

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA119105993

Date In: 14/8/19-09:59	Job description	Date & Time Completed	Done by
Ref No: N01 INC1901409224	SAS e-filing		
Veh No: 5JH79912	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/8/19-09:30	i-Motor Claim Form	M11057592-201	14/8/19 13:08
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: 5JH79912	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat. 1:

Pat. 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	14/08/2019 09:59
Date Of Accident	13/08/2019 09:30
Exact Location Of Accident	JUNC CENTRAL EXCHANGE GREEN & FUSIONPOLIS VIEW
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7909R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW CHEE KEONG (ZHOU ZHIQIANG)
NRIC No	S8070343J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91013687
Alternative Phone No	OFFICE-91013687

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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	THIRD PARTY
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	5105467799
Cover Note Number	

### Driver

Name of Driver	CHEW CHEE KEONG (ZHOU ZHIQIANG)
NRIC No	S8070343J
Date Of Birth	21/01/1980
Occupation	INDOOR
Date Of Driving Pass	06/11/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91013687
Fax Number	
Contact Number	OFFICE-91013687
Email Address	NOEMAIL



Address	188 CANBERRA DRIVE #02-38
Postcode	767956
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	COLLISION - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SKD1707L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OW YONG MAY YAN
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:



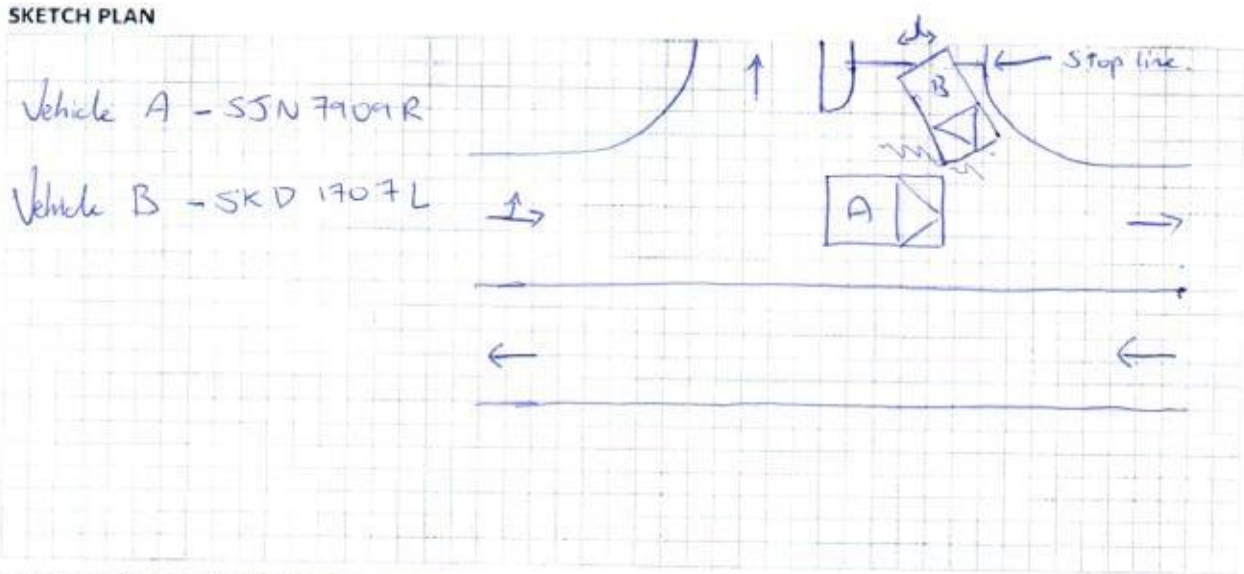
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Central Exchange Green toward North Buns Vista Rd direction. It was a two carriage way dual lane.

While travelling straight ahead, and at the T-Junction of Central Exchange Green and Fusionpolis View suddenly a vehicle came out without stopping at the stop line and hit onto the front left portion of my vehicle, while the vehicle came out from fusionpolis view.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SKD 1707 L) that collided to the front left portion of my vehicle while she exiting from fusionpolis view while I was driving along Central Exchange Green. The accident footage was captured by my in-car camera.

Vehicle A - SSN 7909 R  
Vehicle B - SKD 1707 L

## 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)

  
Reporting Centre Personnel's Signature  
Name:



<b>Vehicle No.</b>	SJN 7909 R		<b>Model / Make</b>	TOYOTA ESTIMA
<b>Date of Accident</b>	13/08/19			
<b>Time of Accident</b>	0930	<b>HRS</b>		
<b>Location of Accident</b>	CENTRAL EXCHANGE GREEN / FUSIONPOLIS VIEW T-JUNCTION			
<b>Exact purpose use during accident</b>	PRIVATE USE			
<b>Name of Owner</b>	CHEN CHIE KEOH			
<b>Telephone No.</b>	H/P : 91013687		<b>Home :</b>	
<b>NRIC</b>	S 8070 3435			
<b>Address</b>	188 CANBERRA DRIVE #02-38 S(767956)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	S105467799			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>			<b>Any Passengers :</b> 2 (1 MALE / 1 FEMALE)	
<b>Date of birth</b>	21 JAN 1980		CHILDREN.	
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	06 NOV 2008			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P :		<b>Home :</b>	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state		OWNER
<b>Weather condition</b>	Clear	Raining Other		
<b>Road Surface</b>	Dry	Wet Other		
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SKD 1707 L		<b>Any Passengers :</b>	
<b>Name of Driver</b>	Jw Yong May Ym		<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>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	FRONT LEFT PORTION.			
<b>Camera Recorder</b>	Yes/ No FRONT / REAR.			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	IAN			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg			



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8070343J



Name

CHEW CHEE KEONG  
(ZHOU ZHIQIANG)

周志强

Race

CHINESE

Date of birth

21-01-1980

Sex

M

Country of birth

MALAYSIA

S8070343J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8070343J

Name:

CHEW CHEE KEONG  
(ZHOU ZHIQIANG)

Birth Date: 21 Jan 1980

Issue Date: 06 Nov 2008



001671986D



4552384

NRIC No. S8070343J



Date of issue

01-04-2010

188 CANBERRA DRIVE #02-38  
SINGAPORE 767956

NRIC No: S8070343J

Date: 14/07/2019

For LKK/NAC Use Only

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Nov 2008

NP 428A



Licence No: S8070343J



## 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:** 5105467799

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN7909R**  
Chassis Number : ACR500083065
2. Name of Policyholder : CHEW CHEE KEONG (ZHOU ZHIQIANG)
3. Effective Date of Insurance : 24 Nov 2018
4. Expiry Date of Insurance : 23 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEW CHEE KEONG (ZHOU ZHIQIANG)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : TECK WEI CREDIT PTE. LTD. (00000572499)  
Date of Issue : 23 Nov 2018 10:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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="13/08/2019 09:30"/>
Vehicle No. (For Motor)	<input type="text" value="SJN7909R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105467799		CHEW CHEE KEONG (ZHOU ZHIQIANG)	58070343J	GPC	drive CLASSIC	SJN7909R	SJN7909R	24/11/2018	23/11/2019



### Policy Information

Policy No.	5105467799	Policyholder Name	CHEW CHEE KEONG (ZHOU ZHI	Policyholder NRIC	S8070343J
Certificate No.					
Address	BLK 663C #16-249 JURONG WEST STREET 65 SINGAPORE 643663				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/11/2018	Effective Date	24/11/2018 00:00	Expiry Date	23/11/2019 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	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 663C #16-249	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 643663
Address 4		Address Type	Singapore address	Post Code	643663
Unit No.		Related Policy Number	5105467799		

### Insured Object: SJN7909R

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 27 Nov 2018, the following amendment(s) is/are made to this policy: NAME OF POLICYHOLDER: CHEW CHEE KEONG (ZHOU ZHIQIANG)</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 27 Nov 2018, the No Claim Discount Protection (Endorsement M4) is not applicable under this policy. In view of this amendment, a refund of \$62.81 (inclusive of GST) will be adjusted against the outstanding premium. Hence, the balance premium of \$633.90 (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> <p>Thank you for giving us the opportunity to serve you. We confirm that from 27 Nov 2018,</p>
2	27/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	



## Claim Handling

EXIT

## Accident MT/1057592

Policy No.	5105467799	Vehicle No.	SIN7909R	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW CHEE KEONG (ZHOU ZHIQIANG)	Cover Type	drive CLASSIC	Policyholder NRIC	S80703433
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91013687	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	14/08/2019 13:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	13/08/2019	Time of Accident (H:M:S)	09:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNG CENTRAL EXCHANGE GREEN & FUSIONPOLIS VIEW				

## Excess

Gain damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 553C #16-249	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 643663
Address 4		Address Type	Singapore address	Post Code	643663
Unit No.		Related Policy Number	5105467799		

## O1 Driver Info

Driver Name	CHEW CHEE KEONG (ZHOU ZHIQIANG)	Driver Type	Main Driver	Driver DOB	21/01/1980
Unnamed driver Name		Driver NRIC	S80703433	Driving Experience	10
Register Date of Driver License	06/11/2008	Driver Age	39	Contact No. (Home)	0
Contact No. (Mobile)	91013687	Contact No. (Office)	0	Address 3	SINGAPORE 767956
Address 1	188 CANBERRA DRIVE	Address 2	THE VISIONAIRE	Post Code	767956
Address 4		Address Type	Singapore address		
Unit No.	02-38				
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-Max	Insured Name	CHEW CHEE KEONG (ZHOU ZHIQIANG)	Insured NRIC	S80703433
Contact No. (Mobile)	91013687	Contact No. (Home)	67943328	Contact No. (Office)	
Email Address	peterchew.ch@gmail.com	O1 Vehicle Number	SIN7909R	TP Vehicle Number	SKD1707L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	SIN7909R / SKD1707L DN 13 Aug 2019				Name of Preferred Workshop
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2019 13:58	Claim Close Date	<input type="text" value=""/>	Date Received	14/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

## Attachment

Accident No.	MT/1057592	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2019 13:59
Path *		Category *	
	<input type="text" value=""/>	Confidential	<input type="text" value=""/>
	<input type="text" value=""/>	Urgency *	<input type="text" value=""/>
	<input type="text" value=""/>	Description *	<input type="text" value=""/>
	<input type="text" value=""/>		



Browse...

Browse...

Browse...

Clear

Please Select

Normal

Clear

Please Select

Normal

Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2019 13:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2019 13:59	SAS	Normal	SAS 2019-8-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2019 13:58	Photos	Normal	Photos 2019-8-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2019 13:58	Photos	Normal	Photos 2019-8-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2019 13:58	Photos	Normal	Photos 2019-8-14		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Aug 2019 13:58	Photos	Normal	Photos 2019-8-14		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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