

# NATIONAL Assessment Centre Services

Date In: 06/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013714/13	SAS e-filing		
Veh No: SJL4895B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 05/08/19 0935	i-Motor Claim Form	NT/1056584-001	
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: SJV77472	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

NA/1905959

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat 1:

Cat 2 / 3:

## Invoice Preparation Checklist

- |   | Amt (\$)<br>1st Bill | Amt (\$)<br>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:-                   |                      |                      |
| ON*   |                      |                      |
| *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 (Non INC) against INC \$20        |                      |                      |
| 9) N12: Idac Mobile 30                          |                      |                      |

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	06/08/2019 09:15
Date Of Accident	05/08/2019 09:35
Exact Location Of Accident	CHANGI BUSINESS PARK VISTA SLIP RD INTO CHANGI SOU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL4895B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUNCHI LEASING PTE. LTD.
Co Reg No	201832996K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93639889

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5104376548
Cover Note Number	

### Driver

Name of Driver	A SANDARA SAGARAN
NRIC No	S1493912A
Date Of Birth	18/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93631485
Fax Number	
Contact Number	
EMail Address	SSEGAR40@YAHOO.COM

Address	BLK 229 YISHUN ST 21
	#02-570
Postcode	760229
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SJV7747Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUHARI BIN SANVON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	A SANDARA SAGARAN
------	-------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL4895B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

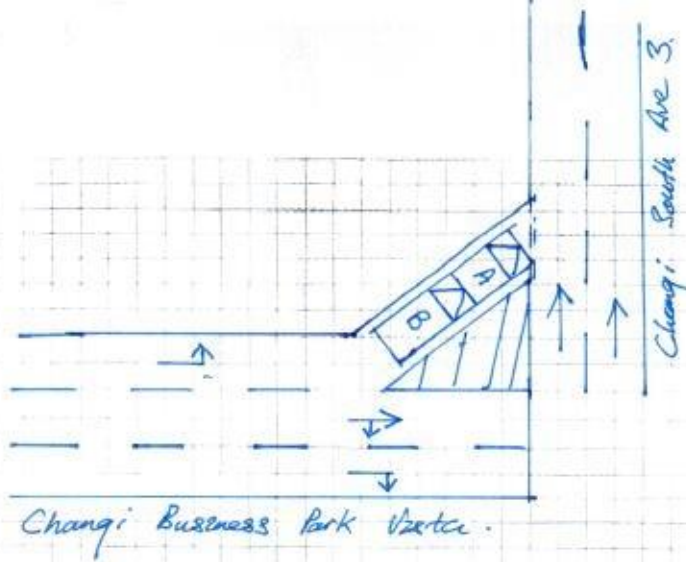


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



(A) SJL 4895B.  
(B) SJV 7747Z.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/08/19 at @0935 hrs, I stopped my vehicle (SJL 4895B) along Changi Business Park Vista slip road into Changi South Ave 3, to give way to the traffic on the main road. Suddenly, a car (SJV 7747Z) from behind collided onto the rear portion of my vehicle.

## 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.:



<b>Vehicle No.</b>	SJL H895B		<b>Model / Make</b>	Toyota Altis
<b>Date of Accident</b>	05/08/19			
<b>Time of Accident</b>	0935 HRS			
<b>Location of Accident</b>	Changi Business Park Vista Slip Road Into Changi South Ave 3			
<b>Exact purpose use during accident</b>	Chauffeur			
<b>Name of Owner</b>	Munchi Leasing Pte Ltd.			
<b>Telephone No.</b>	H/P: 9363 9889	<b>Home:</b>	<b>Office:</b>	
<b>NRIC</b>	2018329961 K			
<b>Address</b>	421, Tagore Industrial Ave #01-20, Tagore 8 (S) 787805			
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft	
<b>Policy No.</b>	5104376548			
<b>Name of Driver</b>	As Above If No, A Sandara Sagarar			
<b>NRIC</b>	S1493912 A		<b>Any Passengers:</b> N.A.	
<b>Date of birth</b>	18/02/1961			
<b>Occupation</b>	<u>Outdoor</u>	/ Indoor		
<b>Driving License Pass Date</b>	21/04/1981			
<b>Gender</b>	<u>Male</u>	/ Female		
<b>Contact No.</b>	H/P: 9363 1485	<b>Home:</b>	<b>Office:</b>	
<b>Address</b>	BLK 229 Yeshun St 21 #02-570 (S) 760229			
<b>Driver have any own vehicle</b>	<u>No</u>	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state <u>Driver</u>		
<b>Weather condition</b>	<u>Clear</u>	Raining Other		
<b>Road Surface</b>	<u>Dry</u>	Wet Other		
<b>Any Injuries</b>	No,	<u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	A Sandara Sagarar (H/P: 9363 1485)			
<b>Name And Contact No.</b>				
<b>Police Report</b>	<u>No</u>	If Yes, Where?		
<b>Vehicle B No.</b>	SJV 7747Z		<b>Any Passengers:</b> N.A.	
<b>Name of Driver</b>	Juhari Ben Sarvon		<b>Contact No.:</b>	
<b>Vehicle C No.</b>	<b>Any Passengers:</b>			
<b>Vehicle D No.</b>	<b>Any Passengers:</b>			
<b>Vehicle E No.</b>	<b>Any Passengers:</b>			
<b>Vehicle F No.</b>	<b>Any Passengers:</b>			
<b>Vehicle G No.</b>	<b>Any Passengers:</b>			
<b>Witness Name</b>	N.A.		<b>Witness Contact:</b> N.A.	
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	Yes <u>No</u>			
<b>Email Address</b>	ssagarar40@yahoo.com			
<b>PARTICULAR WORKSHOP</b>	N-51			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Teng			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1493912A**  
 Name: **A SANDARA SAGARAN**

**For LKK/NAC Use Only**

Birth Date: 18 Feb 1961  
 Issue Date: 28 Feb 2003

000241399G

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S1493912A**

Name: **A SANDARA SAGARAN**  
 அ சந்திரசேகரன்

**For LKK/NAC Use Only**

Race: **INDIAN**  
 Date of birth: **18-02-1961**  
 Country/Place of birth: **SINGAPORE**

Sex: **M**

S1493912A

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1493912A**  
 Name: **A SANDARA SAGARAN**

**For LKK/NAC Use Only**

Issue Date: **29/8/2014**  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Jul 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Apr 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Mar 1991

**For LKK/NAC Use Only**

Licence No: **S1493912A**

5756571

**For LKK/NAC Use Only**

NRIC No: **S1493912A**

Date of issue: **16-06-2017**

Address:  
**APT BLK 229 YISHUN STREET 21**  
**#02-570**  
**SINGAPORE 760229**

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

Type	Description	Issue Date
02	TAXI VL	29/08/2014
03	BUS VL	27/02/1998
04	BUS ATTENDANT	27/02/1998

**For LKK/NAC Use Only**



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5104376548

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJL4895B**  
 Chassis Number : MR053ZEE106123937
2. Name of Policyholder : MUNCHI LEASING PTE. LTD.
3. Effective Date of Insurance : 21 Nov 2018
4. Expiry Date of Insurance : 20 Nov 2019
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ASIA CARZ HOLDING PTE. LTD.
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
 Date of Issue : 03 Oct 2018 09:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Enquire Vehicle Registration Details

## Owner Particulars

NRIC/Passport/Company Cert No.:	201832996K
Owner ID Type:	Company
Owner Name:	MUNCHI LEASING PTE. LTD.
Registered Address:	421 TAGORE INDUSTRIAL AVENUE #01-20 TAGORE 8 SINGAPORE 787805
Mailing Address:	-
Birth Date:	-

## Vehicle Particulars

Vehicle No.:	SJL4895B
Previous Vehicle No.:	-
Effective Date of Ownership:	26 Nov 2018
Original Regn Date:	28 Nov 2008
Registration Date:	28 Nov 2008
Year of Manufacture:	2008
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	MR053ZEE106123937
Engine No.:	3ZZ4812808
Engine Capacity / Power Rating:	1598 cc / -
Maximum Power Output:	80.0 kW (107 bhp)
Propellant:	Petrol
Max Unladen Weight:	1195 kg
Maximum Laden Weight:	1630 kg
Open Market Value:	\$16,084.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2018
Minimum PARF Benefit:	\$8,042.00
No. of Transfers:	3
IU Label No.:	1122550337
COE No.:	2008120101002309D
COE Expiry Date:	27 Nov 2023
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$2.00 / -
PQP Paid:	\$14,835.00
QP (Regn Cat):	\$2.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$2.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$16,084.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Click 'Dashboard' to return to the main OneMotoring website. Do not use the back or forward buttons in your browser.

Message: The vehicle will be de-registered upon expiry of its 5-year COE on 27 Nov 2023. No further renewal will be allowed. This is a public service vehicle.

Print

OK

Save as PDF



## Claim Handling

Accident MT/1056584

Policy No.	5104376548	Vehicle No.	SJL4895B	GST Registration No.
Certificate No.				
Policyholder Name	MUNCHI LEASING PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93639889	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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
<b>Accident Details</b>				
Report Date	06/08/2019 09:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/08/2019	Time of Accident hh:mm	09:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CHANGI BUSINESS PARK VISTA SLIP RD INTO CHANGI SOU			
<b>Excess</b>				
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-20	Related Policy Number	5108251382	
<b>OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	A SANDARA SAGARAN	Driver NRIC	S1493912A	Driver DOB
Register Date of Driver License	21/04/1981	Driver Age	58	Driving Experience
Contact No.(Mobile)	93631485	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 229	Address 2	YISHUN STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-570			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUNCH
Contact No.(Mobile)	81833239	Contact No. (Home)	
Email Address		OI Vehicle Number	SJL489
Claim Description	SJL4895B / SJV7747Z ON 5 Aug 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Contact No. Finalisation	Preferred	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/08/2019 09:51
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1056584 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 06/08/2019 00:00

Path \*

Choose File No file chosen

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Message Read

Clear

Please Select

Confidential

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

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NO

Clear

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2019 09:50	Photos	Normal	Photos
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