

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|------------------------------------------|------------------------------------------------------|----------|
| Date In: 12/02/2019 16:05 | Job description: SAS e-filing | Date & Time Completed: MT/1031745 +001 12/2/19 18:36 | Done by: |
| Ref No: NA/INC19002500/F4 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: SLG 8596R | i-Motor Claim Form | | |
| DOA: 08/02/2019 09:35 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: TP / Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: FBA 2804 E 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

NA 1901162 Invoice Preparation Checklist

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)

Cat. 1: 6) TR: Re-inspection \$75

Cat. 2 / 3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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 | 12/02/2019 16:05 |
| Date Of Accident | 08/02/2019 09:35 |
| Exact Location Of Accident | BKE TWDS PIE B4 ECO-LINK BRIDGE |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLG8596R |
| Insured/Policyholder | |
| Name Of Registered Owner | NEO AUTO LEASING PTE LTD |
| Co Reg No | 201814915N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81521357 |
| Alternative Phone No | OFFICE-81521357 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS CLASSIC 1.6 CVT |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5103424803 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHAI YUNG SIANG |
| NRIC No | S1829425G |
| Date Of Birth | 01/06/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/02/1986 |
| Driving Experience | 33 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81521357 |
| Fax Number | |
| Contact Number | OTHERS-81521357 |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | BLK 421 FAJAR ROAD #03-489 |
| Postcode | 670421 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : NIL GENDER: : MALE |

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 | FBA2804E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SEE CHEE HWA |
| NRIC/Passport Number | S7636253Z |
| Contact Number | 87117756 |
| 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.



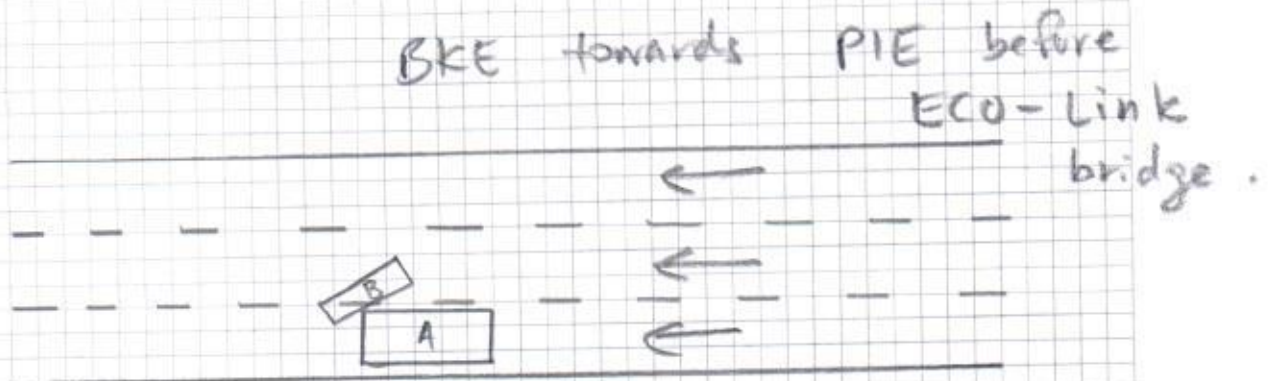
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A - SLG8596R
B - FBA2804E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along BKE towards PIE before eco-link bridge. ~ vehicle B, FBA2804E changed lane without noticing my car and damaged the front part of my vehicle, SLG8596R.

I would like to add I had a passenger in the car, Mr Su contactable at 91184592 and he is agreeable to be my witness.

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.:

12/2/2019

Reported on 8/2/2019
@ 1345hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (8/2/2019) (DD/MM/YYYY), TIME: (09.35 AM) (HH:MM)

LOCATION: BKE towards PIE before ECO-Link bridge.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 8596R
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81521357
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBA2804E MODEL: _____
b) DRIVER'S NAME: SEE CHEE HWA
c) NRIC/FIN/PASSPORT: S7636253Z CONTACT: 8711 7756

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)

(2)
1-male

*No of passenger
(including driver)

()

*No of passenger
(including driver)

()

Email = mervin.pan @ tazemotoring.com.sg

fax = 63858262

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1829425G



Name

CHAI YUNG SIANG

蔡永祥

Race

CHINESE

Date of birth

01-06-1967

Sex

M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1829425G

Name

CHAI YUNG SIANG

Birth Date 01 Jun 1967

Issue Date 02 Mar 2011



5991987



NRIC No. S1829425G



Date of issue

16-07-2018

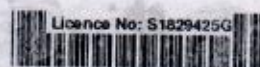
Address

APT BLK 421 FAJAR ROAD
#03-489
SINGAPORE 670421

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Feb 1980



NP 428A

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: 5103424803

Cover : Third Party, Fire & Theft

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLG8596R |
| Chassis Number | : MR053REH104558833 |
| 2. Name of Policyholder | : NEO AUTO LEASING PTE LTD |
| 3. Effective Date of Insurance | : 25 Sep 2018 |
| 4. Expiry Date of Insurance | : 24 Sep 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---------------------------------------------------|
| EXCESS (SECTION 1) | : N/A |
| EXCESS (SECTION 2) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TAI THONG LEE TRADING PTE LTD |
| 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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

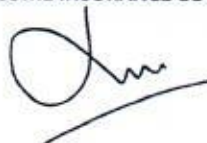
Date of Issue : 30 Aug 2018 07:25 hrs

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. 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 checked="" type="radio"/> | 5103424803 | | NEO AUTO LEASING PTE LTD | 201814915N | GFT | Third Party, Fire & Theft | SLG8596R | SLG8596R | 25/09/2018 | |

▼ Policy Information

| | | | | | |
|-----------------------------|------------------------------------------------------------|-----------------------------|--------------------------|-------------------|------------------|
| Policy No. | 5103424803 | Policyholder Name | NEO AUTO LEASING PTE LTD | Policyholder NRIC | 201814915N |
| Certificate No. | | | | | |
| Address | BLK 31 #17-204 EUNOS CRESCENT EUNOS COURT SINGAPORE 400031 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 30/08/2018 | Effective Date | 25/09/2018 00:00 | Expiry Date | 24/09/2019 23:59 |
| Third Party Excess | 1500.00 | Own damage Excess | 0.00 | Windscreen Excess | 0.00 |
| Additional Excess | 0 | OS Premium | 10305.09 | | |
| Outside Singapore OD Excess | 0.00 | Outside Singapore TP Excess | 1500.00 | | |
| Agent | ANIKA INS BROKERS & CONSUL | Agent Tel. | 66729988 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-------------|
| Address 1 | BLK 31 #17-204 | Address 2 | EUNOS CRESCENT | Address 3 | EUNOS COURT |
| Address 4 | SINGAPORE 400031 | Address Type | Singapore address | Post Code | 400031 |
| Unit No. | 17-204 | Related Policy Number | 5104798553 | | |

► Insured Object: SLG8596R

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1031745

| | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No. | 5103424803 | Vehicle No. | SLG8596R | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | NEO AUTO LEASING PTE LTD | | | Policyholder NRIC |
| Product Code | FLEET INSURANCE | Cover Type | Third Party, Fire & Theft | Loading |
| Contact No.(Mobile) | 81521357 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|
| Report Date | 12/02/2019 18:29 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 12/02/2019 | Time of Accident hh:mm | 09:35 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | BKE TWDS PIE B4 ECO-LINK BRIDGE | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 0.00 | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 31 #17-204 | Address 2 | EUNOS CRESCENT | Address 3 |
| Address 4 | SINGAPORE 400031 | Address Type | Singapore address | Post Code |
| Unit No. | 17-204 | Related Policy Number | 5104798553 | |

▼ OI Driver Info

| | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|---------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | CHAI YUNG SIANG | Driver NRIC | S1829425G | Driver DOB |
| Register Date of Driver License | 06/02/1986 | Driver Age | 51 | Driving Experience |
| Contact No.(Mobile) | 81521357 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 421 # | Address 2 | FAJAR ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Com. |

Declaration

| | | | |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX

New

| | | | |
|---------------------------------------------|------------------------------------|----------------------------------|--------------------|
| Claim Type * | OD-MX | Insured Name | NEO AL |
| Contact No.(Mobile) | 81332853 | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SLG859 |
| Claim Description | SLG8596R / FBA28D4E ON 12 Feb 2019 | | |
| Preferred Workshop Contact No. Finalisation | Yes | Insured Liability | Partially at Fault |
| | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 12/02/2019 18:37 | Received | |
| Report Taken By | | Workshop Repairer | |

[Print AK letter](#)[Save](#) [Submit](#)

Attachment



| | | | |
|--------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|--------------------|
| Accident No. | MT/1031745 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/02/2019 18:30 |
| Path * | | Category * | Confidential |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Message Read | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|------------|--------------------------------------------------------------------------------|-----------------------|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:36 | NRIC/ Driving License | Normal | NRIC/ Driving I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:35 | SAS | Normal | SAS 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:34 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:34 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:34 | Photos | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:34 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:33 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:33 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:33 | Photos | Normal | Photos |