

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 13/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008376/13	SAS e-filing		
Veh No: PA7738P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/05/19 1440	i-Motor Claim Form	MT/1044111 - 001	
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: (MUP 500N)	Tel:	Fax:
TP Particulars:	Veh No: PD4373E	INC () / Non-INC ()
Owner / Driver: ()	Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	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/903538	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT : 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:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20			
Cat 1:	9) N12: Idac Mobile 30			
Cat 2 / 3:	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	13/05/2019 10:26
Date Of Accident	11/05/2019 14:40
Exact Location Of Accident	ANG MO KIO CENTRAL BLK 703
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7738P
Insured/Policyholder	
Name Of Registered Owner	ACE BUS CHARTER & SERVICES
Co Reg No	53366110B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91454034
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	AFTER LUNCH LEAVING THE CARPARK
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	BUS

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	5092620977-01
Cover Note Number	

Driver

Name of Driver	NG HOCK LAI
NRIC No	S8335597B
Date Of Birth	21/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/08/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91454034
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 612A PUNGGOL DRIVE #15-807
Postcode	821612
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190511/2099

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	FD4373E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.



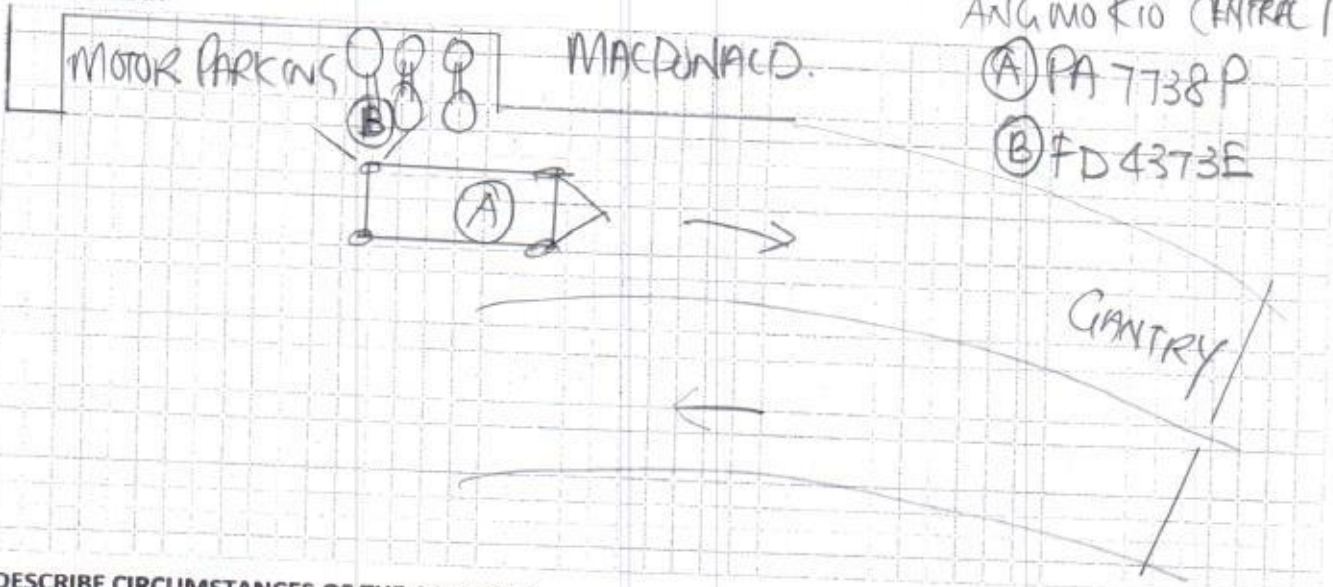
Policyholder's Signature
Date & Time:

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

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

12-118 27-12-2019

SKETCH PLAN



ANGMO KIO CENTRAL
 (A) PA 7738P
 (B) FD 4373E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.-T/20190511/20PP.

DECLARATION

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



[Signature]

Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature] 13/05/19

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



SINGAPORE POLICE FORCE



T/20190511/2099

1 of 3

Report No. T/20190511/2099

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2019 15:54		Vide Report No.:		Station Diary No.: 115	
Informant's Particulars					
Name of Informant: NG HOCK LAI		Address: APT BLK 612A PUNGGOL DRIVE #15-807 SINGAPORE 821612			
ID Type / ID No.: NRIC NO / S8335597B		Contact No.: Home/Office:		Mobile: 97355791	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 35	Date of Birth: 21/11/1983	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/05/2019 14:40	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO CENTRAL 1 Carpark of AMK Ctrl 1, behind block 703 AMK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FD4373E	Motorcycle	VESPA		Maroon		0
PA7738P	Bus/Coach/Minibus	TOYOTA		Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190511/2099

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190511/2099

CONTINUATION OF REPORT

Driver			
Name	NG HOCK LAI	ID No.	S8335597B
Related Vehicle	PA7738P (Bus/Coach/Minibus)	Contact No.	97355791
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/05/2019, at about 1440hrs, I was driving my vehicle (PA7738P) along the service road of carpark behind Blk 705 Ang Mo Kio. As I travelling on the one lane service road, a motorcycle (FD4373E) reversed out of the motorcycle lot and hit onto the rear left side of my vehicle. We both stopped our vehicle, and as the place only have one lane, I told him to move to out of the carpark and exchange details there as it has 2 lanes which he acknowledged.

I then drove out of the carpark first, and when I make a check, I spotted his motorcycle doing a u-turn and driving off towards the opposite direction. I do not have any in-car camera. The rear left side of vehicle has a dent and a scratch along the left side of the vehicle.

The rider of the motorcycle is Caucasian, in his 30-40s.



**SINGAPORE
POLICE FORCE**



T/20190511/2099

3 of 3

Report No. T/20190511/2099

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

Sgt 3 SWEE WEI ERN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/05/2019 15:54

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

SN 085

Authentication Stamp

NP168

Singapore Police Force



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO:

PA 7738P

MAKE/MODEL:

TOYOTA HIACE

DATE OF ACCIDENT

11/05/2019
DAY/MONTH/YEAR

TIME

2

HR

40

MIN

AM/PM

LOCATION OF ACCIDENT

ANG MO KIO CENTRAL BLK 703

EXACT PURPOSE USE DURING ACCIDENT

AFTER LUNCH LEAVING THE CAR PARK.

CAR OWNER

NAME OF CAR OWNER

ACE BUS CHARTER & SERVICES

CONTACT NO

9145 4034

NRIC

CLAIM TYPE

☐ OD



THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

NTUC

TYPE OF COVERAGE

☐ COMPREHENSIVE

☐ THIRD PARTY



THIRD PARTY FIRE & THEFT

POLICY NO

5092620877-01

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

NG HUCK LAI

NRIC

S833 5597B

DATE OF BIRTH

21.11.1983

OCCUPATION

SELF EMPLOY

DATE OF DRIVING PASS

29/03/05

GENDER



MALE

☐ FEMALE

CONTACT NO

9145 4034

ADDRESS

BLK 612A FUNGOL DRIVE #15-807 (978) 21612

DRIVER OWN ANY VEHICLE

NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE

IF NOT:

WEATHER CONDITION



CLEAR

☐ RAINING

OTHER: _____

ROAD SURFACE



DRY

☐ WET

OTHER: _____

ANY INJURIES

NO/ IF YES- NAME: _____

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

FD4373 F

NO OF PASSENGER/S

1

NAME

HIT & RUN

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8335597B



Name
NG HOCK LAI

黄福来

Race
CHINESE

Date of birth
21-11-1983

Sex
M

Country/Place of birth
SINGAPORE



S8335597B

5358051



NRIC No. S8335597B



Date of issue
29-09-2014

Address
APT BLK 612A PUNGGOL DRIVE
#15-807
SINGAPORE 821612

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8335597B

Name:
NG HOCK LAI

Birth Date: 21 Nov 1983

Issue Date: 22 Jan 2003



000145284C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles \leq 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles $>$ 400 CC
Class 3 Motor cars \leq 3500 kg with \leq 7 passengers, exclusive of the driver; 700 mm or more track/vehicles \leq 2500 kg

23 Jan 2002
25 Feb 2003
16 May 2004
29 Mar 2005

S / No. 9000032618

S8335597B

Licence No: S8335597B

NP 428A



VOCATIONAL LICENCE

Licence No : **S8335597B**
Name : **NG HOCK LAI**

Card Issue Date : **25/08/2017**

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	25/08/2017
04	BUS ATTENDANT	25/08/2017



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 : 5092620977-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **PA7738P**
Chassis Number : KDH2230004580
2. Name of Policyholder : ACE BUS CHARTER & SERVICES
3. Effective Date of Insurance : 17 Jul 2018
4. Expiry Date of Insurance : 16 Jul 2019
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 the carriage of passengers in connection with the Policyholder's business.
(b) Limited to carry 13 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN 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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)
Date of Issue : 12 Jul 2018 14:56 hrs
Reprint : 15 Jul 2018 15:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1044111

Policy No.	5092620977-01	Vehicle No.	PA7738P	GST Registration No.
Certificate No.				
Policyholder Name	ACE BUS CHARTER & SERVICES			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91454034	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details				
Report Date	13/05/2019 10:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/05/2019	Time of Accident hh:mm	14:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ANG MO KIO CENTRAL BLK 703			
▼ Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	1,500.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History	13/05/2019 10:46:50 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	BLK 612A #15-807	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 821612	Address Type	Singapore address	Post Code
Unit No.	15-807	Related Policy Number	5092620977-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NG HOCK LAI	Driver NRIC	S8335597B	Driving Experience
Register Date of Driver License	25/08/2017	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	91454034	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 612A	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 821612	Address Type	Singapore address	Post Code
Unit No.	#15-807			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ACE BU
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	PA7738
Claim Description	PA7738P / FD4373E ON 11 May 2019		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/05/2019 10:48
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Attachment

Accident No.	MT/1044111	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/05/2019 00:00
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	Please Select ▼ NO
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:48	Photos	Normal	Photos

Video List

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