

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA19027713

|                          |  |                       |               |
|--------------------------|--|-----------------------|---------------|
| Date In: 11/3/19 - 11:42 | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA19027713       | SAS e-filing                             |                       |               |
| Veh No: J3M 78812        | E-mail (within 8hrs, AIG 2hrs)           |                       |               |
| D.O.A: 11/3/19 - 09:30   | i-Motor Claim Form                       | M7/1035472-001        | 11/3/19 20:01 |
| 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: LV 4954  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA19027713                      | Invoice Preparation Checklist                   | Am't (\$)<br>Inc Bill | Am't (\$)<br>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) |                       |                       |
| Lat 1:                          | 6) TR: Re-inspection \$75                       |                       |                       |
| Lat 2/3:                        | 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             | 11/03/2019 11:42 |
| Date Of Accident           | 11/03/2019 09:30 |
| Exact Location Of Accident | CANTONMENT RD    |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJM7881R               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | RELIABLE RIDES PTE LTD |
| Co Reg No                   | 201611527N             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-89999999        |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | TOYOTA              |
| Model  | COROLLA AXIO 1.5X A |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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 HIRE        |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5106937496                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | LOH WEI MING, ASHLEY |
| NRIC No              | S9506315B            |
| Date Of Birth        | 18/02/1995           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 04/12/2013           |
| Driving Experience   | 5 YEARS AND 3 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-90906793 |
| Fax Number           |                      |
| Contact Number       | OFFICE-90906793      |
| EMail Address        | NOEMAIL              |

|   |                           |
|---|---------------------------|
| Address   | 16 CACTUS DRIVE<br>#04-01 |
| Postcode  | 809690                    |
| 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   | 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)   | 4                             |
| Passenger 1   | NAME: : -<br>GENDER: : MALE   |
| Passenger 2   | NAME: : -<br>GENDER: : MALE   |
| Passenger 3   | NAME: : -<br>GENDER: : FEMALE |

#### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 1. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

#### 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 | SLV495Y     |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |

|                                     |              |
|-------------------------------------|--------------|
| Name of Driver                      | TAN KAY MUIR |
| NRIC/Passport Number                | S1347033B    |
| 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  | LOH WEI MING, ASHLEY |
| Approximate Age                                     |                      |
| Injuries Sustain                                    | BODY                 |
| Injured person in which vehicle?                    | SJM7881R             |
| 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.

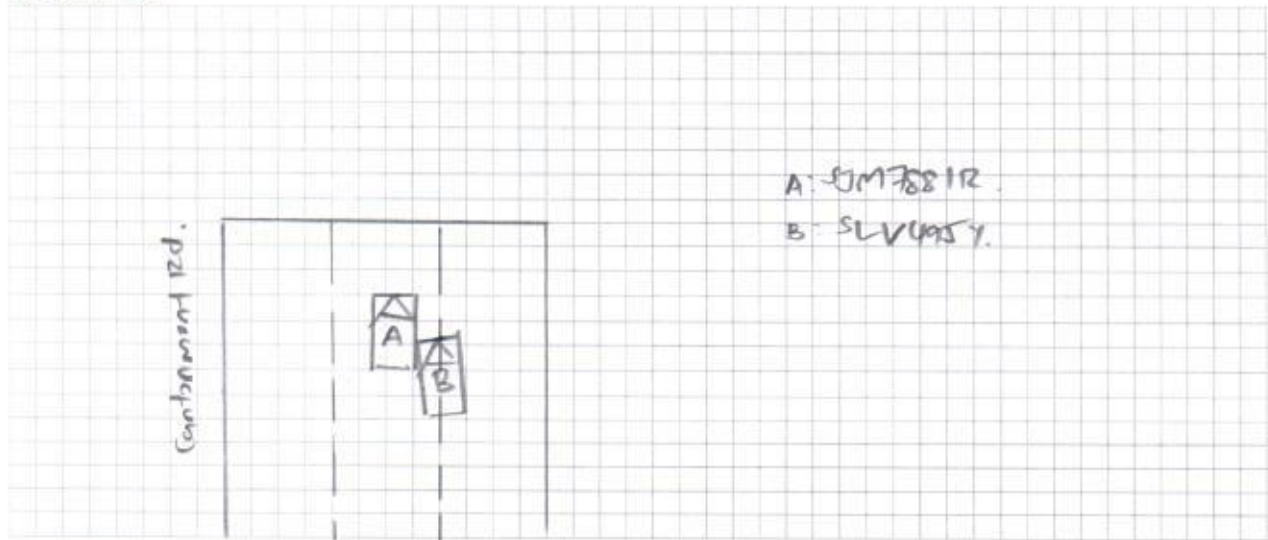


Policyholder's Signature  
Date & Time:

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 statement.

## 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.:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9506315B



Name

LOH WEI MING, ASHLEY

罗伟铭

Race

CHINESE

Date of birth

18-02-1995

Sex

M

Country/Place of birth

SINGAPORE





5849586



NRIC No. S9506315B



Date of issue  
21-12-2017

Address

16 CACTUS DRIVE  
#04-01  
SINGAPORE 809690



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Loh Wei Ming, Ashley

IC Drive Number: **S9506315B**

Age: 18

**LOH WEI MING, ASHLEY**

Birth Date: **18 Feb 1995**

Issue Date: **19 Dec 2017**

Barcode: 002755359E

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

|  | EFFECTIVE DATE |
|--|----------------|
| Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ | 04 Dec 2013    |

NP 428A



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="11/03/2019 09:30"/> |
| Vehicle No.(For Motor)                | <input type="text" value="SJM7881R"/> | 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"/> | 5106937496 |                    | RELIABLE RIDES PTE LTD | 201611527N        | GFT     | drive CLASSIC | SJM7881R    | SJM7881R       | 10/01/2019    |             |



## Policy Information

|                             |  |                             |                        |                   |                                  |
|-----------------------------|--|-----------------------------|------------------------|-------------------|----------------------------------|
| Policy No.                  | 5106937496   | Policyholder Name           | RELIABLE RIDES PTE LTD | Policyholder NRIC | 201611527N                       |
| Certificate No.             |  |                             |                        |                   |                                  |
| Address                     | 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 |                             |                        |                   |                                  |
| Product Name                | FLEET INSURANCE  | Plan                        |                        | Group Policy Flag | N                                |
| Policy issue Date           | 10/01/2019   | Effective Date              | 10/01/2019 00:00       | Expiry Date       | 31/12/2019 23:59                 |
| Excess Type                 |  | All Claims Excess           |                        |                   |                                  |
| Third Party Excess          | 2500   | Own damage Excess           | 2000                   | Windscreen Excess | 100                              |
| Additional Excess           | 0  | OS Premium                  | 14741.43               |                   |                                  |
| Outside Singapore OD Excess | 4000   | Outside Singapore TP Excess | 4000                   |                   | Young/Inexperience Driver Excess |
| Agent                       | TAN INSURANCE BROKERS PTE  | Agent Tel.                  | NIL                    | GST Flag          | Y                                |
| Co-insurance Flag           | No   |                             |                        |                   |                                  |
| Open Policy Info            |  |                             |                        |                   |                                  |
| Certificate Info            |  |                             |                        |                   |                                  |

## Policyholder Mailing Address

|           |                       |                       |                             |           |                  |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2             | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 |                       | Address Type          | Singapore address           | Post Code | 415875           |
| Unit No.  | 05-50                 | Related Policy Number | 5106937496                  |           |                  |

## Insured Object: SJM7881R

## Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---|
| 1        | 29/01/2019 00:00    | Basic Information Endorsement | 000001286998667    | Endorsement Take Effective | <p>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. SLM104Z 30-01-2019 \$1,482.08 In view of this amendment, an additional premium of \$1,482.08 (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.</p> |
| 2        | 04/03/2019 00:00    | Basic Information Endorsement | 000001287018866    | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that from 04 Mar 2019, the following amendment(s) is/are made to this policy for SLX4807U: SECTION II EXCESS : \$2,500.00</p>   |
|          |                     |                               |                    |                            | <p>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</p>  |

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1035470

Exit

|   |   |                               |   |                        |                                 |
|---|---|-------------------------------|---|------------------------|---------------------------------|
| Policy No.                              | 5106937496  | Vehicle No.                   | SJM7881R  | GST Registration No.   |                                 |
| Certificate No.                         |   |                               |   |                        |                                 |
| Policyholder Name                       | RELIABLE RIDES PTE LTD  |                               |   | Policyholder NRIC      | 201611527N                      |
| Product Code                            | FLEET INSURANCE   | Cover Type                    | drive CLASSIC   | Loading                | 0                               |
| Contact No.(Mobile)                     | 0   | 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           | Yes                             |
| <b>Accident Details</b>                 |   |                               |   |                        |                                 |
| Report Date                             | 11/03/2019 20:49  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collision - Change / Cross lane |
| Date of Accident                        | 11/03/2019  | Time of Accident hh:mm        | 09:30   | Country of Accident    | Singapore                       |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                                 |
| Accident Location                       | CANTONMENT RD   |                               |   |                        |                                 |
| <b>Excess</b>                           |   |                               |   |                        |                                 |
| Own Damage Excess                       | 2,000.00  | Additional Excess             | 0   | Windscreen Excess      | 100.00                          |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   | 4,000.00  |                        |                                 |
| Third Party Excess                      | 2,500.00  | Outside Singapore TP Excess   | 4,000.00  |                        |                                 |
| <b>Benefits</b>                         |   |                               |   |                        |                                 |
| <b>GST Registered Information</b>       |   |                               |   |                        |                                 |
| GST Registered                          | No  | GST Registration Date         |   |                        |                                 |
| GST Registration No.                    |   | GST Status Verified           | No  |                        |                                 |
| Modification History                    |   |                               |   |                        |                                 |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                                 |
| Address 1                               | 8 KAKI BUKIT AVENUE 4   | Address 2                     | #05-50 PREMIER @ KAKI BUKIT                                   | Address 3              | SINGAPORE 415875                |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 415875                          |
| Unit No.                                | 05-50   | Related Policy Number         | 5106937496  |                        |                                 |
| <b>OI Driver Info</b>                   |   |                               |   |                        |                                 |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  |                        |                                 |
| Unnamed driver Name                     | LOH WEI MING, ASHLEY  | Driver NRIC                   | 59506315B   | Driver DOB             | 18/02/1995                      |
| Register Date of Driver License         | 04/12/2013  | Driver Age                    | 24  | Driving Experience     | 5                               |
| Contact No.(Mobile)                     | 90906793  | Contact No.(Office)           | 0   | Contact No.(Home)      | 0                               |
| Address 1                               | 16 CACTUS DRIVE   | Address 2                     | GRANDE VISTA  | Address 3              | SINGAPORE 809690                |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 809690                          |
| Unit No.                                | 04-01   |                               |   |                        |                                 |
| 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 |                        |                                 |

Modification History

Claim 001 New

|   |                                   |                         |                                  |                            |                  |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | OD-MX                             | Insured Name            | RELIABLE RIDES PTE LTD           | Insured NRIC               | 201611527N       |
| Contact No.(Mobile)                                 |                                   | Contact No.(Home)       |                                  | Contact No.(Office)        | 66351820         |
| Email Address                                       |                                   | OI Vehicle Number       | SJM7881R                         | TP Vehicle Number          | SLV495Y          |
| Claimant Type Claimant Type *                       | Please Select                     | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                   | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                   |                         |                                  |                            |                  |
| Claim Description                                   | SJM7881R / SLV495Y ON 11 Mar 2019 |                         |                                  |                            |                  |
| 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                                     | 11/03/2019 20:51                  | Claim Close Date        |                                  | Date Received              | 11/03/2019 00:00 |
| Report Taken By                                     | Jackson                           |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                            |                  |

Save Submit

## Attachment

|                    |   |               |                  |
|--------------------|---|---------------|------------------|
| Accident No.       | MT/1035470  | Claim No.     | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date   | 11/03/2019 20:53 |
| Path *             |   | Category *    |                  |
|                    | Browse... Clear   | Please Select | 10 Normal        |
|                    | Browse... Clear   | Please Select | 10 Normal        |
|                    | Browse... Clear   | Please Select | 10 Normal        |



|                      |  |                                      |  |                                 |                                     |                      |
|----------------------|--|--------------------------------------|--|---------------------------------|-------------------------------------|----------------------|
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |

## Attachment List

| Attachment | Uploaded By/Date  | Category              | Urgency | Description                     | Msg Sent? (CO) | Action               |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:53 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-3-11 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:53 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-3-11 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:53 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-3-11 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | SAS                   | Normal  | SAS 2019-3-11                   |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:52 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2019 20:51 | Photos                | Normal  | Photos 2019-3-11                |                | <a href="#">Edit</a> |

## 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"/> |        |