

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA11900061

Date In: 14/6/19-16:40	Job description	Date & Time Completed	Done by
Ref No: 11A/1049-1082 9/14	SAS e-filing		
Veh No: 4B13905D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/6/19 14:30	i-Motor Claim Form	MN11049724-01	19/6/19 17:11
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: 4B13905D	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

<p>NA11904551</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Inc Bill	Add Bill		
	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:-				
QJ:				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N-in 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	19/06/2019 16:40
Date Of Accident	18/06/2019 19:30
Exact Location Of Accident	EU TONG SEN ST BESIDE PEOPLE'S PARK COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3905D
Insured/Policyholder	
Name Of Registered Owner	KH ELECTRICAL & ENGINEERING SERVICES PTE LTD
Co Reg No	201809557M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84397631
Alternative Phone No	OFFICE-84397631

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100416881-01
Cover Note Number	

Driver

Name of Driver	LEE ZI KONG
Passport No/FIN	G2625905W
Date Of Birth	05/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91062241
Fax Number	
Contact Number	OFFICE-91062241
EMail Address	NOEMAIL

Address	BLK 721 WOODLANDS CIRCLE #12-128
Postcode	730721
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190618/2178.

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	SMG2216R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RANIA HERLINA RAHARDJA

NRIC/Passport Number	S9320251A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 Personne's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

En Tang Street.

A: G.B.H. 3905
B: J.M. 6216 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/90618/2178.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 6 / 19) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: En Tong In St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6B4395D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 512241881-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Working
 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: Kh Electrical & Engineering Services Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 21809537M CONTACT: 84397631
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Zi Kong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 62625905W CONTACT: 91062241
 c) ADDRESS: _____

*d) DATE OF BIRTH: (5 / 5 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/8/2012

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5M62216R MODEL: _____
 b) DRIVER'S NAME: Annia Herlina Rahardja
 c) NRIC/FIN/PASSPORT: 49320251A CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (3)

2 male.

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

Email = cheerpl@gmail.com

fax =

video = *



SINGAPORE POLICE FORCE



T/20190618/2178

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190618/2178

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2019 22:53	Vide Report No.:	Station Diary No.: 161
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Informant's Particulars

Name of Informant: LEE ZI KONG			Address: APT BLK 897C WOODLANDS DRIVE 50 #08-202 SINGAPORE 732897		
ID Type / ID No.: FIN NO / G2625905W			Contact No.: Home/Office: Mobile: 91062241		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 23	Date of Birth: 05/05/1996	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Construction			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/06/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET Beside People Park Complex				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBH3905D	Lorry				Slightly Damaged	2
SMG2216R	Car					0



**SINGAPORE
POLICE FORCE**



T/20190618/2178

2 of 3

Report No. T/20190618/2178

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE
208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Brief Details.

On 18/06/19 at about 1930hrs, I was driving my company "KH Electrical & Engineering Services PTE LTD" lorry bearing registration plate number 'GBH3905D' along Eu Tong Sen St beside People Park Complex. I was at the last left lane (6th lane) going to turn left into Upper Cross St.

At the point of time the traffic was red, therefore I was slowing down when approaching the traffic junction. Suddenly a red colour vehicle bearing registration plate number 'SMG2216R' on the 5th lane turning left into my lane, I horn her but her vehicle front left headlight collided into my lorry driver seat door. The lorry has small dent at the driver door near right front headlight and there was also scratches at front right headlight, front bumper and driver seat door. No one was injured during the incident.

We exchange our particular and our contact number. I have inform my company about this matter and I was informed to lodge a traffic accident report. There was in-car camera inside my lorry, but is not working.

Driver 'SMG2216R' Particular:

Rania Herlina Rahardja

S9320251A

15/05/1993 / Female

+44 7784 463850



**SINGAPORE
POLICE FORCE**



T/20190618/2178

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

3 of 3

Report No. T/20190618/2178

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:

A /

Sgt 2 CAI JINQUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:


Date/Time:

18/06/2019 22:53


Classification Of Case:

Authentication Stamp

NP168

 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KH ELECTRICAL & ENGINEERING SERVICES PTE. LTD.



 Name
LEE ZI KONG


Work Permit No.
4 05163810

Sector
CONSTRUCTION

716
B1-01

For LKK/NAC Use Only

 **K1235322**

VISIT PASS
Immigration Regulations

For LKK/NAC Use Only

08-03-2019

Name
LEE ZI KONG

FIN
G2625905W

Date of Birth
05-05-1996

Sex
M

Nationality
MALAYSIAN



Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: G2625905W

Holder: LEE ZI KONG

Birth Date: 05 May 1996

Issue Date: 31 May 2017

Valid Till: 30/05/2022

002689229H

For LKK/NAC Use Only



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE: 11 Aug 2017

Class 3: Motor cars < 3500 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 2500 kg

For LKK/NAC Use Only

S / No. 9000301848

Licence No: G2625905W

NP 428A

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"/>	S100416881-01		KH ELECTRICAL & ENGINEERING SERVICES PTE. LTD	201809557M	GCV	Preferred Workshop Plan	GBH3905D	GBH3905D	16/05/2019	15/05/2020

Policy Information

Policy No.	5100416881-01	Policyholder Name	KH ELECTRICAL & ENGINEERING	Policyholder NRIC	201809557M
Certificate No.					
Address	BLK 721 #12-128 WOODLANDS CIRCLE SINGAPORE 730721				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	11/04/2019	Effective Date	16/05/2019 00:00	Expiry Date	15/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 721 #12-128	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730721
Address 4		Address Type	Singapore address	Post Code	730721
Unit No.	12-128	Related Policy Number	5100416881-01		

Insured Object: GBH3905D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

Claim Handling

[Exit](#)

Accident MT/1049724

Policy No.	S100416881-01	Vehicle No.	GBH390SD	GST Registration No.	
Certificate No.					
Policyholder Name	KH ELECTRICAL & ENGINEERING SERVICES PTE. LTD			Policyholder NRIC	201809557M
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	84397631	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	19/06/2019 17:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	18/06/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DU TONG SEN ST BESIDE PEOPLE'S PARK COMPLEX				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess			
Total OD Excess Applicable		Total TP Excess Applicable	

Driver is Covered?

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	10/09/2018
GST Registration No.	201809557M	GST Status Verified	Yes
Modification History	19/06/2019 17:10:32 System changed GST Registered from No to Yes 19/06/2019 17:10:32 System changed GST Registration No. from null to 201809557M 19/06/2019 17:10:32 System changed GST Registration Date from null to 10/09/2018		

Policyholder Mailing Address

Address 1	BLK 721 #12-128	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730721
Address 4		Address Type	Singapore address	Post Code	730721
Unit No.	12-128	Related Policy Number	S100416881-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/05/1996
Unnamed driver Name	LEE ZI KONG	Driver NRIC	02625905W	Driving Experience	1
Register Date of Driver License	11/08/2017	Driver Age	23	Contact No.(Home)	0
Contact No.(Mobile)	91062241	Contact No.(Office)	0	Address 3	SINGAPORE 730721
Address 1	BLK 721	Address 2	WOODLANDS CIRCLE	Post Code	730721
Address 4		Address Type	Singapore address		
Unit No.	12-128				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KH ELECTRICAL & ENGINEERING	Insured NRIC	201809557M
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	GBH390SD	TP Vehicle Number	SMG2216R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH390SD / SMG2216R ON 18 Jun 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	19/06/2019 17:13	Claim Close Date		Date Received	19/06/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1049724	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/06/2019 17:13

Path *

Browse... Clear Please Select

Category * Confidential Urgency * Normal Description *

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jun 2019 17:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-19		Edit
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jun 2019 17:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-19		Edit
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jun 2019 17:12	SAS	Normal	SAS 2019-6-19		Edit
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jun 2019 17:12	Photos	Normal	Photos 2019-6-19		Edit
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jun 2019 17:12	Photos	Normal	Photos 2019-6-19		Edit
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jun 2019 17:12	Photos	Normal	Photos 2019-6-19		Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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