

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MA1190845A**

Date In: 20/6/9-12:16	Job description	Date & Time Completed	Done by
Ref No: NA/14C1901162/24	SAS e-filing		
Veh No: UM413145	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/6/9-12:45	i-Motor Claim Form	M7/1050462-001	20/6/9 N:05
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: **UM6252P** 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

NA1504705

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

Am't (\$) Amt (\$)
 In 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
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

Invoice dated Fee Charged
 Invoice dated Fee Charged

20/6/9

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	25/06/2019 12:16
Date Of Accident	24/06/2019 12:45
Exact Location Of Accident	BALESTIER RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1314S
Insured/Policyholder	
Name Of Registered Owner	ASL8
Co Reg No	53388874C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93659349
Alternative Phone No	OFFICE-93659349

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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	5105710704
Cover Note Number	

Driver

Name of Driver	ANG LAY SOON
NRIC No	S1673223J
Date Of Birth	25/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93659349
Fax Number	
Contact Number	OFFICE-93659349
Email Address	NOEMAIL

Address	BLK 213 BUKIT BATOK STREET 21 #03-219
Postcode	650213
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?	
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPROT - T/20190624/2077.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6252P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

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:

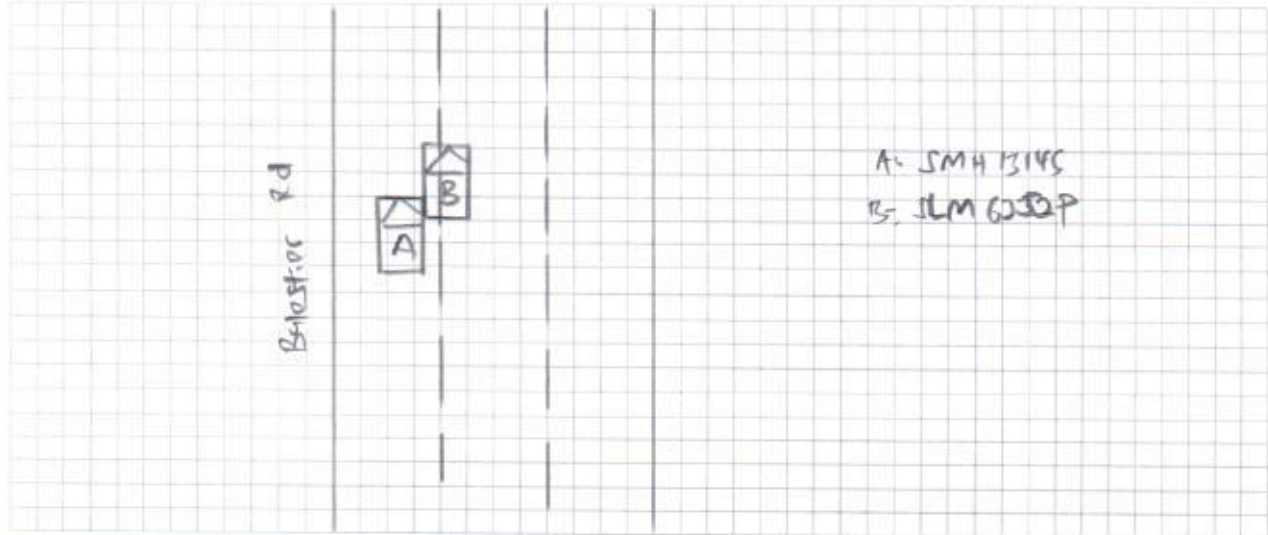
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/2024/2027.

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.:



SINGAPORE POLICE FORCE



T/20190624/2077

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20190624/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 13:39		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: ANG LAY SOON			Address: APT BLK 213 BUKIT BATOK STREET 21 #03-219 SINGAPORE 650213		
ID Type / ID No.: NRIC NO / S1673223J			Contact No.: Home/Office: Mobile: 93659349		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 25/01/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/06/2019 12:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD CENTRAL EXPRESSWAY Balestier Road towards CTE (City).				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

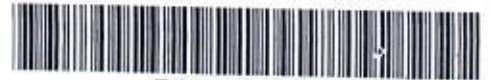
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH1314S	Car			White	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190624/2077

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20190624/2077

CONTINUATION OF REPORT

Driver				
Name	ANG LAY SOON		ID No.	S1673223J
Related Vehicle	NIL		Contact No.	93659349
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 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 place. I am a GrabDriver and I was sending my passenger to his location. I was travelling at Balestier Rd heading towards Rangoon Rd and I was queuing up with the other vehicles at that point of time. Suddenly there was a vehicle that came very near to me and subsequently it hit my right side of my mirror. The side mirror was still intact however it was damaged. The driver did not make a stop after the incident occurred, however I saw him slowing down at about 7 vehicles in front of me. But he did not alight and just drove off. I wished to state that I have a in-car camera and I have the footage of the incident.

My passenger details as follow, and he did witness the incident:
Name: Mr Sarma
Contact Number: 81665768

I could not take a proper look at the vehicle car plate number but the car plate number is 6252.



**SINGAPORE
POLICE FORCE**



T/20190624/2077

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20190624/2077

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:
E /
Sgt 2 TEO WEI JIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/06/2019 13:39

Classification Of Case:

CRIME
FORCE

SN 069

SIGNATURE

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of ASL8 (53388874C)

Date: 19/10/2018

The Following Are The Brief Particulars of :

Name of Business	:	ASL8
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53388874C
Registration Date	:	19/10/2018
Commencement Date	:	19/10/2018
Status of Business	:	Live
Status Date	:	19/10/2018
Renewal Date	:	
Expiry Date	:	19/10/2019
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	213 BUKIT BATOK STREET 21 #03-219 SINGAPORE (650213)
Date of Change of Address	:	

Principal Activities

Activities (I)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:	RENTAL
Activities (II)	:	
Description	:	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : N18747955F

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of ASL8 (53388874C)

Date: 19/10/2018

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Position
ANG LAY SOON	S1673223J	SINGAPORE CITIZEN	213 BUKIT BATOK STREET 21 #03-219 SINGAPORE (650213)	OSCARS	19/10/2018	Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA181019020531 (Free Business Profile by ACRA)

DATE : 19/10/2018

This is computer generated. Hence no signature required.



Authentication No. : N18747955F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

License Number: S1673223J

Name: ANG LAY SOON

Birth Date: 25 Jan 1964

Issue Date: 11 May 2011

Barcode: 001961703A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1673223J

Portrait photo of a man.

Name: ANG LAY SOON

Race: 洪 丽 顺 (Chinese)

Date of birth: 25-01-1964

Sex: M

Country of birth: SINGAPORE

Small circular portrait photo.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	22 Oct 1982
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	10 May 1982
Class 4	Heavy motor cars and motor tractors > 2500 kg	25 May 2012

S1673223J

S / No. 0000167761

License No: S1673223J

NP 422A

For LKK/NAC Use Only

4718939

Barcode

NRIC No: S1673223J

Fingerprint

Date of issue: 20-04-2011

Address: APT BLK 213 BUKIT BATOK STREET 21 #03-219 SINGAPORE 650213

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/06/2019 12:45"/>
Vehicle No. (For Motor)	<input type="text" value="SMH1314S"/>	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"/>	5105710704		ASL8	53388874C	GPC	drive CLASSIC	SMH1314S	SMH1314S	23/11/2018	22/11/2019

Policy Information

Policy No.	5105710704	Policyholder Name	ASL8	Policyholder NRIC	53388874C
Certificate No.					
Address	BLK 213 #03-219 BUKIT BATOK STREET 21 SINGAPORE 650213				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/11/2018	Effective Date	23/11/2018 00:00	Expiry Date	22/11/2019 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	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 213 #03-219	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650213
Address 4		Address Type	Singapore address	Post Code	650213
Unit No.	03-219	Related Policy Number	5105710704		

Insured Object: SMH1314S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	23/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 23 Nov 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SWIFT GARAGE PTE. LTD. CHASSIS NUMBER: GB71068480 ENGINE NUMBER: LEB5602001 VEHICLE REGISTRATION NUMBER: SMF7806K ORIGINAL REGISTRATION DATE: 23 Nov 2018</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 05 Dec 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SWIFT GARAGE PTE. LTD. CHASSIS NUMBER: GB71068480 ENGINE NUMBER: LEB5602001 VEHICLE REGISTRATION NUMBER: SMH1314S ORIGINAL REGISTRATION DATE: 23 Nov 2018</p>
2	05/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Exit

Accident MT/1050462

Policy No.	5105710704	Vehicle No.	SMH1314S	GST Registration No.	
Certificate No.					
Policyholder Name	ASL8			Policyholder NRIC	53388874C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93659349	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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

Report Date	25/06/2019 14:03	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	24/06/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER RD TWDS CTE				

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	25/06/2019 14:04:49 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 213 #03-219	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650213
Address 4		Address Type	Singapore address	Post Code	650213
Unit No.	03-219	Related Policy Number	5105710704		

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/01/1964
Unnamed driver Name	ANG LAY SOON	Driver NRIC	S16732233	Driving Experience	37
Register Date of Driver License	10/05/1982	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	93659349	Contact No.(Office)	0	Address 1	SINGAPORE 650213
Address 1	BLK 213	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650213
Address 4		Address Type	Singapore address	Post Code	650213
Unit No.	03-219				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Claim Type *	OD-MX	Insured Name	ASL8	Insured NRIC	53388874C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64400220
Email Address		OI Vehicle Number	SMH1314S	TP Vehicle Number	SLM6252P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMH1314S / SLM6252P ON 24 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	25/06/2019 14:05	Claim Close Date		Date Received	25/06/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/1050462	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/06/2019 14:07

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	





Browse...
Browse...
Browse...

Clear
Please Select
50
Normal

Clear
Please Select
50
Normal

☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Meg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 25 Jun 2019 14:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 25 Jun 2019 14:07	SAS	Normal	SAS 2019-6-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 25 Jun 2019 14:06	Photos	Normal	Photos 2019-6-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 25 Jun 2019 14:06	Photos	Normal	Photos 2019-6-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 25 Jun 2019 14:06	Photos	Normal	Photos 2019-6-25		Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				