

NATIONAL Assessment Centre Services

Page 1 Jan 2005 MNA18164929

Date In: 24/11/18-12:25	Job description	Date & Time Completed	Done by
Ref No: HA18164929/24	SAS e-filing		
Veh No: 40876199	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/11/18-18:15	i-Motor Claim Form	M7/1024961-201	24/11/18 12:39
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: Vch No: JKU5576 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

HA1808444 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars: 1) AR: Accident Reporting (\$30); INC (\$80)

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: ()

QC Checked by (Engr-In-Charge): ()

Auditors' Comments: ()

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Invoice Preparation Checklist	Amt (\$)	Amt (\$)
for Bill	for Bill	Add Bill
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: ()		
9) N12: Idac DA + SMRT Survey \$30		
10) N13: Idac DA + SMRT Survey \$30		
11) N14: Idac DA + SMRT Survey \$30		
12) N15: Idac DA + SMRT Survey \$30		
13) N16: Idac DA + SMRT Survey \$30		
14) N17: Idac DA + SMRT Survey \$30		
15) N18: Idac DA + SMRT Survey \$30		
16) N19: Idac DA + SMRT Survey \$30		
17) N20: Idac DA + SMRT Survey \$30		
18) N21: Idac DA + SMRT Survey \$30		
19) N22: Idac DA + SMRT Survey \$30		
20) N23: Idac DA + SMRT Survey \$30		
21) N24: Idac DA + SMRT Survey \$30		
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98) N101: Idac DA + SMRT Survey \$30		
99) N102: Idac DA + SMRT Survey \$30		
100) N103: Idac DA + SMRT Survey \$30		

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	24/12/2018 12:25
Date Of Accident	23/12/2018 18:15
Exact Location Of Accident	CTE (SLE) AFTER AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7619P
Insured/Policyholder	
Name Of Registered Owner	C. I . MOVERS
Co Reg No	53000566B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82228899
Alternative Phone No	OFFICE-82228899
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 M
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097375146
Cover Note Number	
Driver	
Name of Driver	CHEN HONG WEN
NRIC No	S7677075A
Date Of Birth	23/09/1976
Occupation	INDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87263578
Fax Number	
Contact Number	OFFICE-87263578
Email Address	NOEMAIL

Address	BLK 538 UPPER CROSS STREET #12-266
Postcode	050538
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU5657G
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	CHEN HONG WEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBF7619P
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:

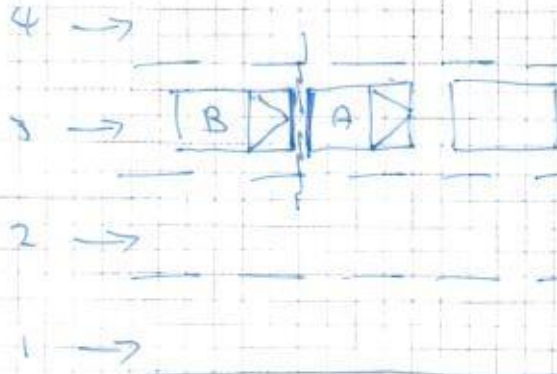

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTE TOWARD SLE AFTER AMK AVE 1 EXIT

VEHICLE A
- GBR 7619P

VEHICLE B
- SKU 5657G



IN-BETWEEN AMK AVE 1 / AMK AVE 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE THIRD LANE OF CTE TOWARD SLE.

WHILE SOMEWHERE AFTER ANG MO KIO AVE 1 EXIT, DUE TO THE RAIN I WAS TRAVELLING SLOWLY, AND APPLIED BRAKE TO FULLY STOPPED AFTER A VEHICLE IN FRONT OF ME BRAKED TO COMPLETE STOP DUE TO THE HEAVY TRAFFIC, SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE,

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SKU 5657G) THAT COLLIDED TO THE REAR OF MY VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - GBR 7619P

VEHICLE B - SKU 5657G

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.:

Vehicle No.	GOF 7619 P	Model / Make	TOYOTA HIACE
Date of Accident	23/12/2018		
Time of Accident	1817	HRS	
Location of Accident	CITE TOWARDS SLB AFTER ANG MO KIO AVE 1 EXIT		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	C.I MOUSAS		
Telephone No.	H/P : 8222 8899	Home :	Office : 65353116
NRIC	53000566B		
Address	BLK 538 UPPER CROSS STREET #10-261 S(050538)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5097375146		
Name of Driver	As Above If No, CHEN HONG WEN		
NRIC	S7677075A	Any Passengers :	NIL
Date of birth	23 SEP 1976		
Occupation	Outdoor / Indoor		
Driving License Pass Date	19 DEC 2014		
Gender	Male / Female		
Contact No.	H/P : 8726 3578	Home :	Office :
Address	BLK 538 UPPER CROSS STREET #12-266 S(050538)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who? MONITORING		
Name And Contact No.	CHEN HONG WEN , 8726 3578		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SRU 5657 G	Any Passengers :	
Name of Driver		Contact No. :	
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		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	TWINCAR - AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7677075A



Name
CHEN HONG WEN

陈 鸿 文

Race
CHINESE

Date of birth
23-09-1976

Sex
M

Country of birth
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7677075A
Name:

CHEN HONG WEN

Birth Date: 23 Sep 1976

Issue Date: 19 Dec 2014



002377180A



3945293



NRIC No. S7677075A

Date of issue
14-10-2006

Address

APT BLK 538 UPPER CROSS STREET
#12-266
SINGAPORE 050538

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 19 Dec 2014

DELEX

8F263578

NP 428A



Licence No: S7677075A

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 : 5097375146

Cover : Comprehensive

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF7619P |
| Chassis Number | : KDH2010206291 |
| 2. Name of Policyholder | : C. I. MOVERS |
| 3. Effective Date of Insurance | : 23 Mar 2018 |
| 4. Expiry Date of Insurance | : 22 Mar 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : META AGENCY PTE. LTD. (00000573430)

Date of Issue : 12 Jan 2018 14:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="23/12/2018 18:15"/>
Vehicle No.(For Motor)	<input type="text" value="GBF7619P"/>	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"/>	5097375146		C. I. MOVERS	53000566B	GFT	Comprehensive	GBF7619P	GBF7619P	23/03/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5097375146	Policyholder Name	C. I. MOVERS	Policyholder NRIC	53000566B
Certificate No.					
Address	BLK 256C #09-635 SUMANG WALK SINGAPORE 823256				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/01/2018	Effective Date	12/01/2018 00:00	Expiry Date	16/02/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	100.00
Additional Excess		OS Premium	889.15		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 256C #09-635	Address 2	SUMANG WALK	Address 3	PUNGGOL OPAL
Address 4	SINGAPORE 823256	Address Type	Singapore address	Post Code	823256
Unit No.	09-635	Related Policy Number	5094365504-01		

Insured Object: GBF7619P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/03/2018 00:00	Basic Information Endorsement	000001286781534	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBF7619P 23-03-2018 \$1,445.80 2. YN7464D 23-03-2018 \$1,018.85 In view of this amendment, an additional premium of \$2,464.65 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	30/04/2018 00:00	Basic Information Endorsement	null	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YN7464D 23-03-2018 \$1,445.80 2. GBF7619P 23-03-2018 \$1,018.85 In view of this

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1024961

Policy No.	5097375146	Vehicle No.	GBF7619P	GST Registration No.	
Certificate No.					
Policyholder Name	C. I. MOVERS	Policyholder NRIC	53000566B		
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	82228899	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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(%)	0	Private Hire	No

Accident Details

Report Date	24/12/2018 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to head
Date of Accident	23/12/2018	Time of Accident (hh:mm)	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) AFTER AMK AVE 1 EXIT				

Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 256C #09-635	Address 2	SUMANG WALK	Address 3	PUNGGOL OPAL
Address 4	SINGAPORE 823256	Address Type	Singapore address	Post Code	823256
Unit No.	09-635	Related Policy Number	5094365504-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/09/1976
Unnamed driver Name	CHEN HONG WEN	Driver NRIC	S7677075A	Driving Experience	4
Register Date of Driver License	19/12/2014	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	67263578	Contact No.(Office)	0	Address 3	SINGAPORE 050538
Address 1	BLK 538	Address 2	UPPER CROSS STREET	Post Code	050538
Address 4		Address Type	Singapore address		
Unit No.	12-266				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	C. I. MOVERS	Insured NRIC	53000566B
Contact No.(Mobile)	82233343	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBF7619P	TP Vehicle Number	SKU5657G
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF7619P / SKU5657G ON 23 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	24/12/2018 12:39	Claim Close Date		Date Received	24/12/2018 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1024961	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/12/2018 12:39

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Browse...	Clear	Please Select	NC	Normal	
Browse...	Clear	Please Select	NC	Normal	
Browse...	Clear	Please Select	NC	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	SAS	Normal	SAS 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Dec 2018 12:39	Photos	Normal	Photos 2018-12-24		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				