

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA11815522**

Date In: 3/12/18-181522	Job description	Date & Time Completed	Done by
Ref No: NA/INC802755/24	SAS e-filing		
Veh No: 5J22723	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/11/18 - 09:30	i-Motor Claim Form	MT/1022397-001	3/12/18 20:20
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **PH09892**

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

NA1807858

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

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);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

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

8) NTUC Additional Services:-

ON*

*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 (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	03/12/2018 18:52
Date Of Accident	30/11/2018 09:30
Exact Location Of Accident	PIE (CHANGI), LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ272B
Insured/Policyholder	
Name Of Registered Owner	FONG YOKE SAN
NRIC No	S1739971C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91902768
Alternative Phone No	OFFICE-91902768

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
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	5099320792
Cover Note Number	

Driver

Name of Driver	KWOK SING CHEONG
NRIC No	S1714489H
Date Of Birth	06/04/1965
Occupation	INDOOR
Date Of Driving Pass	15/09/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82028688
Fax Number	
Contact Number	OFFICE-82028688
EMail Address	NOEMAIL

Address	BLK 97A UPPER THOMSON ROAD #10-03
Postcode	574327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	PGD9892 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181203/2114.

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	PGD9892
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH ENG CHAI
NRIC/Passport Number	G2463727T
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

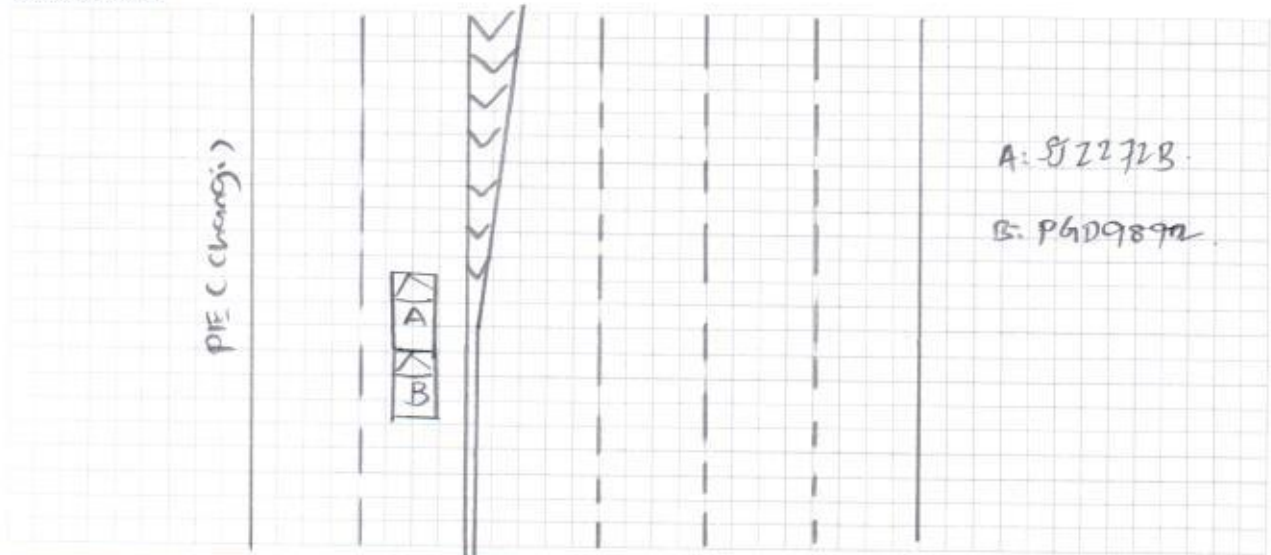
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20181203/2114.

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: (30/11/18) (DD/MM/YYYY), TIME: (09:32) (HH:MM)

LOCATION: PIC (chang), lornie rd exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5J2232B
 b) INSURANCE COMPANY: HTUC
 c) POLICY NUMBER: 509932079~
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Fong Yice Jun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S174971C CONTACT: 91902768
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kwok Sing cheng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1714989H CONTACT: 82028688
 c) ADDRESS: Blk 92A Upper Thomson Rd #10-03 (174327)

*d) DATE OF BIRTH: (6/4/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/9/1984

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)
 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: 76D9892 MODEL: _____
 b) DRIVER'S NAME: Loh Eng Chai
 c) NRIC/FIN/PASSPORT: G124637277 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(2)
 1 female

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20181203/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20181203/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 16:23			Vide Report No.:		Station Diary No.: 113
Informant's Particulars					
Name of Informant: KWOK SING CHEONG			Address: APT BLK 97A UPPER THOMSON ROAD #10-03 SINGAPORE 574327		
ID Type / ID No.: NRIC NO / S1714489H			Contact No.: Home/Office: Mobile: 82028688		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 06/04/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/11/2018 10:30	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards exit to Lornie Road				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PGD9892	Car				Slightly Damaged	0
SJZ272B	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Black	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181203/2114

2 of 3

Report No. T/20181203/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	GOH ENG CHAI		D No. G2453727T
Related Vehicle	PGD9892 (Car)		Contact No. 60164545354
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KWOK SING CHEONG		D No. S1714489H
Related Vehicle	SJZ272B (Car)		Contact No. 82028688
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/11/2018 at about 1030hrs, I was driving SJZ272B along PIE going towards exit of Lornie road, when I met an accident with PGD9892. There were a lot of vehicle, the road is jammed. All vehicles are stationary. My vehicle was also stationary, suddenly, I felt a bump from the rear of my vehicle. Both driver alighted, take picture of the incident and exchanged particulars. My car has a small hole at the rear bumper due to the accident.

I am lodging this report for insurance claim and filing.



**SINGAPORE
POLICE FORCE**



T/20181203/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20181203/2114

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 This Report: J/ Sgt 2 EDWIN CHEW HUI LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 16:23
Singapore Police Force Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1714489H**

Name: **KWOK SING CHEONG**

Birth Date: **06 Apr 1965**

Issue Date: **25 Feb 2004**

001137799E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1714489H**

Name: **KWOK SING CHEONG**

郭 胜 昌

Race: **CHINESE**

Date of birth: **06-04-1965**

Sex: **M**

Country/Place of birth: **SINGAPORE**






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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **15 Sep 1994**

Licence No: **S1714439H**

NP 428A



5547011

NRIC No. **S1714489H**

Date of Issue: **01-09-2014**

APT BLK 97A UPPER THOMSON ROAD #10-03
SINGAPORE 574327

NRIC No: **S1714489H** Date: **24/08/2017**




eBaoTech

GeneralClaim

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="30/11/2018 09:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SJZ272B"/>	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"/>	5099320792		FONG YOKE SAN	S1739971C	GPC	drivo CLASSIC	SJZ272B	SJZ272B	28/03/2018	27/03/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5099320792	Policyholder Name	FONG YOKE SAN	Policyholder NRIC	S1739971C
Certificate No.					
Address	97A UPPER THOMSON ROAD #10-03 LAKEVIEW ESTATE SINGAPORE 574327				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	27/03/2019 23:59
Excess Type		All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	IMOTOR INSURE	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	97A UPPER THOMSON ROAD	Address 2	#10-03 LAKEVIEW ESTATE	Address 3	SINGAPORE 574327
Address 4		Address Type	Singapore address	Post Code	574327
Unit No.		Related Policy Number	5099320792		

Insured Object: SJZ272B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	03/04/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Apr 2018, the following policy details are amended as follows: VEHICLE REGISTRATION NUMBER: SJZ272B

Continue

Cancel

Claim Handling

Exit

Accident MT/1022397

Policy No.	5099120792	Vehicle No.	S1Z272B	GST Registration No.	
Certificate No.					
Policyholder Name	FONG YOKE SAN			Policyholder NRIC	S1739971C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	91902768	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPIK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Hire	No
Accident Details					
Report Date	03/12/2018 20:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/11/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PTE (CHANGI), LORNE RD EXIT				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	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	97A UPPER THOMSON ROAD	Address 2	#10-03 LAKEVIEW ESTATE	Address 3	SINGAPORE 574327
Address 4		Address Type	Singapore address	Post Code	574327
Unit No.		Related Policy Number	5099120792		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/04/1965
Unnamed driver Name	KWOK SENG CHEONG	Driver NRIC	S1714489H	Driving Experience	24
Register Date of Driver License	15/09/1994	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	82028688	Contact No.(Office)	0	Address 3	SINGAPORE 574327
Address 1	97A UPPER THOMSON ROAD	Address 2	LAKEVIEW ESTATE	Post Code	574327
Address 4		Address Type	Singapore address		
Unit No.	10-03				
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

Claim 001 New

Claim Type *	CO-PR	Insured Name	FONG YOKE SAN	Insured NRIC	S1739971C
Contact No.(Mobile)	91913994	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	SAN91313@YAHOO.COM.SG	DI Vehicle Number	S1Z272B	TP Vehicle Number	PGD9892
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S1Z272B / PGD9892 ON 30 Nov 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/12/2018 20:20	Claim Close Date		Date Received	03/12/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1022397	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/12/2018 20:21	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/>	Normal	
Browse... Clear	Please Select	<input type="radio"/>	Normal	
Browse... Clear	Please Select	<input type="radio"/>	Normal	
Browse... Clear	Please Select	<input type="radio"/>	Normal	

Browse...

Clear

Please Select

▼

NO

▼

Normal

▼

Browse...

Clear

Please Select

▼

NO

▼

Normal

▼

☐ Send Message

Upload

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CD)	Action
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-3		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	SAS	Normal	SAS 2018-12-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	Photos	Normal	Photos 2018-12-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	Photos	Normal	Photos 2018-12-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	Photos	Normal	Photos 2018-12-3		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	Photos	Normal	Photos 2018-12-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:21	Photos	Normal	Photos 2018-12-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:20	Photos	Normal	Photos 2018-12-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Dec 2018 20:20	Photos	Normal	Photos 2018-12-3		Edit
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		<div>Display in new Window</div> <div>Scan and uploading</div>		