

NATIONAL Assessment Centre Services: [wef 1 Jan 05] **MAH19113955**

Date In: 29/1/19-09:56	Job description	Date & Time Completed	Done by
Ref No: MA/14C/12/524474	SAS e-filing		
Veh No: MMB27	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 28/1/19 12:15	i-Motor Claim Form	M71059966-01	29/1/19 10:40
OD / TP: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 9W4364m	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:-	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	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	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	
	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	29/08/2019 09:56
Date Of Accident	28/08/2019 12:15
Exact Location Of Accident	JUNC ST MICHAEL'S RD & ST FRANCIS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1821T
Insured/Policyholder	
Name Of Registered Owner	BAI JUNFA
NRIC No	S8415563B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83216789
Alternative Phone No	OFFICE-83216789

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI AMBIENTE MY 15
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	5108744131
Cover Note Number	

Driver

Name of Driver	BAI JUNFA
NRIC No	S8415563B
Date Of Birth	30/05/1984
Occupation	INDOOR
Date Of Driving Pass	15/12/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83216789
Fax Number	
Contact Number	OFFICE-83216789
Email Address	NOEMAIL

Address	BLK 631 PASIR RIS DRIVE 3 #06-378
Postcode	510631
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?	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

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	SJW4764M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BAI JUNFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM1821T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

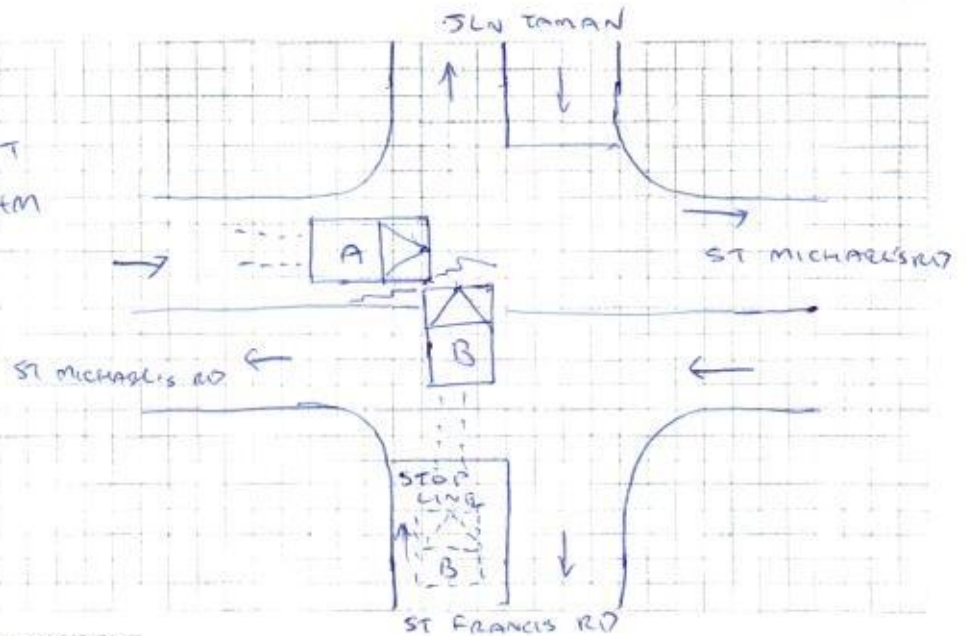
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Vehicle A - 3MM1821T
Vehicle B - SJW 4764M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight ahead towards Serangus Road.

While coming to a cross junction of (St Michael's Rd/St Francis Rd/SLN TAMAN). Suddenly a vehicle came out from St Francis Rd, As it was too sudden, I couldn't react on time or brake in time to prevent the accident/collision hit by vehicle (SJW 4764 M).

Ahead from my vehicle and realized. It was a vehicle (SJW 4764 M) that ignored the stop line and causing the collision to the front right portion of my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - 3MM1821T

Vehicle B - SJW 4764M

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.:

Vehicle No.	SMN 1821 T	Model / Make	Audi A3
Date of Accident	28/08/19		
Time of Accident	1215	HRS	
Location of Accident	St Michael Road, (JUNCTION of St Michael's Rd / St Francis Rd / JLN TAMAN)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	BAI JUNFA		
Telephone No.	H/P : 8321 6789	Home :	Office :
NRIC	58415563B		
Address	BLK 631 PASIR RIS DR 3 #06-378 S(510631)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108744131		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	30 MAY 1984		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	15 DEC 2008		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	BAI JUNFA, 8321 6789		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	5JW 4764 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT RIGHT PORTION.		
Camera Recorder	Yes / No FRONT / REAR		
Email Address			
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	ION		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

**3005190203N061003214**

Land Transport Authority

10 Sun Ming Drive Singapore 575701
www.lta.gov.sg

30 May 2019

Our ref 3005190203N061003214

BAI JUNFA
631 PASIR RIS DRIVE 3
#06-378
SINGAPORE 510631



Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. SKS4017X With SMM1821T

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SKS4017X, now has the number SMM1821T.

The vehicle details after the transaction are:

Transaction No. : 20190530143328377305
Vehicle Registration No. : SMM1821T (Previously SKS4017X)
Vehicle Make : AUDI
Vehicle Model : A3 SEDAN 1.4 TFSI AMBIENTE MY 15
Chassis No. : WAUZZZ8V5F1075679
Engine No./ Motor No. : CZC226116 / -

What You Need To Do:

- You must show the new number SMM1821T on your vehicle by 02 Jun 2019.

Please change the number plates on this vehicle to show SMM1821T by 02 Jun 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Page 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8415563B**



Name

BAI JUNFA

Race

CHINESE

Date of birth

30-05-1984

Sex

M

S8415563B

Country/Place of birth

SINGAPORE



For LKK/NAC Use Only



NRIC No. **S8415563B**



Date of issue

26-01-2019

Address

APT BLK 631 PASIR RIS DRIVE 3
#06-378
SINGAPORE 510631

For LKK/NAC Use Only

6124361

PUBLIC ROAD TRANSPORT DRIVING LIC

License Number: **S3415563B**

Name:

BAI JUNA

For LKK/NAC Use Only

Birth Date: **30 May 1984**

Issue Date: **15 Dec 2008**



AND ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

Page

Class 3

Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers exclusive of the driver; and other motor vehicles $\leq 2000\text{kg}$

For LKK/NAC Use Only

NP 426

License No. 124155408



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

For LKK/NAC Use Only



Licence No: S8415563B

NP 428A

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: 5108744131

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKS4017X**
 Chassis Number : WAUZZZ8V5F1075679
2. Name of Policyholder : BAI JUNFA
3. Effective Date of Insurance : 27 Jun 2019
4. Expiry Date of Insurance : 26 Jun 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 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: BAI JUNFA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 09 Apr 2019 11:02 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="28/08/2019 12:15"/>							
Vehicle No. (For Motor)	<input type="text" value="SKS4017X"/>	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"/>	S108744131		BAI JUNFA	S8415563B	GPC	drivo CLASSIC	SKS4017X	SKS4017X	27/06/2019	26/06/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5108744131	Policyholder Name	BAI JUNFA	Policyholder NRIC	S8415563B
Certificate No.					
Address					
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/04/2019	Effective Date	27/06/2019 00:00	Expiry Date	26/06/2020 23:59
Excess Type	Per Accident	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	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 631 #06-378	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE 510631
Address 4		Address Type	Singapore address	Post Code	510631
Unit No.	06-378	Related Policy Number	5108744131		

Insured Object: SKS4017X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 27 Jun 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WAUZZZ8V5F1075679 ENGINE NUMBER: CZC226116 VEHICLE REGISTRATION NUMBER: SKS4017X ORIGINAL REGISTRATION DATE: 13 Apr 2015</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 28 Aug 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WAUZZZ8V5F1075679 ENGINE NUMBER: CZC226116 VEHICLE REGISTRATION NUMBER: SMM1821T ORIGINAL REGISTRATION DATE: 13 Apr 2015</p>
2	28/08/2019 00:00	Basic Information Endorsement	Pending Endorsement Underwriting	

Continue

Cancel

Claim Handling

- Exit

Accident MT/1059966

Policy No.	S108744131	Vehicle No.	SMM1821T	GST Registration No.	
Certificate No.					
Policyholder Name	BAI JUNFA	Cover Type	drive CLASSIC	Policyholder NRIC	S84155638
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83216789	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	29/08/2019 10:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	28/08/2019	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC ST MICHAEL'S RD & ST FRANCIS RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits	
GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address	
Address 1	BLK 631 #06-378
Address 2	PASIR RIS DRIVE 3
Address 3	SINGAPORE S10631
Address 4	
Address Type	Singapore address
Post Code	S10631
Unit No.	06-378
Related Policy Number	S108744131

OT Driver Info	
Driver Name	BAI JUNFA
Unnamed driver Name	
Register Date of Driver License	15/12/2008
Contact No.(Mobile)	83216789
Contact No.(Office)	0
Address 1	BLK 631
Address 2	PASIR RIS DRIVE 3
Address 3	SINGAPORE S10631
Address 4	
Address Type	Singapore address
Post Code	S10631
Unit No.	06-378
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Driver Vehicle No.	
Driver Insurer Company	

Declaration	
Breathalyzer or Blood Test Reading?	0 mg
Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	BAI JUNFA	Insured NRIC	S84155638
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SMM1821T	TP Vehicle Number	SJW4764M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMM1821T / SJW4764M ON 28 Aug 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	29/08/2019 10:10	Claim Close Date		Date Received	29/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					









Save Submit

Attachment

Accident No. MT/1059966		Claim No. 001	
Last Doc. Received <input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date 29/08/2019 10:11	
Path *	Category *	Confidential	Urgency *
Browse...	Please Select	<input type="checkbox"/>	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	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CC)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:11	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:11	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:11	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:11	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:11	SAS	Normal	SAS 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:11	Photos	Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:10	Photos	Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:10	Photos	Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:10	Photos	Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:10	Photos	Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:10	Photos	Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Aug 2019 10:10	Photos	Normal	Photos 2019-8-29		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				