRO CAR LEASING PTE LTD
Contact No.(Mobile)	81119294	Contact No. (Home)	
Email Address		Vehicle Number	SLK6182T
Claim Description	SLK6182T / SLE1380C ON 19 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repairs No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	22/10/2018 19:08
			LIEW SHAN HUI
Print AK letter			

Save Submit

## Attachment

Accident No. MT/1016662

Claim No. 001



Last Doc. Received

\* Yes ☐ No ☐

Upload Date

22/10/2018 19:09

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Urgency \*

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal













Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:09	SAS	Normal	SAS 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:09	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:09	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:09	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:08	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:08	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:08	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:08	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:08	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:08	Photos	Normal	Photos 2018-10-22

## Video List

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