

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNB 118162780

Date In: 18/12/18-14:23	Job description	Date & Time Completed	Done by
Ref No: HA/INC 18022685/24	SAS e-filing		
Veh No: 5UB82587	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/12/18 20:30	i-Motor Claim Form	M/1024283-002	18/12/18 15:47
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: 5UC5256K	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

HA 1808701	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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	18/12/2018 14:23
Date Of Accident	14/12/2018 22:30
Exact Location Of Accident	JUNC NORTH BRIDGE RD & JALAN SULTAN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8258T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KENG WONG
NRIC No	S7442518F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85182518
Alternative Phone No	OFFICE-85182518

#### Vehicle Particulars

Manufacturer	BMW
Model	216D GRAN TOURER LED NAV 7 SEATER
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	5104980408
Cover Note Number	

#### Driver

Name of Driver	KENG WONG
NRIC No	S7442518F
Date Of Birth	13/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85182518
Fax Number	
Contact Number	OFFICE-85182518
Email Address	NOEMAIL

Address	3 JALAN MELATI
Postcode	368890
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 (including own vehicle) involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181218/2008.

#### 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	SHC5256K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG HIN WOO
NRIC/Passport Number	S1125028I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

Name	KENG WONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLB8258T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

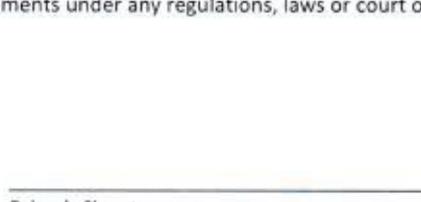
### IMPORTANT NOTICE

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:

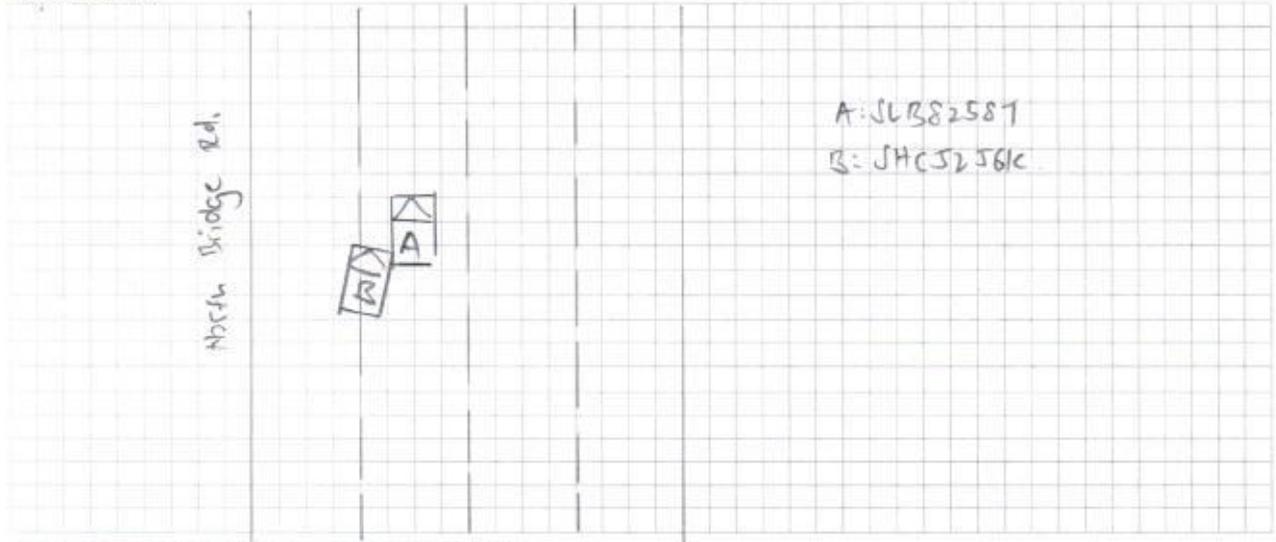
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - 7/10/18 12/15/2018.

[The rest of the form area is mostly blank with a diagonal line drawn across it.]

**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: (14 / 12 / 18) (DD/MM/YYYY), TIME: (22 : 30) (HH:MM)

LOCATION: North Bridge rd \* Jalan Sultan

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUB8757  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5124980428  
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) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Keng Weng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57442518F CONTACT: 85182518  
c) ADDRESS: Unit 3 Jalan Melati (36889)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (12 / 12 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 / 2012

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

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: SAC 5256K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Ng Hin Wuu  
c) NRIC/FIN/PASSPORT: S11250282 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email =

fax =

video =



**SINGAPORE  
POLICE FORCE**



T/20181218/2008

Police Station Of Origin:  
Geylang N.P.C.  
132 Paya Lebar Road SINGAPORE 409014  
Tel No. 1800-8486999

1 of 4

Report No. T/20181218/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2018 02:35  
Vide Report No.:  
Station Diary No.: 17

**Informant's Particulars**

Name of Informant: KENG WONG  
Address: 3 JALAN MELATI SINGAPORE 368890  
ID Type / ID No.:  
NRIC NO / S7442518F  
Contact No.:  
Home/Office: Mobile: 85182518  
Nationality: SINGAPORE CITIZEN  
Email:  
Sex: Male Age: 44 Date of Birth: 13/12/1974  
Type of Informant: Driver  
Race: Chinese  
Language: Institution / School Name:  
Occupation: BUSINESSMAN  
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: 14/12/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NORTH BRIDGE ROAD JALAN SULTAN				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5256K	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SLB8258T	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Brown	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20181218/2008

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 4

Report No: T/20181218/2008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLB8258T	NTUC Income Insurance Co-Operative Limited	5104980408	25/10/2018	24/10/2019

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

Name	NG WIN HOOD	ID No.	S1125028I
Related Vehicle	SHC5256K (Car)	Contact No.	91847118

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

Name	KENG WONG	ID No.	S7442518F
Related Vehicle	SLB8258T (Car)	Contact No.	85182518

Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 14/12/2018 at about 2230hrs, I was driving along North Bridge road travelling towards Jalan Sultan. I was travelling on the 2nd left most lane with light traffic on all lanes. As I was passing the Textile Centre, one taxi bearing vehicle number SHC5256K, was approaching my vehicle on the extreme left lane and had initially attempted to cut into my lane due to there being vehicles parked on the left most lane however it was too close whilst cutting into my lane, hit onto the rear left side of my vehicle. We then exited our vehicles and exchanged particulars and went on our separate ways.

On the 16/12/2018, I decided to go to Tan Tock Seng Hospital where I received 4 days MC due to pain on my neck and also double vision.

On 17/12/2018, I went to IDAC for accident reporting and was advised by the staff there to lodge a traffic accident report as I had been given 4 days MC.

That is all



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999



T/20181218/2008

3 of 4

Report No. T/20181218/2008

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C.  
132 Paya Lebar Road SINGAPORE 40014  
Tel No: 1800-6486999



1/20181218/2008

4 of 4

Report No. T/20181218/2008

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Informant:

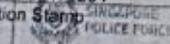
Signature Of Interpreter:  
Not applicable

Date/Time:  
18/12/2018 02:35

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No: 65476204

Classification Of Case:

Authentication Stamp  
NP158



SIGNATURE

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7442518F



Name  
**KENG WONG**

黄 资 景  
 Race  
**CHINESE**

Date of birth  
**13-12-1974**

Sex  
**M**

Country of birth  
**SINGAPORE**



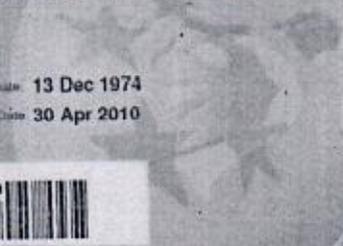

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7442518P**

Name  
**KENG WONG**

Birth Date **13 Dec 1974**

Issue Date **30 Apr 2010**


0018524530

4 5 6 3 6 9 9



NRIC No. **S7442518F**



Date of issue  
**23-04-2010**

**3 JALAN MELATI  
 SINGAPORE 388890**

NRIC No: **S7442518F** Date: **04/04/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **30 Apr 2010**



Licence No: **S7442518F**



NP 428A

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104980408		KENG WONG	S7442518F	GPC	drive CLASSIC	SLB8258T	SLB8258T	25/10/2018	24/10/2019

Claim Handling

• Exit

Accident MT/1024283

Policy No.	S104980408	Vehicle No.	SLB8258T	GST Registration No.	
Certificate No.					
Policyholder Name	KENG WONG	Cover Type	drive CLASSIC	Policyholder NRIC	S7442518P
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Not available
<b>Accident Details</b>					
Report Date	18/12/2018 14:19	Time of Accident (hh:mm)	22:30	Accident Type	Unknown
Date of Accident	14/12/2018	Orange Force		Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	NA				
<b>Excess</b>					
Own damage Excess	0.00	Additional excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
Coverage		Sum Insured	9999999.99		
Excess Waiver					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	3 JALAN MELATI	Address 2	SINGAPORE 368890	Address 3	
Address 4		Address Type	Singapore address	Post Code	368890
Unit No.		Related Policy Number	S104980408		
<b>QT Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	KENG WONG	Insured NRIC	S7442518P
Contact No. (Mobile)	85182518	Contact No. (Home)	82824436	Contact No. (Office)	82850747
Email Address	keng.wong@hotmail.co.uk	OT Vehicle Number	SLB8258T	TP Vehicle Number	SHC5256K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLB8258T / SHC5256K ON 14 Dec 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	18/12/2018 15:47	Claim Close Date		Date Received	18/12/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1024283	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2018 15:48
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
	Browse... Clear	Please Select	Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
	Browse... Clear	Please Select	Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
	Browse... Clear	Please Select	Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
	Browse... Clear	Please Select	Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>

Browse...
Clear
Please Select
Normal

Send Message Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Dec 2018 15:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Dec 2018 15:48	SAS	Normal	SAS 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Dec 2018 15:47	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Dec 2018 15:47	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		