

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MMA 119110724

Date In: 22/8/19 17:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI INC 19014797/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJY 4935B	I-Motor Claim Form	MT/1059036 ⁰⁰¹	23/8/19 09:02
DOA: 21/8/19 23:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: <input checked="" type="checkbox"/> Reporting Only	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: YP 4150T	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 1101111-67484610)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NAI 1906239	Invoice No: 119110724	Invoice Date: 23/8/19	Invoice Time: 09:02
Claimants Particulars:	1) AIR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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) NI: Idao 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 (Nil): TP (K-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	22/08/2019 17:00
Date Of Accident	21/08/2019 23:10
Exact Location Of Accident	JUNC OF KALLANG WAY BESIDE EXTRA SPACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4935B
Insured/Policyholder	
Name Of Registered Owner	THEAN LEE MING, M
NRIC No	S9604865C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86115741
Alternative Phone No	OFFICE-86115741

Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5107204334
Cover Note Number	-

Driver

Name of Driver	THEAN LEE MING, M
NRIC No	S9604865C
Date Of Birth	07/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86115741
Fax Number	
Contact Number	OFFICE-86115741
Email Address	NOEMAIL

Address	BLK 63 SIMS PLACE #09-205
Postcode	380063
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : RACHEL GENDER: : FEMALE

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
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/20190822/7002

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	YP4150T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name THEAN LEE MING, M

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJY4935B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name RACHEL

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJY4935B

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:

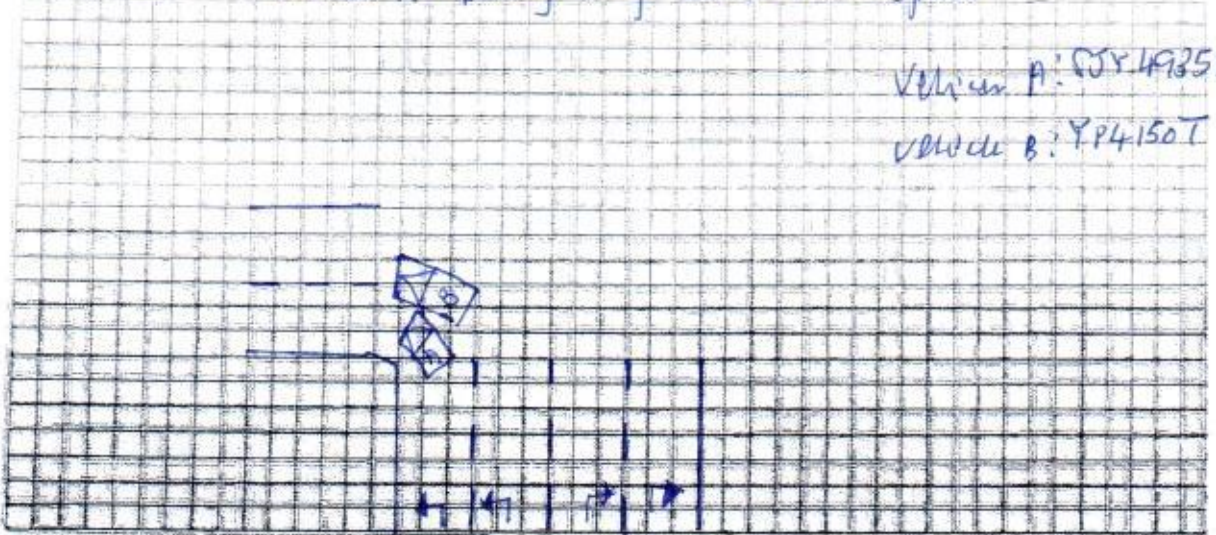

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Junction of railway way beside Extra space

Vehicle A: QY 4935 B

Vehicle B: YP 4150 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T/20190822/7002.

Refer TO Police Report

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.:

Date of Accident: 21-08-2019 Accident Time: 23:10 (24-HR-Format)
 Accident Place: Junction of railway way beside Extra Space
 Vehicle No. (Car Plate No.): STY 4935 B Make/Model: Chevrolet Optra
 Insurance Company: NTUC Policy No: 5167204334
 Owner or Company Name / IC No.: THEAN LEE MING, Marshall (S9604865C)
 Owner or Company Contact No.: 8611 5741 Owner's Hp: — Company Tel: —
 DRIVER'S Name / IC No.: — Same as Above —
 DRIVER'S Date Of Birth: 07/02/1996 DRIVER'S License Pass Date: 03/10/2016
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address: Block 63 Sims place #09-205 S(380064)
 DRIVER'S Contact No. / Alt No.: 1) — 2) —
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address: —
 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): 02
 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
 Any Injury (If YES, Pls state): —

Other Party Driver's Particular (if any)

Vehicle No: <u>YP 4150 T</u>	Vehicle No: <u>—</u>
Vehicle Make/Model: <u>ISUZU</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

*** NEW - Passenger's name & gender:**

① Rachel ② F



SINGAPORE POLICE FORCE



T/20190822/7002

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

1 of 3

Report No. T/20190822/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 02:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THEAN LEE MING, MARSHALL			Address: APT BLK 63 SIMS PLACE #09-205 SINGAPORE 380063		
ID Type / ID No.: NRIC NO / S9604865C			Contact No.: Home/Office: Mobile: 86115741		
Nationality: SINGAPORE CITIZEN			Email: marshallthean@yahoo.com		
Sex: Male	Age: 23	Date of Birth: 07/02/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2019 23:10	Type of Location: T-Junction
Location: KALLANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY4935B	Car	CHEVROLET	OPTRA+1.6 AT+MY7.5+ FACELIFT	Grey	Seriously Damaged	1
YP4150T	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY4935B	NTUC Income Insurance Co-Operative Limited	5107204334	26/01/2019	25/01/2020



**SINGAPORE
POLICE FORCE**



T/20190822/7002

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

2 of 3

Report No. T/20190822/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THEAN LEE MING, MARSHALL	ID No.	S9604865C
Related Vehicle	SJY4935B (Car)	Contact No.	86115741
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2019	Date Discharge	22/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE & TIME, I, VEHICLE A WAS TRAVELLING ON THE STATED VENUE.
SUDDENLY VEHICLE B CUT INTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION.

I WISH TO STATE THAT I'M INJURED WITH NECK AND BACK PAIN.

CLINIC : Intemedical 24 Hr Clinic



**SINGAPORE
POLICE FORCE**



T/20190822/7002

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

3 of 3

Report No. T/20190822/7002

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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
22/08/2019 02:31

Classification Of Case:

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S9604865C**

NAME: **THEAN LEE MING, MARSHALL**

Birth Date: 07 Feb 1996
Issue Date: 03 Oct 2015

002615786H

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9604865C**

NAME: **THEAN LEE MING, MARSHALL**

郭力銘

Race: **CHINESE**

Date of birth: **07-02-1996**

Country of birth: **SINGAPORE**

Sex: **M**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	03 Oct 2016

NP 428A

Licence No: S9604865C

4810391

NPIC No: **S9604865C**

Date of issue: **09-01-2012**

APT BLK 83 SIMS PLACE #08-205
SINGAPORE 380063

NRIC No: **S9604865C** Date: **12/11/2018**

Land Transport Authority

VOCATIONAL LICENCE
Licence No: S9604865C
Name: THEAN LEE MING MARSHALL

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	31/01/2019

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: 5107204334

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJY4935B
Chassis Number : KL1NA196E8H106383
2. Name of Policyholder : THEAN LEE MING, M
3. Effective Date of Insurance : 26 Jan 2019
4. Expiry Date of Insurance : 25 Jan 2020
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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
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	: THEAN LEE MING MARSHALL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WAH SOON HENG VEHICLE TRADING
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 : WAH SOON HENG VEHICLE TRADING (00000570909)
Date of Issue : 25 Jan 2019 11:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1059036

Policy No.	5107204334	Vehicle No.	SJY4935B	GST Registration No.	
Certificate No.					
Policyholder Name	THEAN LEE MING, M			Policyholder NRIC	S9604865C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86115741	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	23/08/2019 08:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/08/2019	Time of Accident hh:mm	23:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF KALLANG WAY BESIDE EXTRA SPACE				
▼ 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	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess	1500				
Total OD Excess Applicable	3500.00	Total TP Excess Applicable	1,500.00		
▼ 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 63 #	Address 2	SIMS PLACE	Address 3	GREENTOPS @ SIMS PLACE
Address 4	SINGAPORE 380063	Address Type	Singapore address	Post Code	380063
Unit No.	09-205	Related Policy Number	5107204334		
▼ OI Driver Info					
Driver Name	THEAN LE MING MARSHALL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9604865C	Driver DOB	07/02/1996
Register Date of Driver License	03/10/2016	Driver Age	23	Driving Experience	2
Contact No.(Mobile)	86115741	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 63 #	Address 2	SIMS PLACE	Address 3	GREENTOPS @ SIMS PLACE
Address 4	SINGAPORE 380063	Address Type	Singapore address	Post Code	380063
Unit No.	09-205				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	THEAN LEE MING, M	Insured NRIC	S9604865C
Contact No.(Mobile)	81572757	Contact No. (Home)		Contact No. (Office)	
Email Address	marshallthean1996@gmail.com	OI Vehicle Number	SJY4935B	TP Vehicle Number	YP4150T
Claim Description	SJY4935B / YP4150T ON 21 Aug 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered	23/08/2019 09:00	Claim Close Date		Date Received	23/08/2019 09:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1059036	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	23/08/2019 09:02
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Category *	Confidential	Urgency *	Description
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:02	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:02	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:01	SAS	Normal	SAS 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:01	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:01	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:01	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:01	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:01	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:00	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:00	Photos	Normal	Photos 2019-8-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:00	Photos	Normal	Photos 2019-8-23	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Aug 2019 09:00	Photos	Normal	Photos 2019-8-23	

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