

NATIONAL Assessment Centre Services [wef. 1 Jan'05] **MMIA 118138688**

Date In: 25/10/18 14:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18019408/64	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SFY 6065	i-Motor Claim Form	MT/1017251 ²⁰⁰	26/10/18 10:58
D.O.A: 23/10/18 17:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: **SJP 79907** 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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		32.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	25/10/2018 14:04
Date Of Accident	22/10/2018 17:20
Exact Location Of Accident	BT BATOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY6006S
Insured/Policyholder	
Name Of Registered Owner	HI HI SERVICE
Co Reg No	53362143K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98007977

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5102444810
Cover Note Number	-

Driver

Name of Driver	WONG PEI JUN (HUANG PEIYUN)
NRIC No	S7916932C
Date Of Birth	13/06/1979
Occupation	INDOOR
Date Of Driving Pass	08/08/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98007977
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	44 JALAN SAYANG
Postcode	418659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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: : CHEW BOON LENG(ZHOU WENLONG)
	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	SJP7990T
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	WONG PEI JUN (HUANG PEIYUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFY6006S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHEW BOON LENG(ZHOU WENLONG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFY6006S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 5102444810

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SFY6006S**
Chassis Number : MRO53ZEE106146417
2. Name of Policyholder : HI HI SERVICE
3. Effective Date of Insurance : 21 Jul 2018
4. Expiry Date of Insurance : 20 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	: 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)

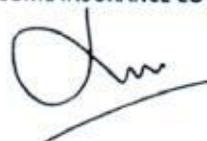
Agency : AA INTERNATIONAL INSURANCE AGENCY (00000572347)
Date of Issue : 20 Jul 2018 12:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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.

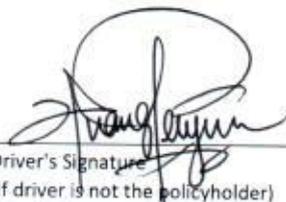
8. **Consent under the Personal Data Protection Act (PDPA)**

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

Please
Refer
to
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

DECLARATION

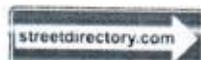
I/We declare the foregoing particulars are true in every respect.



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.:



BUKIT BATOK West Avenue 3

Bukit Batok West Avenue 3

Map Directions

Map

Building Directory

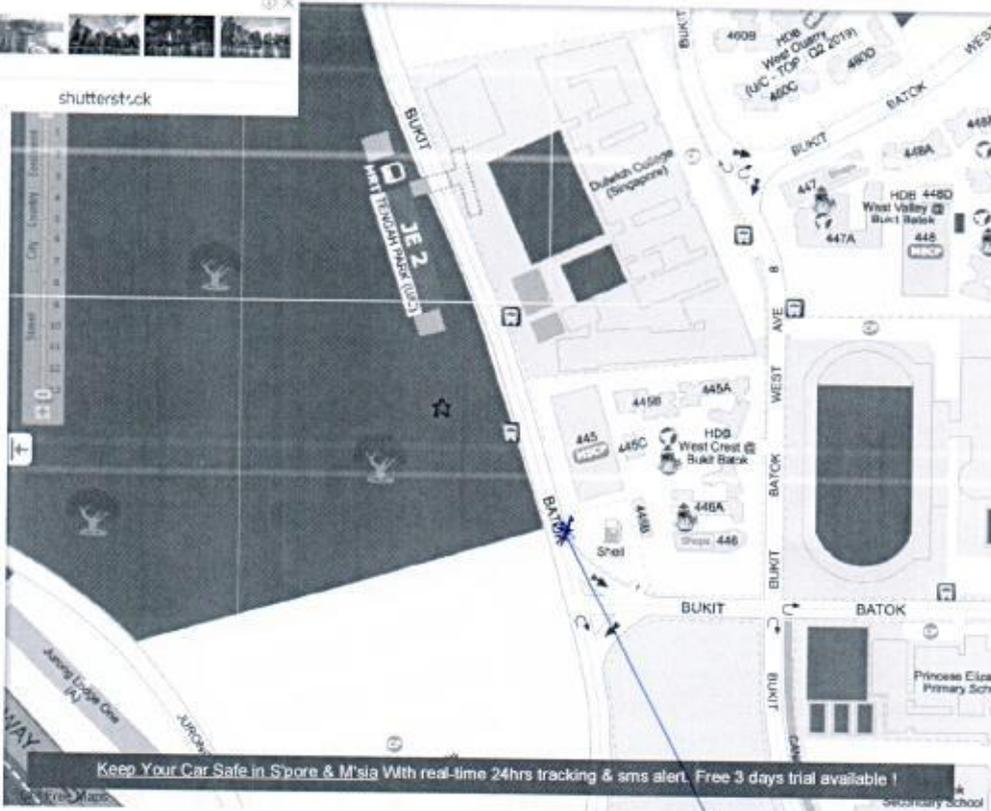
What's Nearby

Get Tips

Getting Here



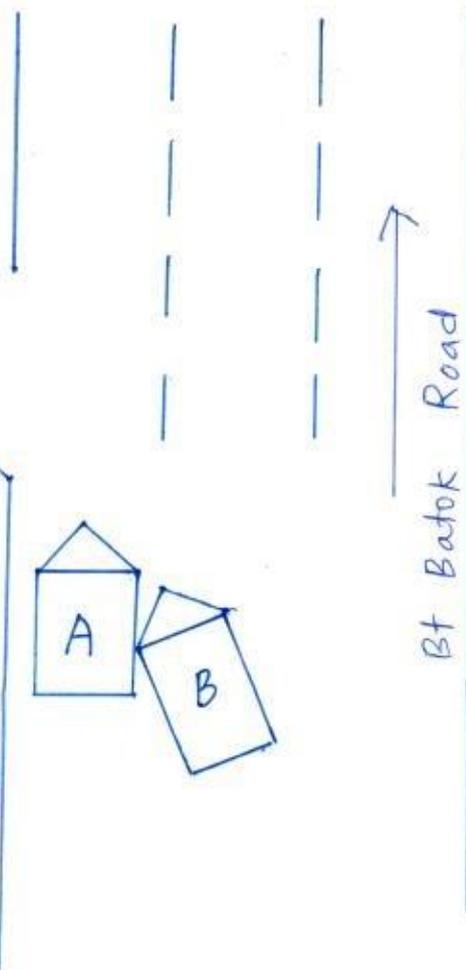
5 Things You Shouldnt Do If Hes Cheating On You



Keep Your Car Safe in Spore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Bukit Batok West Ave 3

Accident site



A - SFY 6006 S

B - SJP 7990 T

Handwritten signature

Accident Statement

On 22th Oct 2018 around 1720Hrs, I was driving my vehicle (SFY6006S) along Bukit Batok Road. Suddenly a vehicle (SJP7990T) from the right lane cut into my lane abruptly and hit onto the right side of my vehicle. I was then admitted to hospital of this accident, therefore I was unable to report the accident within 24 hours. One passenger (Chew Boon Leng – S7639245E) was in my vehicle during the accident. I'm making a claim against third party.

A handwritten signature in blue ink, appearing to read 'Wong Pei Jun', is written over a horizontal line.

Name: Wong Pei Jun
I/C: S7916932C



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2018 13:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG PEI JUN			Address: 44 JALAN SAYANG SINGAPORE 418659		
ID Type / ID No.: NRIC NO / S7916932C			Contact No.:		Mobile: 98007977
Nationality: SINGAPORE CITIZEN			Email: jestina.wong@fulflexeng.com		
Sex: Female	Age: 39	Date of Birth: 13/06/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Secretary			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2018 17:20	Type of Location: Straight Road
Location: BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFY6006S	Car	TOYOTA	ALTIS 1.6A	Black	Slightly Damaged	1
SJP7990T	Car	TOYOTA	ALLION	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY6006S	NTUC Income Insurance Co-Operative Limited	5102444810	21/07/2018	20/07/2019



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP7990T	NTUC Income Insurance Co-Operative Limited	5087463102	09/04/2018	08/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHEW BOON LENG	ID No.	S7639245E	
Related Vehicle	SFY6006S (Car)	Contact No.	81239866	
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	23/10/2018	Date Discharge	24/10/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	WONG PEI JUN	ID No.	S7916932C	
Related Vehicle	SFY6006S (Car)	Contact No.	98007977	
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	22/10/2018	Date Discharge	25/10/2018	
No. of Days granted Medical Leave	15	Degree of Injury	Slight	

Brief Details.

On 22th Oct 2018 around 1720 Hrs, I was driving my vehicle (SFY6006S) along Bukit Batok Road. Suddenly a vehicle (SJP7990T) from the right lane cut into my lane abruptly and hit onto the right side of my vehicle. I was then admitted to hospital and given 15 days hospitalisation leave. One passenger (Chew Boon Leng - S7639245E) was in my vehicle during the accident. Mr Chew Boon Leng was also referred to hospital for X-ray and given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20181025/7013

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

3 of 3

Report No. T/20181025/7013

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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

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:
25/10/2018 13:31

Classification Of Case:

Licence Number: **S7916932C**
 Name
**WONG PEI JUN
 (HUANG PEIYUN)**
 Birth Date: **13 Jun 1979**
 Issue Date: **28 Feb 2004**

0011422848



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7916932C**

Name
**WONG PEI JUN
 (HUANG PEIYUN)**
黄培匀
 Race
CHINESE
 Date of birth
13-06-1979 Sex
F
 Country of birth
SINGAPORE




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
08 Aug 2000

Licence No: **S7916932C**

NP 428A

5055002

NRIC No. **S7916932C**

Date of issue
13-06-2012

**44 JALAN SAYANG
 SINGAPORE 418659
 S7916932C**

22/01/2014



Land Transport Authority

VOCATIONAL LICENCE
 Licence No : **S7916932C**
 Name : **WONG PEI JUN**
 Issue Date : **20/5/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence



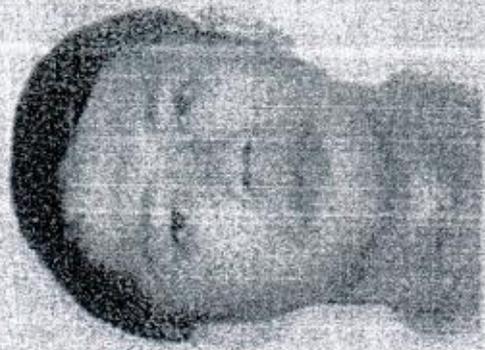
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	20/05/2011



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7639245E



Name

CHEW BOON LENG
(ZHOU WENLONG)

周文龍

Race

CHINESE

Date of birth

26-11-1976

Sex

M

Country of birth

SINGAPORE

S7639245E

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="22/10/2018 14:03"/>
Vehicle No.(For Motor)	<input type="text" value="SFY6006S"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102444810		HI HI SERVICE	53362143K	GPC	drivo CLASSIC	SFY6006S	SFY6006S	21/07/2018	20/07/2019

Continue

Claim Handling

Accident MT/1017251

Policy No.	5102444810	Vehicle No.	SFY6006S	GST Registration No.	
Certificate No.					
Policyholder Name	HI HI SERVICE			Policyholder NRIC	53362
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98007977	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	Yes

Accident Details

Report Date	26/10/2018 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	22/10/2018	Time of Accident hh:mm	17:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT BATOM 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	Yes
Modification History			

Policyholder Mailing Address

Address 1	44 JALAN SAYANG	Address 2	SINGAPORE 418659	Address 3	
Address 4		Address Type	Singapore address	Post Code	418651
Unit No.		Related Policy Number	5102444810		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG PEI JUN (HUANG PEIYUN)	Driver NRIC	S7916932C	Driver DOB	13/06/
Register Date of Driver License	08/08/2000	Driver Age	39	Driving Experience	18
Contact No.(Mobile)	98007977	Contact No.(Office)		Contact No.(Home)	
Address 1	44 # JALAN SAYANG	Address 2	SINGAPORE 418659	Address 3	
Address 4		Address Type	Singapore address	Post Code	418651
Unit No.					
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	HI HI SERVICE
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OJ Vehicle Number	SFY6006S
Claim Description	SFY6006S / SJP7990T ON 22 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	26/10/2018 10:56
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017251	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

26/10/2018 10:58

- Choose File No file chosen
- Message Read

Path *

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	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 26 Oct 2018 10:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:58	SAS	Normal	SAS 2018-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:58	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:58	Photos	Normal	Photos 2018-10-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:57	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:57	Photos	Normal	Photos 2018-10-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
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