

# NATIONAL Assessment Centre Services

Date In: 18/03/2019 10:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19004827/14	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLL2463D	i-Motor Claim Form: MT/1036490-001	19/3/19 11:06	
D.O.A: 15/03/2019 22:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: 1P 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: SKF362T, 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Actions

NA1901976

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Inc. Bill	Add. Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
at 1:	For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	18/03/2019 10:15
Date Of Accident	15/03/2019 22:15
Exact Location Of Accident	BKE TWDS WOODLANDS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL2463D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DARYL CHEUNG YAO HUI
NRIC No	S9244193H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87496215
Alternative Phone No	OTHERS-87496215
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107985325
Cover Note Number	
<b>Driver</b>	
Name of Driver	DARYL CHEUNG YAO HUI
NRIC No	S9244193H
Date Of Birth	28/11/1992
Occupation	INDOOR
Date Of Driving Pass	04/07/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87496215
Fax Number	
Contact Number	OTHERS-87496215
Email Address	NOEMAIL

Address	32 STURDEE ROAD #21-08
Postcode	207853
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance,	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190316/7006

#### 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	SKF362T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN YONG TAT
NRIC/Passport Number	S9811968Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name DARYL CHEUNG YAO HUI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLL2463D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

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:

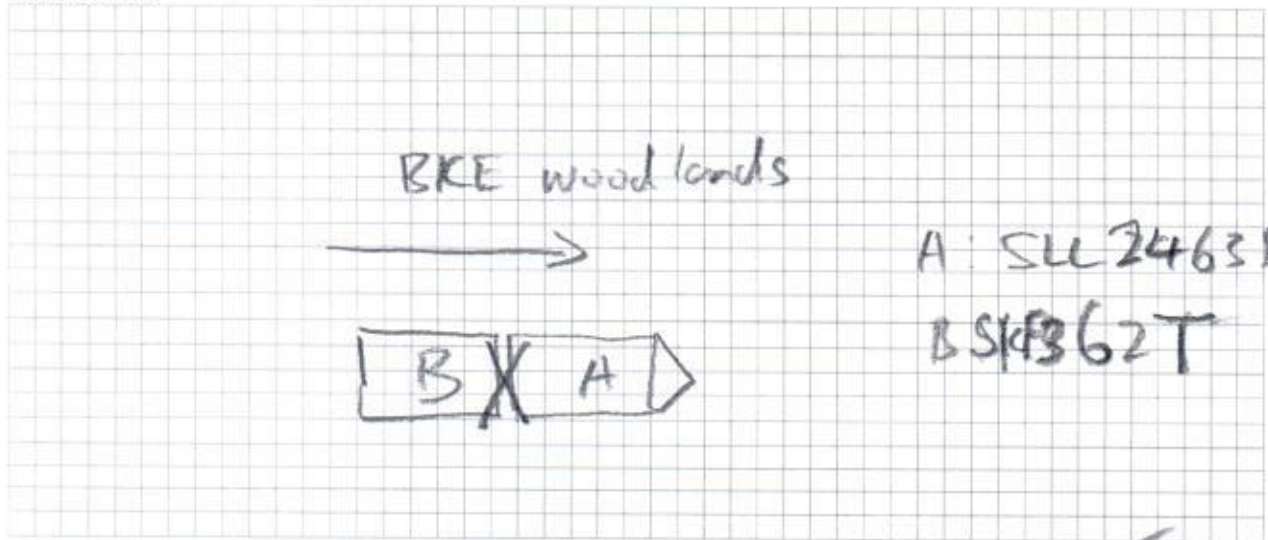
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



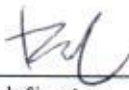
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

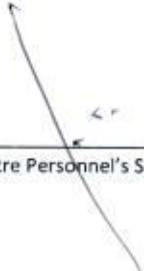
pls Refer to the Police Report -  
1/201903/6/7006

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: 18/3/2019  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190316/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190316/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2019 16:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: DARYL CHEUNG YAO HUI			Address: 32 STURDEE ROAD #21-08 SINGAPORE 207853		
ID Type / ID No.: NRIC NO / S9244193H			Contact No.: Home/Office: Mobile: 87496215		
Nationality: SINGAPORE CITIZEN			Email: daryl1230@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 28/11/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2019 22:15	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF362T	Car	MAZDA				2
SLL2463D	Car	KIA	CERATO+F ORTE+1.6% 28A%29+SX +ABS+D/AB +2W	Brown		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190316/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190316/7006

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL2463D	NTUC Income Insurance Co-Operative Limited	5107985325	08/03/2019	16/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Chan yong tat		ID No.	S9811968Z
Related Vehicle	SKF362T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	DARYL CHEUNG YAO HUI		ID No.	S9244193H
Related Vehicle	SLL2463D (Car)		Contact No.	87496215
Hospital/Clinic	KENSINGTON FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/03/2019		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight

Brief Details.

Was driving along bke towards Woodlands at 10.15pm. Car infront of me stopped so I kept a safe distance and hit the brake. Car behind me was very close(assumed to be tailgating)and didn't brake in time hence caused collision and damage to the rear of my car





**SINGAPORE  
POLICE FORCE**



T/20190316/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190316/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/03/2019 16:44

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9244193H



Name

DARYL CHEUNG YAO HUI

張耀輝

Race

CHINESE

Date of birth

28-11-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9244193H

Name

DARYL CHEUNG YAO HUI

Birth Date: 28 Nov 1992

Issue Date: 04 Jul 2017



002700120J

4142812



NRIC No. S9244193H



Date of issue

10-12-2007

Address

32 STURDEE ROAD  
#21-08  
SINGAPORE 207853

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 04 Jul 2017



Licence No: S9244193H

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:** 5107985325

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLL2463D**  
Chassis Number : KNAFH221395036835
2. Name of Policyholder : DARYL CHEUNG YAO HUI
3. Effective Date of Insurance : 08 Mar 2019
4. Expiry Date of Insurance : 16 Mar 2020
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.

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DARYL CHEUNG YAO HUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 08 Mar 2019 14:37 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.	<input type="text"/>	Date of Accident	<input type="text" value="15/03/2019 22:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SLL2463D"/>	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"/>	5107985325		DARYL CHEUNG YAO HUI	S9244193H	GPC	drive CLASSIC	SLL2463D	SLL2463D	08/03/2019	16/03/2020
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5107985325	Policyholder Name	DARYL CHEUNG YAO HUI	Policyholder NRIC	S9244193H
Certificate No.					
Address	53 SERANGOON GARDEN WAY SERANGOON GARDEN ESTATE SINGAPORE 555949				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/03/2019	Effective Date	08/03/2019 00:00	Expiry Date	16/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	1914.75		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY I	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	53 SERANGOON GARDEN WAY	Address 2	SERANGOON GARDEN ESTATE	Address 3	SINGAPORE 555949
Address 4		Address Type	Singapore address	Post Code	555949
Unit No.	21-08	Related Policy Number	5107985325		

## ▶ Insured Object: SLL2463D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1036490

Policy No.	5107985325	Vehicle No.	SLL2463D	GST Registration No.
Certificate No.				
Policyholder Name	DARYL CHEUNG YAO HUI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87496215	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	19/03/2019 10:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2019	Time of Accident hh:mm	22:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BKE TWDS WOODLANDS			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	53 SERANGOON GARDEN WAY	Address 2	SERANGOON GARDEN ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	21-08	Related Policy Number	5107985325	

## ▼ OI Driver Info

Driver Name	DARYL CHEUNG YAO HUI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9244193H	Driver DOB
Register Date of Driver License	18/04/2016	Driver Age	26	Driving Experience
Contact No.(Mobile)	87496215	Contact No.(Office)	0	Contact No.(Home)
Address 1	32 STURDEE ROAD	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#21-08			
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
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## Modification History

Claim 001 OD-MW

New

Claim Type *	OD-MW	Insured Name	DARYL
Contact No.(Mobile)	87496215	Contact No. (Home)	645229
Email Address	DARYL1230@HOTMAIL.COM	OI Vehicle Number	SLL246
Claim Description	SLL2463D / SKF362T ON 15 Mar 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Reported	19/03/2019 11:06	Claim Close Date	



Report Taken By

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment

Accident No. MT/1036490 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 19/03/2019 11:00

Path \*

Category \*

Confidential

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼





NO

Clear

Please Select ▼

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:06	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:05	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:04	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:03	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2019 11:02	Photos	Normal	Photos
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