

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA 19050587**

Date In: 17/4/19 - 18:40	Job description	Date & Time Completed	Done by
Ref No: NA/14C19050587/124	SAS e-filing		
Veh No: SC 257674	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 16/4/19 - 16:20	i-Motor Claim Form	NA/1040669-001	17/4/19 17:40
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: SHB3309K	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 19050587

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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	17/04/2019 18:42
Date Of Accident	16/04/2019 16:20
Exact Location Of Accident	PIE (CHANGI) BEFORE LOR 2 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5767G
Insured/Policyholder	
Name Of Registered Owner	SAT LEASING PTE LTD
Co Reg No	201631055N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90225593
Alternative Phone No	OFFICE-90225593

Vehicle Particulars

Manufacturer	BMW
Model	320I AT 2.0L ABS D/AIRBAG HID 2WD 4DR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5088476569-02
Cover Note Number	

Driver

Name of Driver	LIM WEI LIANG, DENNIS
NRIC No	S9400423C
Date Of Birth	11/01/1994
Occupation	INDOOR
Date Of Driving Pass	18/04/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87003386
Fax Number	
Contact Number	OFFICE-87003386
EEmail Address	NOEMAIL

Address	BLK 73 GEYLANG BAHRU #07-3054
Postcode	330073
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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	4
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)	2
Passenger 1	
	NAME: : NILKAT CHANAPORN
	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

REFER TO 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	SHB3309K
Vehicle Make/Model/Colour	H/I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA6527H
Vehicle Make/Model/Colour H/140
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKC8078C
Vehicle Make/Model/Colour TOYOTA ALTIS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM WEI LIANG, DENNIS
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLQ5767G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NILKAT CHANAPORN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLQ5767G
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.

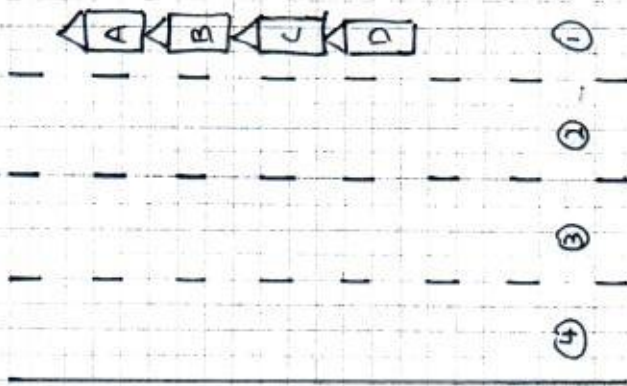


Policyholder's Signature
Date & Time:

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

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

PIE TOWARDS CHANGI AIRPORT BEFORE TOA PAYOH EXIT.



VEH A: SLQ 57676

VEH B: SHB 3309K

VEH C: JHA 6527H

VEH D: SKC 8078C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/04/2019 @ about 1620hrs I was travelling along PIE towards Changi Airport before Toa Payoh Exit. Traffic condition was heavy. Out of sudden I felt a strong impact from the rear of my vehicle. I stopped & alighted to found out that the taxi behind me had rear ended my vehicle. & I was involve in a 4 car chain collision.

DECLARATION

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



Policyholder's Signature

Date & Time:

David

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 16/04/2019 Accident Time: 1620 (24-HR-Format)
Accident Place : PIE TOWARD CHANGI AIRPORT BEFORE TOA PAYOH EXIT
Vehicle No. (Car Plate No.) : SLQ5767G Make/Model: BMW 320
Insurance Company : NIX INCOME Policy No: 5088476569-02.
Owner or Company Name /IC No. : SAT LEASING PTE LTD
Owner or Company Contact No. : 90225593 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : LIM WEI LIANG, DENNIS S9400423C
DRIVER'S Date Of Birth : 11-01-1994 DRIVER'S License Pass Date 18/04/2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 73 GEYLANG BAHRU #07-3054 S(330073)
DRIVER'S Contact No./ Alt No. : 1) 8700 3386 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : Carsmithp@gmail.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): 2 1 km 911
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
Any Injury (If YES, Pls state): 02 injury

Other Party Driver's Particular (if any)

Vehicle No: <u>SHB 3309K</u>	Vehicle No: <u>SHA6527H</u>
Vehicle Make/Model: <u>H/i40</u>	Vehicle Make/Model: <u>H/i40</u>
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

(3) SKC 8078C
TOYOTA ALTIS
Passengers NILKAT CHANAPORN
G1529090R

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9400423C



Name

LIM WEI LIANG, DENNIS

林伟良

Race

CHINESE

Date of birth

11-01-1994

Sex

M

Country of birth

SINGAPORE

S9400423C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9400423C

Name:

LIM WEI LIANG, DENNIS



Birth Date: 11 Jan 1994

Issue Date: 18 Apr 2016



002558817J



NRIC No. S9400423C

60465



Date of issue

07-04-2009

Address

APT BLK 73 GEYLANG BAHRU

#07-3054

SINGAPORE 330073

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 18 Apr 2016



Licence No. S9400423C

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: 5088476569-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLQ5767G**
Chassis Number : WBAPG56080NM18904
2. Name of Policyholder : SAT LEASING PTE. LTD.
3. Effective Date of Insurance : 07 Jan 2019
4. Expiry Date of Insurance : 06 Jan 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 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 11 Jan 2019 16:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/04/2019 16:20"/>
Vehicle No. (For Motor)	<input type="text" value="SLQ5767G"/>	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"/>	5088476569-02		SAT LEASING PTE. LTD.	201631055N	GFT	drive CLASSIC	SLQ5767G	SLQ5767G	07/01/2019	

Policy Information

Policy No.	5088476569-02	Policyholder Name	SAT LEASING PTE. LTD.	Policyholder NRIC	201631055N
Certificate No.					
Address	24 DEFU LANE 12 DEFU INDUSTRIAL PARK E SINGAPORE 539131				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/01/2019	Effective Date	07/01/2019 00:00	Expiry Date	06/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	2177.25		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		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	24 DEFU LANE 12	Address 2	DEFU INDUSTRIAL PARK E	Address 3	SINGAPORE 539131
Address 4		Address Type	Singapore address	Post Code	539131
Unit No.		Related Policy Number	5088476569-02		

Insured Object: SLQ5767G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/01/2019 00:00	Basic Information Endorsement	000001287015457	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKN8586U 07-01-2019 \$1,811.37 In view of this amendment, a refund of \$1,811.37 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLE9195T 07-01-2019 \$1,811.37 In view of this amendment, a refund of \$1,811.37 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	07/01/2019 00:00	Basic Information Endorsement	000001286989074	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. SJP2094M 08-04-2019 \$1,137.01 In view of this amendment, an additional premium of \$1,137.01 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>
		Basic Information		Endorsement Take	

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1040669

Policy No.	5088475559-02	Vehicle No.	SLQ5767G	GST Registration No.	
Certificate No.					
Policyholder Name	SAT LEASING PTE. LTD.			Policyholder NRIC	201631055N
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90225593	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	17/04/2019 19:38	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/04/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE LOR 2 TOA PAYOH EXIT				

Excess

Own damage excess	2,000.00	Additional excess	0	Windscreen excess	100.00
Unnamed Driver excess		Outside Singapore OD excess	2,000.00		
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	17/04/2019 19:39:55 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	24 DEPU LANE 12	Address 2	DEPU INDUSTRIAL PARK E	Address 3	SINGAPORE 539131
Address 4		Address Type	Singapore address	Post Code	539131
Unit No.		Related Policy Number	5088475559-02		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM WEI LIANG, DENNIS	Driver NRIC	S9400423C	Driver DOB	11/01/1994
Register Date of Driver License	18/04/2016	Driver Age	25	Driving Experience	2
Contact No.(Mobile)	87003386	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 73	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330073
Address 4		Address Type	Singapore address	Post Code	330073
Unit No.	07-3054				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Smethalysar or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SAT LEASING PTE. LTD.	Insured NRIC	201631055N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SLQ5767G	TP Vehicle Number	SHB3309K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLQ5767G / SHB3309K ON 16 Apr 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	17/04/2019 19:40	Claim Close Date		Date Received	17/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1040669	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/04/2019 19:41

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

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

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	SAS	Normal	SAS 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	Photos	Normal	Photos 2019-4-17		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:41	Photos	Normal	Photos 2019-4-17		Edit

Video List

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