

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NAI19087296**

Date In: <b>4/2/19-12:00</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAI/INC/1901/1887/24</b>	SAS e-filing		
Veh No: <b>52295415</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>4/2/19-12:00</b>	i-Motor Claim Form	<b>NAI/1051953-01</b>	<b>4/2/19 12:04</b>
OD: <b>TP</b> 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: <b>52295415</b>	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

<b>NAI 1904984</b>	<b>Invoice Preparation Checklist</b>		<b>Amt (\$)</b> Est Bill	<b>Amt (\$)</b> Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	04/07/2019 17:20
Date Of Accident	04/07/2019 13:30
Exact Location Of Accident	SYNERGY @ KAKI BUKIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9541S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR FLEET AUTO LEASING
Co Reg No	53382960K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93689070
Alternative Phone No	OFFICE-93689070

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 1.4 TSI AT BMT 5N22QY
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	5101400494-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD ANWAR BIN MOHAMMAD ABDUL KADER
NRIC No	S8709558D
Date Of Birth	04/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93689070
Fax Number	
Contact Number	OFFICE-93689070
Email Address	NOEMAIL

Address	BLK 443D FAJAR ROAD #06-46
Postcode	674443
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190704/7010.

#### 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	SJC2421X
Vehicle Make/Model/Colour	MERC E CLASS
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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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.:

VEH A: GCZ 954AS  
VEH B: STC 242LY

SYACAHY @ FB

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

veh B-SJC-2421X

SYNCHRONIC

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Ruler to police Report -

~~I~~ I declare the foregoing particulars are true in every respect.



**Psychologist's Signature**

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

**Date & Time:**

Reporting Centre Personnel's Signature

Notes:

NRIC/FIN No.:



Date of Accident : 4 July 2019 Accident Time: 130pm (24-HR-Format)  
Accident Place : Synergy @ Kaki Bukit #01-21 (max Factor)  
Vehicle Reg. No. (Car Plate No.) : SLZ9541S  
Vehicle Make/Model : VW Tiguan  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Car Fleet Auto Leasing 53382960K  
Owner or Company Contact No. : 93689070 Owner's Hp 84269807 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Mohammad Anwar Bin Mohammad Abdul Kader  
DRIVER'S Date Of Birth : 04 Apr 1987 DRIVER'S License Pass Date 12 Dec 2008  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other Owner  
DRIVER'S Address : 443D Fajar Road #06-46 s' (674443)  
DRIVER'S Contact No. / Alt No. : 1) 93689070 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@MyCar.sg  
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): 0

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: SJC 2421X

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: Merc E class

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20190704/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190704/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2019 15:53	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMMAD ANWAR BIN MOHAMMAD ABDUL KADER			Address: APT BLK 443D FAJAR ROAD #06-46 SINGAPORE 674443		
ID Type / ID No.: NRIC NO / S8709558D			Contact No.: Home/Office: Mobile: 84269807		
Nationality: SINGAPORE CITIZEN			Email: cfaleasing@gmail.com		
Sex: Male	Age: 32	Date of Birth: 04/04/1987	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: CAR DEALER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/07/2019 13:30	Type of Location: Straight Road
Location:  KAKI BUKIT ROAD 4				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
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
SJC2421X	Car					0
SLZ9541S	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/20190704/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190704/7010

**CONTINUATION OF REPORT**

<b>Vehicle Owner</b>				
Name	MOHAMMAD ANWAR BIN MOHAMMAD ABDUL KADER		ID No.	S8709558D
Related Vehicle	SLZ9541S (Car)		Contact No.	84269807
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 stated date and time,

I went to visit my workshop at synergy @ KB, the mechanic from the workshop then park my car SLZ9541S at the side of the road to not block any traffic.

After making my payments to the workshop, I walk towards my car and realise my car was damaged at the side.

I then took my in car camera see and caught SJC2421X collided to my car and drive off.

This is a hit and run case.



**SINGAPORE  
POLICE FORCE**



T/20190704/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190704/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KALESWARI PALANI  
Contact No.: 65476902

Authentication Stamp

NP168


Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/07/2019 15:53

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8709558D



Name  
MOHAMMAD ANWAR BIN  
MOHAMMAD ABDUL KADER

Place  
INDIAN


Date of birth  
04-04-1987

Sex  
M

Country of birth  
SINGAPORE

For LKK/MAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE  
S8709558D



Name  
MOHAMMAD ANWAR BIN  
MOHAMMAD ABDUL KADER

Birth Date  
04 Apr 1987

Valid Date  
02 Feb 2015

002392488K

4500768



NRQ No: S8709558D



Date of issue  
08-07-2010


APT BLK 4430 FAJAR ROAD #08-48  
SINGAPORE 674443  
NRQ No: S8709558D      DATE: 15/03/2018

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

EFFECTIVE DATE		
Class 2B	Motorcycles <= 200 cc	20 Jun 2005
Class 2A	Motorcycles between 201 cc and 400 cc	25 Oct 2007
Class 2	Motorcycles > 400 cc	06 Jan 2009
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver and other motor vehicles <= 2500kg	12 Dec 2008

NP 428A

Licence No: S8709558D



For LKQ/NAC Use Only



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="04/07/2019 13:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SLZ9541S"/>	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"/>	5101400494-01		CAR FLEET AUTO LEASING	53382960K	GPC	drive PREMIUM	SLZ9541S	SLZ9541S	12/06/2019	27/10/2019
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5101400494-01	Policyholder Name	CAR FLEET AUTO LEASING	Policyholder NRIC	53382960K
Certificate No.					
Address	200 JALAN SULTAN #03-22 TEXTILE CENTRE SINGAPORE 199018				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	01/04/2019	Effective Date	12/06/2019 00:00	Expiry Date	27/10/2019 23:59
Excess Type	Per Accident	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	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#03-22 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4			Address Type	Singapore address	Post Code
Unit No.	05-08	Related Policy Number	5101400494-01		

## Insured Object: SLZ9541S

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 12 Jun 2019, the following amendment(s) is/are made to this policy: 1. The cover is amended from drivo CLASSIC to drivo PREMIUM 2. The Policy is extended to allow vehicle repair at preferred workshop</p> <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 Jun 2019 TO 27 Oct 2019 In view of this amendment, a refund of \$986.33 (inclusive of GST) will be adjusted against the outstanding premium. Hence, the balance premium of \$916.09 (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>
2	12/06/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue Cancel



## Claim Handling

Exit

## Accident MT/1051953

Policy No.	5101400494-01	Vehicle No.	SL295415	GST Registration No.	
Certificate No.					
Policyholder Name	CAR FLEET AUTO LEASING			Policyholder NRIC	53382960K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	93689070	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		#Code	71
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(%)	10	Private Hire	No

**Accident Details**

Report Date	04/07/2019 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/07/2019	Time of Accident h:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SYNERGY @ KAKI BLKIT				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status verified	Yes
Modification History	04/07/2019 17:33:20 System changed GST Status verified from No to Yes		

## Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#03-22 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No	05-08	Related Policy Number	5101400494-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ANWAR BIN MOHA	Driver NRIC	S8709558D	Driver DOB	04/04/1987
Register Date of Driver License	12/12/2008	Driver Age	32	Driving Experience	10
Contact No.(Mobile)	93689070	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 443D	Address 2	FAJAR ROAD	Address 3	FAJAR HILLS
Address 4	SINGAPORE 674443	Address Type	Singapore address	Post Code	674443
Unit No.	05-45				
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	CAR FLEET AUTO LEASING	Insured NRIC	53382960K
Contact No.(Mobile)	93689070	Contact No.(Home)		Contact No.(Office)	
Email Address	MDANWAR.TRADING@GMAIL.O	OT Vehicle Number	SL295415	TP Vehicle Number	SLC2421X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SL295415 / SLC2421X ON 4 Jul 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	04/07/2019 17:34	Claim Close Date		Date Received	04/07/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1051953	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/07/2019 17:35






















Path \*

Browse... **CMR** Please Select ☐ Confidential ☐ Urgency \* Normal ☐ Description \*

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
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 SERVI CES) on 04 Jul 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:35	SAS	Normal	SAS 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:35	Photos	Normal	Photos 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:35	Photos	Normal	Photos 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:35	Photos	Normal	Photos 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:34	Photos	Normal	Photos 2019-7-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:34	Photos	Normal	Photos 2019-7-4		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jul 2019 17:34	Photos	Normal	Photos 2019-7-4		<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	