

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 07/11/2018 / 14:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020134 / K4	SAS e-filing		
Veh No: SJJ 8013P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/11/2018 / 2015	i-Motor Claim Form	MT/1018944-001	8/11/18 17:43
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: () Tol: () Fax: ()

TP Particulars: Vch No: SJJ1711Y / INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: Actions:

NA1807194 / Invoice Preparation Checklist

Claimant's Particulars: 1) AR: Accident Reporting (\$30); Amt (\$): Add Bill

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

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N11: TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Invoice dated: Fee Charged: 11/11/18

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	07/11/2018 14:29
Date Of Accident	05/11/2018 20:15
Exact Location Of Accident	BLK 18 HOLLAND DRIVE MULTI-STOREY CARPARK DECK 3A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ8013P
Insured/Policyholder	
Name Of Registered Owner	KIM JI SHENG
NRIC No	S8340226A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218218
Alternative Phone No	OTHERS-93218218

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104314502
Cover Note Number	

Driver

Name of Driver	KIM JI SHENG
NRIC No	S8340226A
Date Of Birth	12/12/1983
Occupation	INDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93218218
Fax Number	
Contact Number	OTHERS-93218218
Email Address	NOEMAIL

Address	BLK 20 HOLLAND DRIVE #03-405
Postcode	271020
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	0

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

PLS REFER TO THE ATTACHED 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	SJP1711Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96985012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

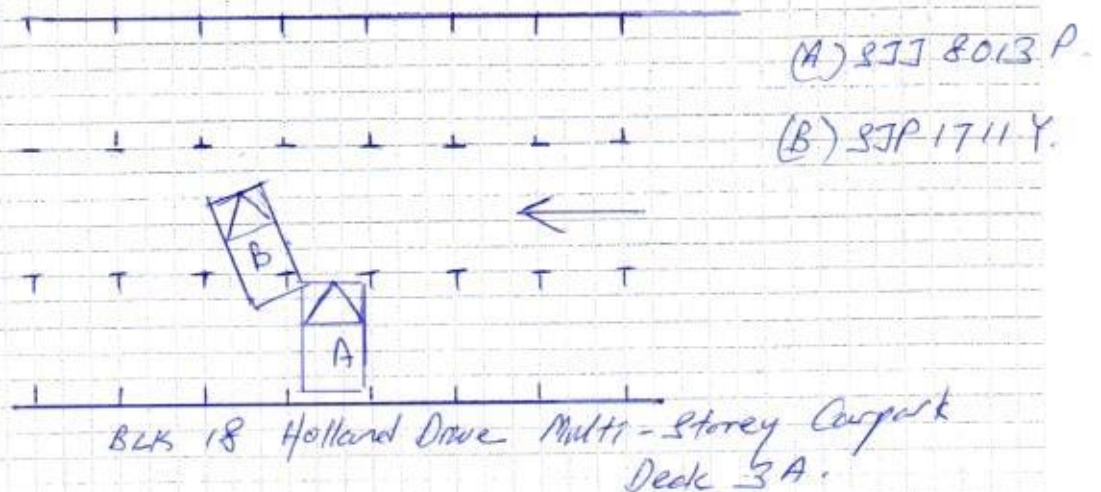


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/11/18 at @ 2015 hrs, I went to my car (SJJ 8013 P) which park at BLK 18, Holland Drive, Multi-Storey Carpark Deck 3A, to pick up some stuff. When I reached my car, I ~~at~~ saw a piece of paper on my windscreen, stating that he had accidentally hit onto the front bumper of my vehicle while reversing, with his contact number (H/P: 9698 5012). I then call the number and the driver came to the carpark and we exchange particular and agreed to go by insurance claim.

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)
Name & Time:

Reporting Centre Personnel's Signature
Name:

7/11/2018

Business Transaction Details

Transaction Ref. No.: 20181005163745215534

Transaction Date: 05 Oct 2018

Transaction Time: 16:37:45

Replacement Details

Old Vehicle No.: SKM7349A

New Vehicle No.: SJJ8013P

Message

Vehicle No. replaced successfully

The number plates on the existing vehicle must be changed by 08 Oct 2018 to display the newly assigned vehicle registration number. Failure to comply with this requirement is an offence under the Road Traffic Act.

OK

Transfer Of Vehicle Ownership (Acknowledgement)**Vehicle Details**

Vehicle No.:	S9M7349A	Vehicle Scheme:	Normal
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Model:	116i 1.6 AT D/AB 4DR ABS HRD
Vehicle Make:	B.M.W	Engine No.:	B392J552N13816A
Chassis No.:	WBA3A16080N536175	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	4
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1598 cc	Maximum Laden Weight:	1955 kg
Unladen Weight:	1405 kg	Secondary Colour:	-
Primary Colour:	Black	Maximum Power Output:	100.0 kW (134 bhp)
IU Label No.:	1125293059	Original Registration Date:	31 Mar 2014
First Registration Date:	31 Mar 2014	Open Market Value:	\$36,219.00
Manufacturing Year:	2013	Minimum PARF Benefit:	\$16,353.00
PARF Eligibility:	Yes	Actual ARF Paid:	\$32,707.00
No. of Transfer:	2		

Owner Particulars

Owner Name: KIM JI SHENG
Owner ID Type: Singapore NRIC
Owner ID: S8340226A
Registered Address Type: HDB / HUDC
Registered Block/House No.: 20
Registered Street Name: HOLLAND DRIVE
Registered Unit No.: # 03 - 405
Registered Building Name: -
Registered Postal Code: 271020
COE No./Expiry Date: 2014020101000541E / 30 Mar 2024
COE Bid Category: A - Car (1600cc & below)
QP Paid: \$72,290.00

Transaction Details

Business Transaction Ref. No.: 20181005162622424236

Business Transaction Date: 05 Oct 2018

Business Transaction Time: 16:26:22

Message

Vehicle has been successfully transferred to KIM JI SHENG (S8340226A).

Please note that \$25.00 will be deducted from your GIRO account.

OK Save as PDF

Vehicle No.	. SJJ 8013 P		Model / Make	Bmw 316 I
Date of Accident	05 / 11 / 18			
Time of Accident	2045 HRS			
Location of Accident	BLK 18, Holland Drive Multi-storey Carpark Deck 3A.			
Exact purpose use during accident	Private Used.			
Name of Owner	Kim Ji SHENG.			
Telephone No.	H/P : 9321 8218		Home :	Office :
NRIC	S 8340 226 A.			
Address	BLK 20, Holland Drive #03-405 (S) 271020.			
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NTUC.			
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft	
Policy No.	5104314502.			
Name of Driver	<u>As Above</u> ID No,			
NRIC			Any Passengers :	N/A.
Date of birth	12/12/1983			
Occupation	Outdoor	/	<u>Indoor</u>	
Driving License Pass Date	06 / 02 / 2018.			
Gender	<u>Male</u>	/	Female	
Contact No.	H/P :		Home :	Office :
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state <u>owner</u> .		
Weather condition	<u>Clear</u>	Raining	Other	
Road Surface	<u>Dry</u>	Wet	Other	
Any Injuries	<u>No,</u>	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	<u>No,</u>	If Yes, Where?		
Vehicle B No.	SJP 1711 Y.		Any Passengers :	N/A
Name of Driver	Cheng Kok Henry.		Contact No. :	9698 5012.
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N/A		Witness Contact :	N/A
Accident Portion	<u>Left Front Portion.</u>			
Camera Recorder	Yes <u>No</u>			
Email Address	k-jedior@yahoo.com.sg.			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes / <u>No</u>
PARTICULAR WORKSHOP	<u>Twincar</u>			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	<u>Hui Xun</u>			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8340226A**

Name
**KIM JI SHENG
(JIN JISHENG)**

Birth Date: **12 Dec 1983**

Issue Date: **06 Feb 2018**



002771114K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8340226A**



Name

**KIM JI SHENG
(JIN JISHENG)**

金吉盛

Race

CHINESE

Date of birth

12-12-1983

Country/Place of birth

SINGAPORE

Sex

M

S8340226A

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 06 Feb 2018



Licence No: S8340226A

NP 428A

5250499



NRIC No. **S8340226A**



Date of issue

24-12-2013

Address

**APT BLK 20 HOLLAND DRIVE
#03-405
SINGAPORE 271020**

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: S104314502

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKM7349A**
Chassis Number : WBA3A16080NS36175
2. Name of Policyholder : KIM JI SHENG
3. Effective Date of Insurance : 05 Oct 2018
4. Expiry Date of Insurance : 04 Oct 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KIM JI SHENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : ST INSURANCE AGENCY PTE. LTD. (00000573223)
Date of Issue : 05 Oct 2018 10:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="05/11/2018 20:15"/>
Vehicle No.(For Motor)	<input type="text" value="SJJ8013P"/>	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"/>	5104314502	/	KIM JI SHENG	S8340226A	GPC	drivo CLASSIC	SJJ8013P	SJJ8013P	05/10/2018	04/10/2019

Policy Information

Policy No.	5104314502	Policyholder Name	KIM JI SHENG	Policyholder NRIC	S8340226A
Certificate No.					
Address	BLK 20 #03-405 HOLLAND DRIVE SINGAPORE 271020				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy issue Date	05/10/2018	Effective Date	05/10/2018 00:00	Expiry Date	04/10/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	ST INSURANCE AGENCY PTE, LT	Agent Tel.	64649098	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 20 #03-405	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 271020
Address 4		Address Type	Singapore address	Post Code	271020
Unit No.		Related Policy Number	5104314502		

Insured Object: SJJ8013P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/10/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Oct 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK CHASSIS NUMBER: WBA3A16080NS36175 ENGINE NUMBER: B392J552N13B16A VEHICLE REGISTRATION NUMBER: SJJ8013P ORIGINAL REGISTRATION DATE: 31 Mar 2014

Continue

Cancel

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1018944](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5104314502	Vehicle No.	SJJ8013P	GST Registration No.	
Certificate No.					
Policyholder Name	KIM JI SHENG			Policyholder NRIC	S8340226A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93218218	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No

[Accident Details](#)

Report Date	08/11/2018 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	05/11/2018	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 18 HOLLAND DRIVE MULTI-STOREY CARPARK STOREY CARPARK DECK 3A				

[Excess](#)

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

[Benefits](#)
[GST Registered Information](#)

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

[Policyholder Mailing Address](#)

Address 1	BLK 20 #03-405	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 271020
Address 4		Address Type	Singapore address	Post Code	271020
Unit No.		Related Policy Number	5104314502		

[OI Driver Info](#)

Driver Name	KIM JI SHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8340226A	Driver DOB	12/12/1983
Register Date of Driver License	06/02/2018	Driver Age	34	Driving Experience	0
Contact No.(Mobile)	93218218	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 20	Address 2	HOLLAND DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	271020
Unit No.	#03-405				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

[Investigation](#)
[Claim 001 OD-MX](#)
[New](#)
[Claim](#)
[Case Officer](#)

Claim Type	OD-MX	Insured Name	KIM JI SHENG	Insured NRIC	S8340
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJJ8013P	TP Vehicle Number	SJP17
Claim Description	SJJ8013P / SJP1711Y ON 5 Nov 2018			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Insured Liability report	Partially at Fault Received
Polisisation Date Registered			08/11/2018 17:43	Claim Close Date	
Report Taken By			Workshop Repairer	Date Received	08/11/
				Total Loss but Repaired	

[Print AK letter](#)

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	
Attachment	

Accident No.	MT/1018944	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2018 17:45
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:42	SAS	Normal	SAS 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Nov 2018 17:41	Photos	Normal	Photos 2018-11-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading