

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 19067415

Date In: 24/1/19-16:17	Job description	Date & Time Completed	Done by
Ref No: MA/INC 1902918824	SAS e-filing		
Veh No: 5LPJ9625	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/01/19-18:20	i-Motor Claim Form	MA/1045952-031	24/1/19 16:30
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: 5C01165R	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

MNA 19067415	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
	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 / 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	

Lat 1: _____

Lat 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	24/05/2019 16:17
Date Of Accident	23/05/2019 18:20
Exact Location Of Accident	MOONSTONE LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF5962S
Insured/Policyholder	
Name Of Registered Owner	RYAN TAN ZHEN TONG (CHEN ZHENTONG)
NRIC No	S7925895D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97634403
Alternative Phone No	OFFICE-97634403
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103387118
Cover Note Number	
Driver	
Name of Driver	RYAN TAN ZHEN TONG (CHEN ZHENTONG)
NRIC No	S7925895D
Date Of Birth	11/09/1979
Occupation	INDOOR
Date Of Driving Pass	13/01/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97634403
Fax Number	
Contact Number	OFFICE-97634403
EMail Address	NOEMAIL

Address	BLK 109 BUKIT BATOK WEST AVENUE 6 #08-24
Postcode	650109
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	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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - A/20190524/7024.

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	SKU1163R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EE POH SIONG
NRIC/Passport Number	S7023782B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RYAN TAN ZHEN TONG (CHEN ZHENTONG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLF5962S
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.:

SKETCH PLAN

Vehicle A: SLF59625
Vehicle B: SKU1163R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOLLOW POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 23/05/2019 Accident Time: 18:20 (24-HR-Format)
Accident Place : MOONSTONE LANE
Vehicle Reg. No. (Car Plate No.) : SLF 5962S
Vehicle Make/Model : HONDA VEZEL
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : RYAN TAN ZHEN TONG S7925895D
Owner or Company Contact No. : 9763 4403 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : RYAN TAN ZHEN TONG
DRIVER'S Date Of Birth : 11/09/1979 DRIVER'S License Pass Date 13 Jan 2004
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : APT BLK 109 BUKIT BATOK WEST AVE 6 #08-24
S650109
DRIVER'S Contact No. / Alt No. : 1) 9763 4403 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : platinumwerkz@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: SKU 1163R

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: EE POH SIONG

Name Driver: _____

IC No. Driver: S7023782B

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



POLICE REPORT (NP299)

Report No. A/20190524/7024

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 24/05/2019 13:27	Vide Report No.	Station Diary No.
Name Of Informant RYAN TAN ZHEN TONG	Address APT BLK 109 BUKIT BATOK WEST AVENUE 6 #08-24 SINGAPORE 650109	
ID Type / ID No. NRIC NO / S7925895D	Contact No. Home/Office: Mobile: 97634403	
Nationality SINGAPORE CITIZEN	Email Address ryan.tan@hotmail.com	
Occupation GRAB DRIVER	Sex Male	Age 39
Institution/School Name	Date of Birth 11/09/1979	Race Chinese
Date/Time Of Incident 23/05/2019 18:20	Location Of Incident MOONSTONE LANE	

Brief details.

On the above mentioned date, time and location, I was in my vehicle, SLF5962S, stationary on the right side of moonstone lane, waiting for my passenger, Shirley 98896740 to board. My vehicle had been stationary for more than 20 seconds by then. While Shirley was a few steps away from my vehicle, another vehicle, SKU1163R, suddenly rammed into the rear left of my vehicle. The impact was huge and totally caught me by surprise. The next day, I felt pain on my neck, shoulder, back and right knee. As such, I proceeded to see my doctor at Unihealth Toa Payoh 24-Hour Clinic and was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2019 13:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20190524/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190524/7024

The particulars of the driver of SKU1163R is as follows: Ee Poh Siong S7023782B

I am lodging this report because I have more than 3 days of MC and for insurance claim purposes.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2019 13:27
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7925895D**
Name:
RYAN TAN ZHEN TONG
(CHEN ZHEN TONG)

Birth Date: 11 Sep 1979
Issue Date: 13 Jan 2004

001084403B





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7925895D**

Name:
RYAN TAN ZHEN TONG
(CHEN ZHENTONG)
陳振通

Race:
CHINESE

Date of Birth: 11-09-1979 Sex: **M**

Country of Birth:
SINGAPORE




Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S7925895D**
Name : **RYAN TAN ZHEN TONG (CHEN ZHENTONG)**

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



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

13 Jan 2004

NP 428A



Licence No: S7925895D



3288273

NRIC No: S7925895D



Blood Group Date of issue

06-01-2003

APT BLK 109 BUKIT BATOK WEST AVENUE 6 #08-24
SINGAPORE 650109

NRIC No: S7925895D

Date: 23/06/2017

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	15/11/2018



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: S103387118
The Policyholder	: RYAN TAN ZHEN TONG BLK 109 #08-24 BUKIT BATOK WEST AVENUE 6 SINGAPORE 650109

Period of Insurance	: 05 Sep 2018 To 04 Sep 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,084.67

Interest Insured

Cover Type	: drive CLASSIC		
Primary Driver	: RYAN TAN ZHEN TONG (CHEN ZHENTONG)		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/VEZEL	Capacity	: 1500cc
Registration Number	: SLF59625	Registration Year	: 2016
Chassis Number	: RU11116048	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 0%
Excess (Section 2)	: S\$1,500	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: KENSO LEASING PTE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency	: HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue	: 05 Sep 2018 18:14 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103387118		RYAN TAN ZHEN TONG (CHEN ZHENTONG)	S7925895D	GPC	drive CLASSIC	SLF5962S	SLF5962S	05/09/2018	04/09/2019

Policy Information

Policy No.	5103387118	Policyholder Name	RYAN TAN ZHEN TONG (CHEN Z	Policyholder NRIC	S7925895D
Certificate No.					
Address	BLK 109 #08-24 BUKIT BATOK WEST AVENUE 6 SINGAPORE 650109				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/09/2018	Effective Date	05/09/2018 00:00	Expiry Date	04/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 109 #08-24	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650109
Address 4		Address Type	Singapore address	Post Code	650109
Unit No.	08-24	Related Policy Number	5103387118		

Insured Object: SLF5962S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Sep 2018, the following amendment(s) is/are made to this policy: NAME OF POLICYHOLDER: RYAN TAN ZHEN TONG (CHEN ZHENTONG)

Continue

Cancel

Claim Handling

Exit

Accident MT/1045950

Policy No.	5103387118	Vehicle No.	SLF59625	GST Registration No.	
Certificate No.					
Policyholder Name	RYAN TAN ZHEN TONG (CHEN ZHENTONG)			Policyholder NRIC	S7925895D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97634403	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	Yes

Accident Details

Report Date	24/05/2019 16:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/05/2019	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOONSTONE LANE				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	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			

Policyholder Mailing Address

Address 1	BLK 109 #08-24	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650109
Address 4		Address Type	Singapore address	Post Code	650109
Unit No.	08-24	Related Policy Number	5103387118		

OI Driver Info

Driver Name	RYAN TAN ZHEN TONG (CHEN ZHENTONG)	Driver Type	Main Driver	Driver DOB	11/09/1979
Unnamed driver Name		Driver NRIC	S7925895D	Driving Experience	15
Register Date of Driver License	13/01/2004	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	97634403	Contact No.(Office)	0	Address 3	SINGAPORE 650109
Address 1	BLK 109	Address 2	BUKIT BATOK WEST AVENUE 6	Post Code	650109
Address 4		Address Type	Singapore address		
Unit No.	08-24				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RYAN TAN ZHEN TONG (CHEN ZHENTONG)	Insured NRIC	S7925895D
Contact No.(Mobile)	97634403	Contact No.(Home)	67940074	Contact No.(Office)	NIL
Email Address	ryan-tan@hotmail.com	OI Vehicle Number	SLF59625	TP Vehicle Number	SKU1163R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLF59625 / SKU1163R ON 23 May 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	24/05/2019 16:30	Claim Close Date		Date Received	24/05/2019 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

























Accident No.	MT/1045950	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/05/2019 16:32

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	SAS	Normal	SAS 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:31	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:30	Photos	Normal	Photos 2019-5-24		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"/>	