

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA11903144

Date In: 19/4/19 - 16:16	Job description	Date & Time Completed	Done by
Ref No: 48/INC1903144	SAS e-filing		
Veh No: SF538804	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/4/19 - 18:35	i-Motor Claim Form	19/4/19 19:36	
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: 6BBS387E

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

MNA1903144

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

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: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*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 (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	29/04/2019 16:12
Date Of Accident	27/04/2019 08:55
Exact Location Of Accident	YIO CHU KANG RD TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB3880A
Insured/Policyholder	
Name Of Registered Owner	LEE SI HORNG
NRIC No	S8634503Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91261530
Alternative Phone No	OFFICE-91261530

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090509653-02
Cover Note Number	

Driver

Name of Driver	LEE SI HORNG
NRIC No	S8634503Z
Date Of Birth	08/11/1986
Occupation	INDOOR
Date Of Driving Pass	28/07/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91261530
Fax Number	
Contact Number	OFFICE-91261530
EMail Address	NOEMAIL

Address	BLK 293C COMPASSVALE CRESCENT #06-49
Postcode	543293
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20190429/7002.

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	GBB5382E
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHUAN NGEE
NRIC/Passport Number	S1791870B
Contact Number	96444930
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK6963E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KER MENG TSE
NRIC/Passport Number	S1611596G
Contact Number	97237911

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE SI HORNG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFB3880A
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. The 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 rescind 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 (a) 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:

1240H

27 APR 2019

Driver's Signature

(If driver is not the policyholder)

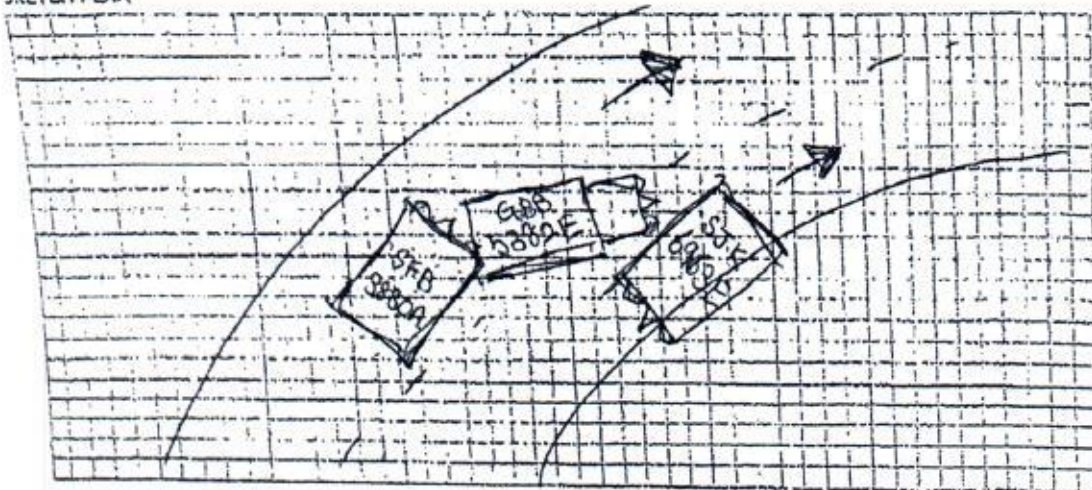
Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in the left lane, and the lorry (G88 5382 E) was on my right lane, one vehicle's space to the front.

As we negotiated the right bend, the rear of the lorry swerved suddenly into me and hit the front bonnet and the fender on the driver's side.

Upon getting off ~~my~~ my vehicle, I realised that there was another vehicle (SJK 6963 E) facing the opposite direction of the oncoming traffic. This view was obstructed by the height of the lorry.

I have photo evidence to prove that I wasn't under any attempt to overtake the vehicle in front of me.

There's some lower back pain that was caused by the impact.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time: 1240 H

27 APR 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Date of Accident : 27 APR 2019 Accident Time: 0855 (24-HR-Format)
Accident Place : TUNNEL LEADING TO TPE (PIE) FROM YCK
Vehicle Reg. No. (Car Plate No.) : SFB 2880A
Vehicle Make/Model : NISSAN SILPHY
Insurance Company : NTUC Policy No. 5090509653-02
Owner or Company Name / IC No. : LEE SI HORNG / 686345032
Owner or Company Contact No. : 91261530 Owner's Hp 91261530 Company Tel
DRIVER'S Name / IC No. : LEE SI HORNG / 586345032
DRIVER'S Date Of Birth : 08/11/1986 DRIVER'S License Pass Date 18/07/2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: NA
DRIVER'S Address : 293 C COMPASSVALE CRESCENT #06-49 S(543293)
DRIVER'S Contact No./ Alt No. : 1) 91261530 2) 64576968
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : leesihorng86@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): 01

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: <u>G88 5382E</u>	Vehicle Reg. No: <u>SJK 6963E</u>
Vehicle Make/Model: <u>Mitsubishi</u>	Vehicle Make/Model: <u>Toyota</u>
Name Driver: <u>TAN CHUAN NGEE</u>	Name Driver: <u>KER MENG TSE</u>
IC No. Driver: <u>517918708</u>	IC No. Driver: <u>516115966</u>
Driver's Contact & Add: <u>9644 4930</u>	Driver's Contact & Add: <u>9723 7911</u>



**SINGAPORE
POLICE FORCE**



T/20190429/7002

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

1 of 4

Report No. T/20190429/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2019 10:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE SI HORNG			Address: APT BLK 293C COMPASSVALE CRESCENT #06-49 SINGAPORE 543293		
ID Type / ID No.: NRIC NO / S8634503Z			Contact No.: Home/Office: Mobile: 91261530		
Nationality: SINGAPORE CITIZEN			Email: leesihorng86@gmail.com		
Sex: Male	Age: 32	Date of Birth: 08/11/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Graphic designer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2019 08:55	Type of Location: Bend
Location: SELETAR EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5382E	Lorry	MITSUBISHI		Grey		1
SFB3880A	Car	NISSAN	SYLPHY+1. 5+4AT	White		0
SJK6963E	Car	TOYOTA	vios	Gold		1

Details of Vehicle Insurance

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



T/20190429/7002

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

2 of 4

Report No. T/20190429/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFB3880A	NTUC Income Insurance Co-Operative Limited	5090509653-02	27/04/2019	26/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Tan Chuan Ngee		ID No.	S1791870B
Related Vehicle	GBB5382E (Lorry)		Contact No.	96444930
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	LEE SI HORNG		ID No.	S8634503Z
Related Vehicle	SFB3880A (Car)		Contact No.	91261530
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Ker Meng Tse		ID No.	S1611596G
Related Vehicle	SJK6963E (Car)		Contact No.	97237911
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



**SINGAPORE
POLICE FORCE**



T/20190429/7002

3 of 4

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

Report No. T/20190429/7002

CONTINUATION OF REPORT

Brief Details.

I was in the left lane and the lorry (GBB 5382E) was in the right lane at a vehicle's length away.

As we were negotiating a right curve, the lorry braked suddenly and cut into my lane. I braked but the fender on the driver's side was damaged.

Only after alighting from my vehicle did I realise that the lorry was trying to avoid the other vehicle involved (SJK 6963E) which had stalled on the right side of the road and was facing oncoming traffic.

There was subsequent pain in my lower back.



**SINGAPORE
POLICE FORCE**



T/20190429/7002

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

4 of 4

Report No. T/20190429/7002

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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

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:
29/04/2019 10:23

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8634503Z



Name

LEE SI HORNG

李 斯 弘

Race

CHINESE

Date of birth

08-11-1986

Sex

M

Country/Place of birth

SINGAPORE



5672050



NRIC No. S8634503Z



Date of Issue

16-11-2016

Address

APT BLK 293C COMPASSVALE CRESCENT
#06-49
SINGAPORE 543293

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 8634503 Z
Name:

LEE SI HORNG

Birth Date: 08 Nov 1986
Issue Date: 28 Jul 2008



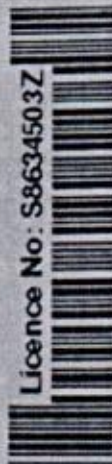
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500 kg 28 Jul 2008

NP 428A

Licence No: S8634503Z



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	27/04/2019 08:55							
Vehicle No.(For Motor)	SF83880A	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5090509653-02		LEE SI HORNG	S8634503Z	GPC	Third Party, Fire & Theft	SF83880A	SF83880A	27/04/2019	26/04/2020
Continue										

Policy Information

Policy No.	5090509653-02	Policyholder Name	LEE SI HORNG	Policyholder NRIC	S8634503Z
Certificate No.					
Address	BLK 293C #06-49 COMPASSVALE CRESCENT COMPASSVALE BOARDWALK SINGAPORE 543293				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/03/2019	Effective Date	27/04/2019 00:00	Expiry Date	26/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	LIU HANSE	Agent Tel.	81272376	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 293C #06-49	Address 2	COMPASSVALE CRESCENT	Address 3	COMPASSVALE BOARDWALK
Address 4	SINGAPORE 543293	Address Type	Singapore address	Post Code	543293
Unit No.		Related Policy Number	5090509653-02		

Insured Object: SFB3880A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1042261

Policy No.	5090509653-02	Vehicle No.	SPB3880A	GST Registration No.	
Certificate No.					
Policyholder Name	LEE SI HORNG			Policyholder NRIC	S8634503Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No. (Mobile)	91261530	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(%)	20	Private Hire	No
Accident Details					
Report Date	29/04/2019 19:35	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/04/2019	Time of Accident (hh:mm)	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YIO CHU KANG RD TWDS TPE (PSE)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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

Policyholder Mailing Address	
Address 1	BLK 293C #06-49
Address 4	SINGAPORE 543293
Unit No.	
Address 2	COMPASSVALE CRESCENT
Address Type	Singapore address
Address 3	COMPASSVALE BOARDWALK
Post Code	543293
Related Policy Number	5090509653-02

DI Driver Info	
Driver Name	LEE SI HORNG
Unnamed driver Name	
Register Date of Driver License	28/07/2008
Contact No. (Mobile)	91261530
Address 1	BLK 293C
Address 4	SINGAPORE 543293
Unit No.	06-49
Does he own a Singapore Registered car?	☐ Yes ☒ No
Driver Type	Main Driver
Driver NRIC	S8634503Z
Driver Age	32
Contact No. (Office)	0
Address 2	COMPASSVALE CRESCENT
Address Type	Singapore address
Address 3	COMPASSVALE BOARDWALK
Post Code	543293
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 *	OD-MX	Insured Name	LEE SI HORNG	Insured NRIC	S8634503Z
Contact No. (Mobile)	91261530	Contact No. (Home)	69124450	Contact No. (Office)	
Email Address	LEESIHORNG86@GMAIL.COM	O1 Vehicle Number	SPB3880A	TP Vehicle Number	G885382E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SPB3880A / G885382E ON 27 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	GJA report	Received
Date Registered	29/04/2019 19:36	Claim Close Date		Date Received	29/04/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1042261	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	29/04/2019 19:38
Path *			
Browse...	Clear	Category *	Please Select
		Confidential	NO
		Urgency *	Normal
		Description *	

Browse...	Clear	Please Select	TV	Normal
Browse...	Clear	Please Select	TV	Normal
Browse...	Clear	Please Select	TV	Normal
Browse...	Clear	Please Select	TV	Normal
Browse...	Clear	Please Select	TV	Normal

☐ Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 19:37	Photos	Normal	Photos 2019-4-29		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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