

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MA119287971**

Date In: 24/6/19 - 15:09	Job description	Date & Time Completed	Done by
Ref No: NA11921089724	SAS e-filing		
Veh No: JKL 9618	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/6/19 - 01:35	i-Motor Claim Form	M 7/1050258-201	24/6/19 16:22
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: JKL 9618	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

NA119287971	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
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:-			
	Q1:			
	*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			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:-				
Dat. 1:				
Dat. 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	24/06/2019 15:09
Date Of Accident	22/06/2019 01:30
Exact Location Of Accident	JOHOR CAUSEWAY TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1323T
Insured/Policyholder	
Name Of Registered Owner	SYED ALWI BIN SYED OMAR ALSREE
NRIC No	S1249944B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96604134
Alternative Phone No	OFFICE-96604134

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5099749046
Cover Note Number	

Driver

Name of Driver	SYED ABDILLAH BIN SYED ALWI ALSREE
NRIC No	S9417824Z
Date Of Birth	07/05/1994
Occupation	INDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97761664
Fax Number	
Contact Number	OFFICE-97761664
Email Address	NOEMAIL

Address	137A EAST COAST ROAD
Postcode	428823
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Foreign Vehicle Registration Number	JKL9618 (PRIVATE CAR)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190622/2062.

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	JKL9618
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU CHIA HONG
NRIC/Passport Number	
Contact Number	90303732
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: 22/6/19 1405hrs


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

SKETCH PLAN


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190622/2062

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: 22/6/19 1405hrs


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

ACCIDENT STATEMENT

ACCIDENT DATE: (22/6/19) (DD/MM/YYYY), TIME: (01:30) (HH:MM)

LOCATION: Johor runway twd Johor.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUX 13237.
 b) INSURANCE COMPANY: UTIC
 c) POLICY NUMBER: 5097749246
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (1)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Syed Alwi Bin Syed Omar ALSEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1499498 CONTACT: 96604134
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Syed Abdullah Bin Syed Alwi ALSEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9478292 CONTACT: 97761664
 c) ADDRESS: 137A EAH 1041 B9d (42823)

* d) DATE OF BIRTH: (7/5/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/2013

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

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: JCL 9618. MODEL: _____
 b) DRIVER'S NAME: Chan chin hong
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90303737

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

Email = abdillahalsree@hotmail.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20190622/2062

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20190622/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2019 13:32	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: SYED ABDILLAH BIN SYED ALWI ALSREE			Address: 137A EAST COAST ROAD SINGAPORE 428823		
ID Type / ID No.: NRIC NO / S9417824Z			Contact No.: Home/Office: Mobile: 97761664		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 07/05/1994	Type of Informant: Driver		
Race: Malay-Arab			Language:		Institution / School Name: SIT
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/06/2019 01:30	Type of Location: Bridge
Location: Along Road 1 CAUSEWAY JOHORE CAUSEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
JKL9618	Car				Slightly Damaged	0
SLX1323T	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190622/2062

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20190622/2062

CONTINUATION OF REPORT

Driver			
Name	LAU CHIA HONG	ID No.	B40707-01-6105
Related Vehicle	JKL9618 (Car)	Contact No.	90303732
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	SYED ABDILLAH BIN SYED ALWI ALSREE	ID No.	S9417824Z
Related Vehicle	SLX1323T (Car)	Contact No.	97761664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 the above mentioned date, time and location, I was driving towards Johore Bahru checkpoint and was queueing up as usual. Suddenly the said vehicle behind me had accelerated slightly more and hit onto the rear bumper of my vehicle, causing slight scratches and slight dent on the rear bumper affecting the reverse sensor on my vehicle as well. No government property damaged. I am lodging this report for record purposes only.



**SINGAPORE
POLICE FORCE**



T/20190622/2062

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

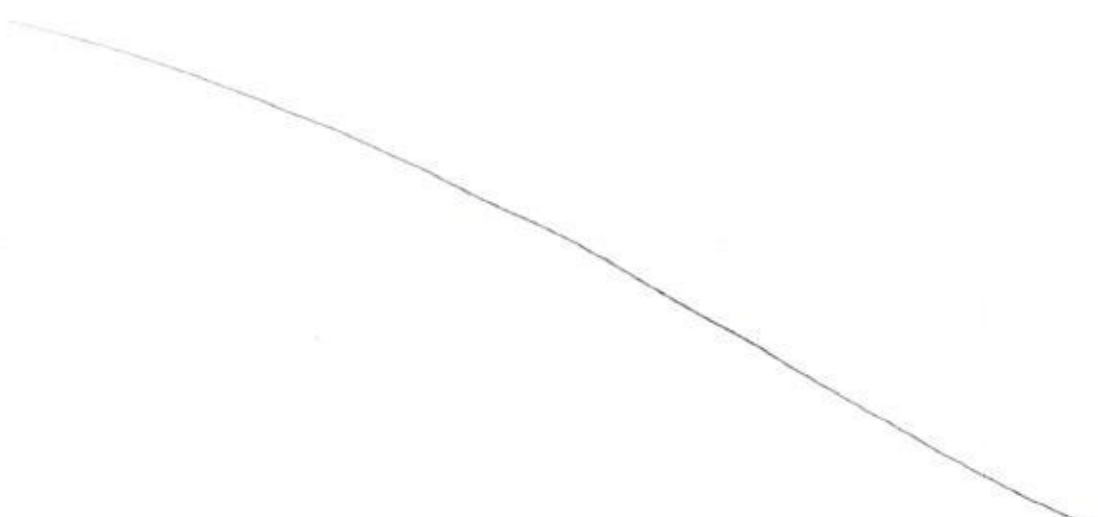
3 of 3

Report No. T/20190622/2062

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:
G /
Staff Sgt MUHAMMAD IRSYAD BIN ABDUL
KADER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/06/2019 13:32

Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9417824Z

Name: SYED ABDILLAH BIN SYED ALWI ALSREE

Birth Date: 07 May 1994

Issue Date: 02 Aug 2016

Barcode: 002594778C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9417824Z

Name: SYED ABDILLAH BIN SYED ALWI ALSREE

سید عبدالله بن سید علوی السیر

Race: MALAY-ARAB

Date of birth: 07-05-1994

Sex: M

Country of birth: SINGAPORE

Barcode: 002594778C

For LKK/NAC Use Only

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 $\leq 2500\text{kg}$	10 Feb 2015

NP 428A

Licence No: S9417824Z

Barcode: 002594778C

For LKK/NAC Use Only

5052546

Barcode: 002594778C

NRIC No: S9417824Z

Date of issue: 25-06-2012

Address: 137A EAST COAST ROAD SINGAPORE 428823

For LKK/NAC Use Only

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)

My Desktop

To Do List

Policy Query

Notice of Loss

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/06/2019 01:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SLX1323T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099749046		SYED ALWI BIN SYED OMAR ALSREE	S12499448	GPC	drive CLASSIC	SLX1323T	SLX1323T	12/04/2018	31/08/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5099749046	Policyholder Name	SYED ALWI BIN SYED OMAR AL	Policyholder NRIC	S1249944B
Certificate No.					
Address	137A EAST COAST ROAD SINGAPORE 428823				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/04/2018	Effective Date	12/04/2018 00:00	Expiry Date	31/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	137A EAST COAST ROAD	Address 2	SINGAPORE 428823	Address 3	
Address 4		Address Type	Singapore address	Post Code	428823
Unit No.		Related Policy Number	5099749046		

Insured Object: SLX1323T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/02/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Apr 2018 TO 31 Aug 2019 In view of this amendment, an additional premium of \$331.17 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/1050258

Policy No.	5099749046	Vehicle No.	SLX1323T	GST Registration No.	
Certificate No.					
Policyholder Name	SYED ALWI BIN SYED OMAR ALSREE	Cover Type	drive CLASSIC	Policyholder NRIC	S12499448
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96604134	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes
Accident Details					
Report Date	24/06/2019 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/06/2019	Time of Accident hh:mm	01:30	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JOHOR CAUSEWAY TWDS JB				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	137A EAST COAST ROAD	Address 2	SINGAPORE 428823	Address 3	
Address 4		Address Type	Singapore address	Post Code	428823
Unit No.		Related Policy Number	5099749046		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/05/1994
Unnamed driver Name	SYED ABOILLAH BIN SYED ALW	Driver NRIC	S9417624Z	Driving Experience	4
Register Date of Driver License	10/02/2015	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	97761664	Contact No.(Office)	0	Address 3	
Address 1	137A EAST COAST ROAD	Address 2	SINGAPORE 428823	Post Code	428823
Address 4		Address Type	Singapore address		
Unit No.					
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SYED ALWI BIN SYED OMAR AL	Insured NRIC	S12499448
Contact No.(Mobile)	96604134	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	alwi_alsree@hotmail.com	OT Vehicle Number	SLX1323T	TP Vehicle Number	JKL9618
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLX1323T / JKL9618 ON 22 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	24/06/2019 16:22	Claim Close Date		Date Received	24/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1050258	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/06/2019 16:23
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse...

Browse...

Browse...

Clear

Please Select

NO

Normal

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 CES) on 24 Jun 2019 16:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Jun 2019 16:23	SAS	Normal	SAS 2019-6-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Jun 2019 16:23	Photos	Normal	Photos 2019-6-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Jun 2019 16:23	Photos	Normal	Photos 2019-6-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Jun 2019 16:23	Photos	Normal	Photos 2019-6-24		Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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