

NATIONAL Assessment Centre Services. [ver 1 Jan09] MA19061363.

Date In: 11/15/19 17:28	Job description	Date & Time Completed	Done by
Ref No: MA1INC19008369164	SAS e-filing		
Veh No: SMD 6770X	E-mail (within 3hrs, AIC 2hrs)		
DOA: 10/15/19 08:15	I-Motor Claim Form	MT/1044088-01	13/15/19 09:51
OD: (AP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Veh No: PC 5681 X, 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) 10/15/19 08:15

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions: ()

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MA1903337

Claimant's Particulars:	Invoice #	Invoice Date	Invoice Time	Invoice Status
Driver/Owner:	1) AIC: Accident Reporting (\$30);			30-00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)			
Damaged Portion:	3) TP: 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			
Ref 1:	For claiming status: INC Only (ver 10 Jan 2003)			
Ref 2/3:	6) TR: Re-Inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao 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	11/05/2019 17:28
Date Of Accident	10/05/2019 08:15
Exact Location Of Accident	BLK 303A PUNGGOL CENTRE EXIT TO MAIN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD6770X
Insured/Policyholder	
Name Of Registered Owner	TK MOTOR WORKSHOP
Co Reg No	53049097L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96273323
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105192859
Cover Note Number	-
Driver	
Name of Driver	SOH SONG HUANG
NRIC No	S7024077G
Date Of Birth	17/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86471171
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 510B YISHUN ST 51 #12-599
Postcode	762510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - 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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5681X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JUNAIBI BIN ISMAIL
NRIC/Passport Number	S7529875G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SOH SONG HUANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD6770X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

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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 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.
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.

TK MOTOR WORKSHOP

.....
Policyholder's Signature / Date & Time

x sh
Driver's Signature (If driver is not the policyholder) / Date & Time

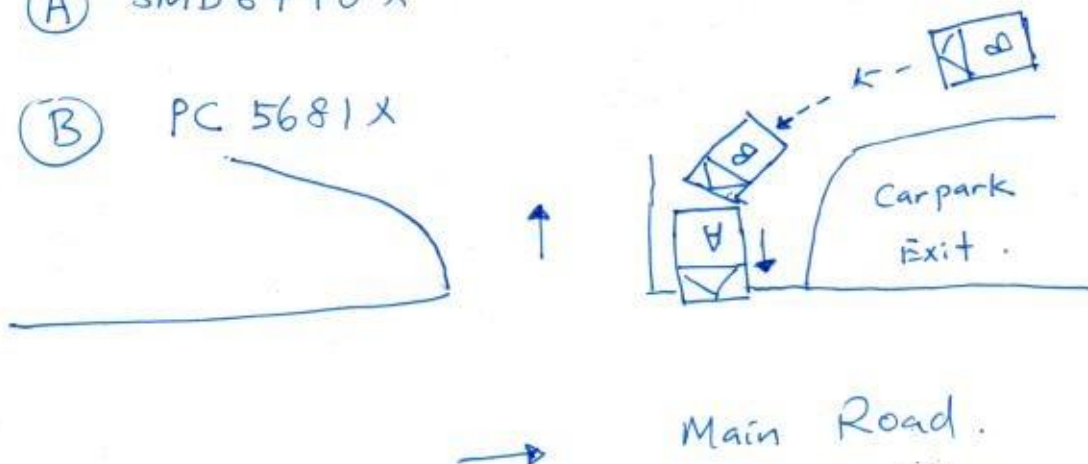
inf
Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 303 A Punggol Centre.

(A) SMD 6770 X

(B) PC 5681 X



Describe Circumstances of the Accident

* Refer To Police Report No: T/20190510/2192

Declaration

We declare the foregoing particulars are true in every respect.

TK MOTOR WORKSHOP



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 5 / 2019 (DD/MM/YYYY), TIME: 08 : 17 (HH:MM)

LOCATION: Blk 303A Punggol Centre Exit to main Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 6770X
b) INSURANCE COMPANY: TK Motor Workshop
c) POLICY NUMBER: 5105192859
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MIT LANCER
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: TK Motor Workshop (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S3049097-L CONTACT: 96273323
c) ADDRESS: 1 Kaki Bukit Ave 6 #02-56
@ AutoBay S' 417883

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Soh Song Huang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7024077-G CONTACT: 86471171
c) ADDRESS: Blk 510 B Yishun St 51 #12-599
S' 762510

*d) DATE OF BIRTH: 17 / 7 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1/12/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer's

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES) / NO Soh Song Huang

7. a) REPORTED TO POLICE (YES) / NO

IF YES, PLEASE STATE WHICH POLICE STATION: Yishun South N-P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 5681X MODEL: TOYOTA VAN
b) DRIVER'S NAME: Junaibi Bin Ismail
c) NRIC/FIN/PASSPORT: S7529875-G CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =



SINGAPORE POLICE FORCE



T/20190510/2192

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190510/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2019 20:20		Vide Report No.:		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: SOH SONG HUANG			Address: APT BLK 510B YISHUN STREET 51 #12-599 SINGAPORE 762510		
ID Type / ID No.: NRIC NO / S7024077G			Contact No.: Home/Office: Mobile: 86471171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 17/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: WINDOW FRAM E INSTALLER			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: 10/05/2019 08:15	Type of Location: Bend
Location: Along Road 1 PUNGGOL CENTRAL Along Punggol Central exit to main road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
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
PC5681X	Van			White		0
SMD6770X	Car	MITSUBISHI		Red		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190510/2192

2 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190510/2192

CONTINUATION OF REPORT

Driver				
Name	JUNAIDI BIN ISMAIL		ID No.	S7529875G
Related Vehicle	PC5681X (Van)		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	SOH SONG HUANG		ID No.	S7024077G
Related Vehicle	SMD6770X (Car)		Contact No.	86471171
Hospital/Clinic	MOUNT ALVENIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2019		Date Discharge	10/05/2019
No. of Days granted Medical Leave	05		Degree of Injury	NIL

Brief Details.

On 10/05/2019 at about 0817hrs, I was driving my vehicle registration no. SMD 6770X Mitsubishi, red colour along Punggol Centre and I was waiting to exit to the main road. Suddenly I felt a strong impact from the rear of my vehicle. I came down to make a check and discovered a van registration no. PC 5681X had hit onto my vehicle's rear portion.

The driver of the said van have admitted that it was his fault and ask me to make a third party claim under his vehicle's insurance policy.

I felt some pain on my back and had went to Mount Alvernia hospital for medical check up and I was given 5 days of medical leave by the doctor.



**SINGAPORE
POLICE FORCE**



T/20190510/2192

3 of 3

Report No. T/20190510/2192

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT


Sketch Plan

Informant is not able to provide sketch plan

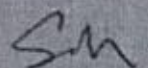
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Staff Sgt ROZITA BINTE JANTAN 

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

10/05/2019 20:20

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP158



Signature: 

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

57024077G

SOH SONG HUANG

Valid Date: 17 Jul 1970

Issue Date: 01 Dec 2018

002876254E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7024077G

Name: SOH SONG HUANG

蘇松煌

Race: CHINESE

Date of birth: 17-07-1970

Sex: M

Country of birth: SINGAPORE

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	01 Dec 2018

NP 428A

Licence No: S7024077G

4876712

Barcode

NRIC No: S7024077G

Date of issue: 17-01-2011

APT BLK 510B YISHUN STREET 51 #12-600

SINGAPORE 782510

NRIC No: S7024077G

Date: 11/01/2018

Driver 86471171

Johnny Soh.

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: 5105192859

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMD6770X**
Chassis Number : JMYSRCS3AAU000426
2. Name of Policyholder : T K MOTOR WORKSHOP
3. Effective Date of Insurance : 01 Nov 2018
4. Expiry Date of Insurance : 15 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 the carriage of passengers for reward purposes.
- (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\$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	: AUTO LEASE (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 : JG MOTOR AGENCY (00000613374)
Date of Issue : 01 Nov 2018 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1044088

Policy No.	S105192859	Vehicle No.	SMD6770X	GST Registration No.	
Certificate No.					
Policyholder Name	TK MOTOR WORKSHOP			Policyholder NRIC	530491
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96273323	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No
Accident Details					
Report Date	13/05/2019 09:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	10/05/2019	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 303A PUNGGOL CENTRE EXIT TO MAIN RD				
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	13/05/2019 09:49:51 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#02-56 AUTOBAY @ KAKI BUKIT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	417881
Unit No.		Related Policy Number	S107101310		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SOH SONG HUANG	Driver NRIC	S7024077G	Driver DOB	17/07/1980
Register Date of Driver License	01/12/2016	Driver Age	48	Driving Experience	2
Contact No.(Mobile)	86471171	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 510B #12-599	Address 2	YISHUN STREET 51	Address 3	OLEAN
Address 4	SINGAPORE 762510	Address Type	Singapore address	Post Code	762510
Unit No.	12-599				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TK MOTOR WORKSHOP
Contact No.(Mobile)	96273323	Contact No.(Home)	
Email Address		Vehicle Number	SMD6770X
Claim Description	SMD6770X / PCS681X ON 10 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	13/05/2019 09:50	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			
<div>Save</div> <div>Submit</div>			

Attachment

Accident No.	MT/1044088	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

13/05/2019 09:51

Path *

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

	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	SAS	Normal	SAS 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 09:51	Photos	Normal	Photos 2019-5-13
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