NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA/1904379/1

Date In: 8/4/19 - 19:31	Job description	Date & Time Completed	Done by
Ref No: MA/INC/1906686/14	SAS e-filing		
Veh No: SMJ5414C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 5/4/19 - 18:00	i-Motor Claim Form	MA/1039317-001	8/4/19 19:47
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJK5760X INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

( ) **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) **Total Loss Case** : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA 1902533

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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: Idao 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 witholding 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	08/04/2019 17:51
Date Of Accident	05/04/2019 18:00
Exact Location Of Accident	GAMBAS AVE NEAR L/P: 27
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ5419L
Insured/Policyholder	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NO
Policy Number	5108115247
Cover Note Number	
Driver	
Name of Driver	YEOH CHEE CHUAN
NRIC No	S8690335J
Date Of Birth	06/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87690540
Fax Number	
Contact Number	OFFICE-87690540
EMail Address	NOEMAIL

Address	BLK 6 MARSILING DRIVE #07-86
Postcode	730006
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	CHAIN COLLISION
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	3
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	WOODLANDS WEST N.P.C
Police Station Address	**ROAD**: 1 WOODLANDS STREET 12 , **POSTCODE:** 738622 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190405/2220.

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	SKF5260X
Vehicle Make/Model/Colour	SCIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAN JUN YUAN SHAWN
NRIC/Passport Number	S8848833D
Contact Number	92373778
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ7117T
Vehicle Make/Model/Colour	MERC C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHIA HUI TONG DEREK
NRIC/Passport Number	S9313206H
Contact Number	97948065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEOH CHEE CHUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMJ5419L
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.

JACY PTE LTD Reg. No: 201703206G

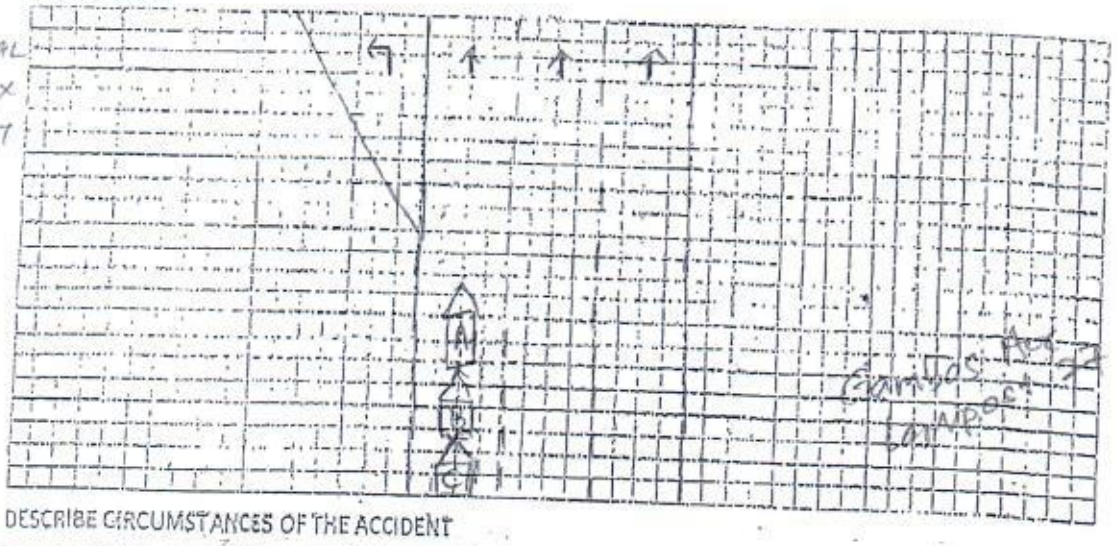
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

veh A : SMJ54AL
veh B : SKF5260X
veh C : SJ671177



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date 5/4/19 and time 612pm I was driving along gambas Ave (Lamppost 27) on veh A: SMJ54194L I was on the 3rd lane stationary because of vehicles turning left. Suddenly I felt a great impact from the back and realised veh B: SKF5260X hit my rear. when I get down the car I realised another car veh C: SJ671177 hit veh B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

JACY PTE LTD
Reg. No: 201703208G

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.:

Date of Accident : 5/4/19 Accident Time: 6.12pm (24-HR-Format)

Accident Place : Gambas Ave (lamppost 29)

Vehicle Reg. No. (Car Plate No.) : SMJ5419L

Vehicle Make/Model : Honda Vezel

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Jacy Pte Ltd

Owner or Company Contact No. : 88669174 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Yeoh Chee chuan S8690335J

DRIVER'S Date Of Birth : 06/06/86 DRIVER'S License Pass Date 07/12/07

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Usr

DRIVER'S Address : 6 Marsiling Drive #07-86 S'(730006)

DRIVER'S Contact No./ Alt No. :1) 87690540 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : cheechuan1986@hotmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKF5260X

Vehicle Make\Model: Scirocco

Name Driver: Shawn Han JunYuan

IC No. Driver: S8848833D

Driver's Contact & Add: 91237778

Vehicle Reg. No: SJA7117T

Vehicle Make\Model: C180 Merc

Name Driver: SHIA HUI TONG DERRICK

IC No. Driver: S9313206H

Driver's Contact & Add: 97948065

SINGAPORE POLICE FORCE

T/20190405/2220

Report No. T/20190405/2220

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/04/2019 23:01		248

Informant's Particulars

Name of Informant: YEOH CHEE CHUAN			Address: APT BLK 6 MARSILING DRIVE #07-86 SINGAPORE 730006	
ID Type / ID No.: NRIC NO / S8690335J			Contact No.: Home/Office: Mobile: 87690540	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 06/06/1986	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 GAMBAS AVENUE Lamp Post Number: 27				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJQ7117T	Car					1
SKF5260X	Car				Seriously Damaged	1
SMJ5419L	Car				Seriously Damaged	0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20190405/2220

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190405/2220

CONTINUATION OF REPORT

Name	Shia Hui Tong Derek			ID No.	S9313206H
Related Vehicle	SJQ7117T (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	Han JunYuan Shawn			ID No.	S8848833D
Related Vehicle	SKF5260X (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	YEOH CHEE CHUAN			ID No.	S8690335J
Related Vehicle	SMJ5419L (Car)			Contact No.	87690540
Hospital/Clinic	UNIHEALTH			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/04/2019		Date Discharge	05/04/2019	
No. of Days granted Medical Leave	04		Degree of Injury	NIL	

Brief Details.

On 05/04/2019 at 1800hrs, I was travelling along Gambas avenue when the front of a car had collided onto the rear of my vehicle (SMJ5419L). When I stepped out of my car, I discovered that the vehicle (SKF5260X) behind had also collided with another vehicle (SJQ7117T). It happened near lamppost 27 of Gambas Avenue. I had already went to see the doctor and received 4 days of MC. No other injury or damage to government property.

SINGAPORE POLICE FORCE

T/20190405/2220

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190405/2220

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

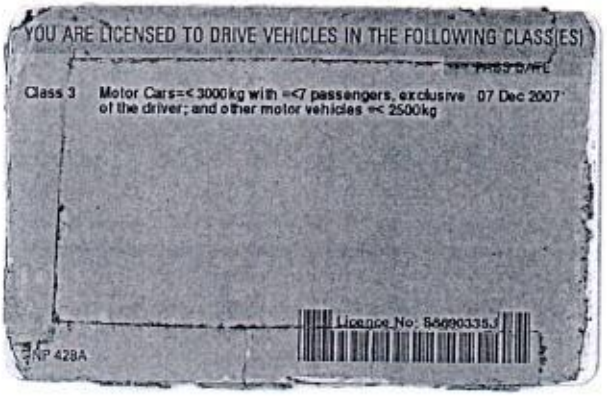
Signature Of Officer Recording The Report: L / Sgt 1 MOHAMMAD ZULFAEZAT BIN ROSLEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 23:01
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

Signature:
Singapore Police Force


PUBLIC OF SINGAPORE
Licence Number: S8690335J
Name:
YEOH CHEE CHUAN
Birth Date: 06 Jun 1986
Issue Date: 07 Dec 2007


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8690335J
Name
YEOH CHEE CHUAN
杨 志 泉
Race
CHINESE
Date of birth
06-06-1986
Sex
M
Country/Place of birth
MALAYSIA


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
07 Dec 2007
Licence No: S8690335J
NP 428A


5717076
NRIC No. S8690335J
Date of issue
20-03-2017
Address
APT BLK 6 MARSILING DRIVE
#07-86
SINGAPORE 730006

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 05/04/2019 18:00

Vehicle No.(For Motor): SMJ5419L | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5108115247		JACY PTE. LTD.	201705208G	GPC	drivo CLASSIC	SMJ5419L	SMJ5419L	11/03/2019	10/03/2020

Continue

Policy Information

Policy No.	5108115247	Policyholder Name	JACY PTE. LTD.	Policyholder NRIC	201705208G
Certificate No.					
Address	60 JALAN LAM HUAT #05-19 CARROS CENTRE SINGAPORE 737869				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/03/2019	Effective Date	11/03/2019 00:00	Expiry Date	10/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5108421160		

Insured Object: SMJ5419L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAN WEI CREDIT PTE LTD CHASSIS NUMBER: RU31320045 ENGINE NUMBER: LEB6740057 VEHICLE REGISTRATION NUMBER: SMJ5419L ORIGINAL REGISTRATION DATE: 11 Mar 2019

Continue Cancel

Claim Handling

Accident MT/1039317

Exit

Policy No.	5108115247	Vehicle No.	SMJ5419L	GST Registration No.	
Certificate No.					
Policyholder Name	JACY PTE. LTD.			Policyholder NRIC	201705208G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASS3C	Loading	0
Contact No.(Mobile)	88669174	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	08/04/2019 19:45	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/04/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GAMBAS AVE NEAR L/P: 27				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/04/2019 19:46:36 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	S108421160		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YEOH CHEE CHUAN	Driver NRIC	S8690335J	Driver DOB	06/06/1986
Register Date of Driver License	07/12/2007	Driver Age	32	Driving Experience	11
Contact No.(Mobile)	87690540	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 6	Address 2	MARSILING DRIVE	Address 3	MARSILING GARDENS
Address 4	SINGAPORE 730006	Address Type	Singapore address	Post Code	730006
Unit No.	07-86				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(•) Yes ( ) No		

Modification History

Claim 001 **New**

Claim Type *	CD-MX	Insured Name	JACY PTE. LTD.	Insured NRIC	201705208G
Contact No.(Mobile)	86858787	Contact No.(Home)		Contact No.(Office)	+
Email Address	JLCARRE3@GMAIL.COM	OI Vehicle Number	SMJ5419L	TP Vehicle Number	SKFS260X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SMJ5419L / SKFS260X ON 5 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2019 19:47	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

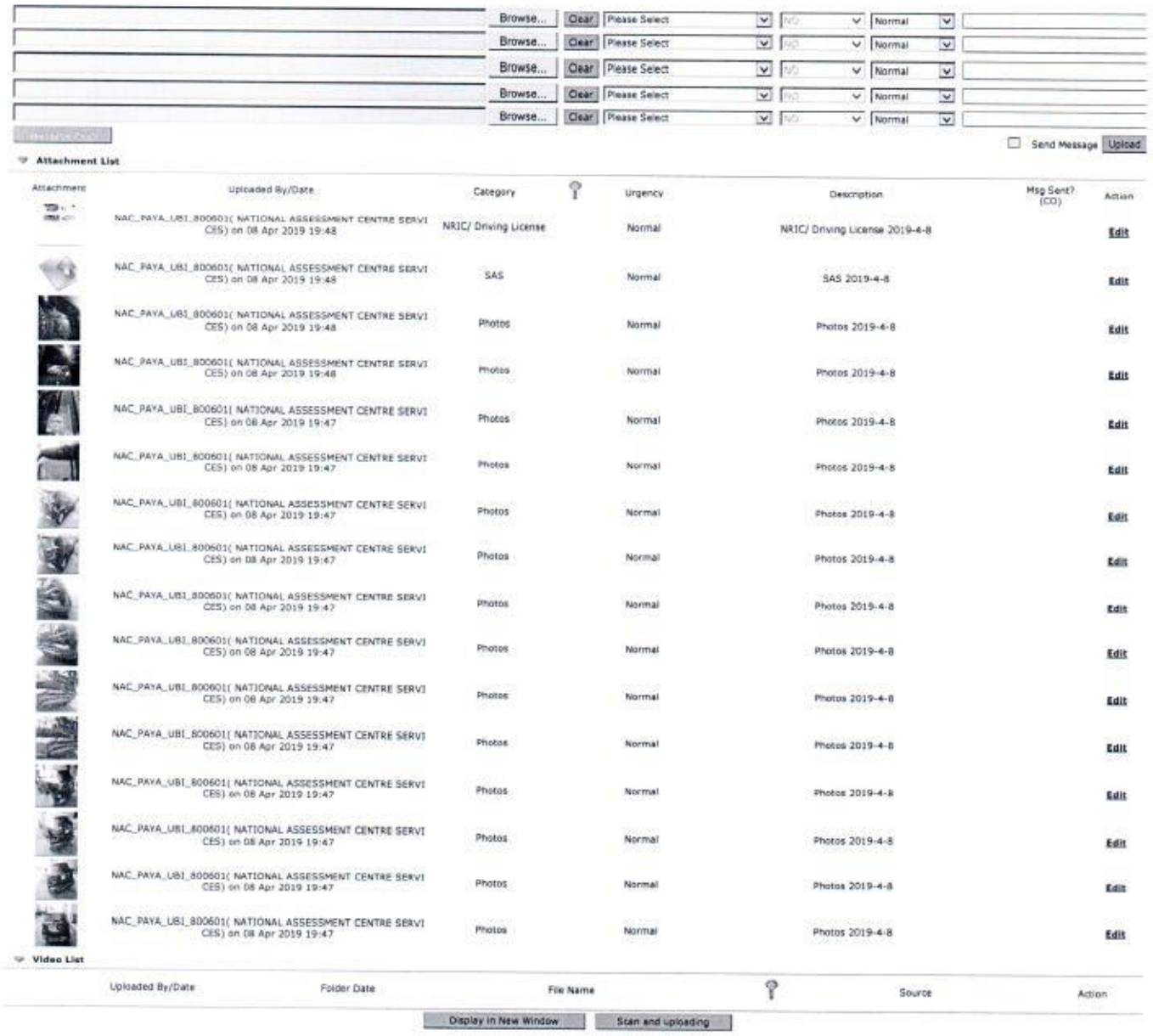
[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1039317	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	08/04/2019 19:48

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


Browse... Clear Please Select NO Normal
Send Message Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:48
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-4-8
Edit
SAS
SAS 2019-4-8
Photos
Photos 2019-4-8
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:47
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading