

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MVA1197547**

Date In: 22/9/19-11:06	Job description	Date & Time Completed	Done by
Ref No: NA/10/14/016713/24	SAS e-filing		
Veh No: SMH 2819X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/9/19-15:24	i-Motor Claim Form	M7/1063516-001	22/9/19 11:24
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: **SKN836B**

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

NA1907169

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Dat 1:

Dat 2 / 3:

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

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

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	23/09/2019 11:06
Date Of Accident	22/09/2019 15:20
Exact Location Of Accident	PUNGGOL WEST FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2819X
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98888885
Alternative Phone No	OFFICE-98888885

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5106629800
Cover Note Number	

Driver

Name of Driver	TAN HONG TONG (CHEN HONGDONG)
NRIC No	S7715927D
Date Of Birth	11/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91008109
Fax Number	
Contact Number	OFFICE-91008109
Email Address	NOEMAIL

Address	BLK 97 WHAMPOA DRIVE #10-216
Postcode	320097
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190922/2034.

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	SKN836B
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON LIAN
NRIC/Passport Number	S8852759C
Contact Number	81808112
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN HONG TONG (CHEN HONGDONG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH2819X
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.

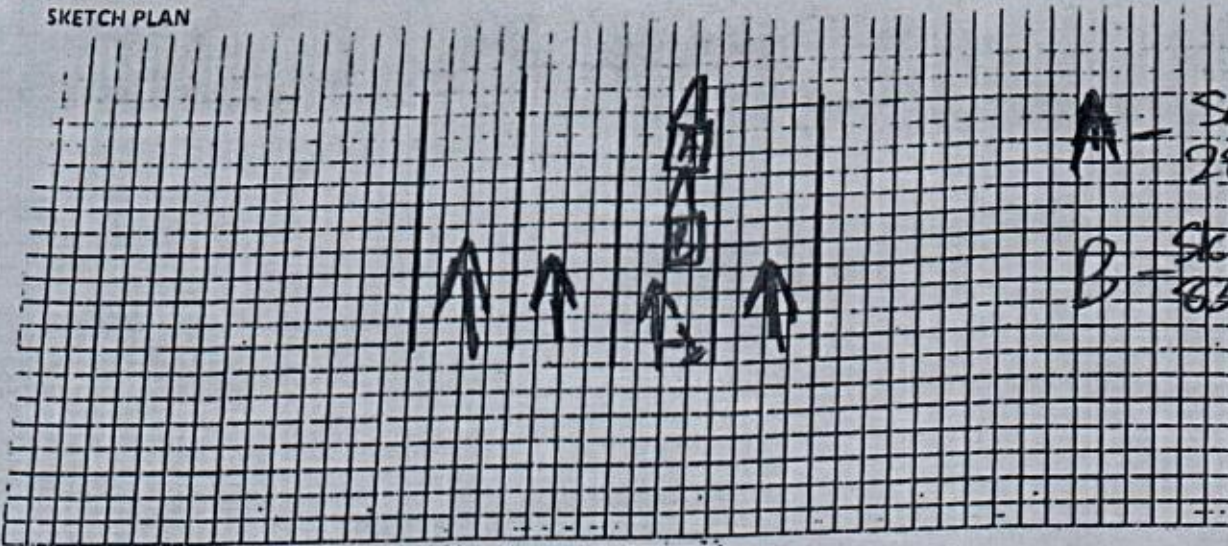


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - SMH
2819Y
B - SKN
836B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Reg. No. 201836450G
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 : 22/9/19 Accident Time: 1520 (24-HR-Format)
Accident Place : Panggel West Flyover.
Vehicle Reg. No. (Car Plate No.) : SMH 2819X
Vehicle Make/Model : Honda Freed
Insurance Company : Ntgc Policy No. _____
Owner or Company Name / IC No. : Forcas Rentals pte Ltd
Owner or Company Contact No. : 9888 8885 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tan. Hong Tong
DRIVER'S Date Of Birth : 11/6/1977 DRIVER'S License Pass Date 12/5/2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: None
DRIVER'S Address : 97 Whampoa Drive #10-216
DRIVER'S Contact No / Alt No. : 1) 9100 8104 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (If any)

Vehicle Reg. No: <u>SKN 836B</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Toyota estima</u>	Vehicle Make/Model: _____
Name Driver: <u>madom Lim</u>	Name Driver: _____
IC No. Driver: <u>5885 2759C</u>	IC No. Driver: _____
Driver's Contact & Add: <u>81808112</u>	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190922/2034

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190922/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2019 10:32	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: TAN HONG TONG		Address: APT BLK 97 WHAMPOA DRIVE #10-216 SINGAPORE 320097	
ID Type / ID No.: NRIC NO / S7715927D		Contact No.: Home/Office: Mobile: 91008109	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 11/06/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		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: 22/09/2019 03:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL WAY CENTRAL EXPRESSWAY Punggol West Flyover towards CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN836B	Car	TOYOTA	ESTIMA AERAS 2.4 A	White	Slightly Damaged	0
SMH2819X	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190922/2034

2 of 3

Report No. T/20190922/2034

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver				
Name	TAN HONG TONG		ID No.	S7715927D
Related Vehicle	SMH2819X (Car)		Contact No.	91008109
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/09/2019		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	Lim Boon Lian		ID No.	S8852759C
Related Vehicle	NIL		Contact No.	81808112
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On the 22/09/2019 at about 3.20am, I was driving my car of plate number SMH2819X at along Punggol West Flyover, going towards CTE. I was at the second lane, which allows vehicles to turn right into CTE or go straight towards Sengkang East Rd. I had signaled right. However, while I was turning, I felt and impact on the rear left of my car. I discovered a car of plate number SKN836B behind me had collided into the rear of my car. Due to the collision, I stopped my car and since it was at the middle of the road, I drove my car towards CTE, and turn left (against the flow of Traffic) at the filter lane from Sengkang East Rd, and back onto Sengkang East Rd before making a U-turn to meet up with the other vehicle. I had to do so, else I will drive into CTE, and the car had already gone straight ahead.

I then met up with the driver, and the driver told me that she did not notice that I had signaled to the right and thought that I was going straight, so she sped up, and collided into me when my car slowed down to turn right. At that point of time, no one was injured, and both cars were slightly damaged. We then exchanged particulars and left the scene.

Later, as I felt some sprain on my neck, I went to Intemedical 24Hr Clinic and attained a 5 days MC from the 22/09/2019 to the 26/09/2019. I wish to state that I do not have any in-car camera.



**SINGAPORE
POLICE FORCE**



T/20190922/2034

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20190922/2034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 ELLIE PRATIWI RAHMASARIYANTI BINTI
MOHAMED YUSOF

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
22/09/2019 10:32

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106629800		FOCUS RENTALS PTE. LTD.	201836450G	GFT	Third Party	SMH2819X	SMH2819X	17/01/2019	

▼ Policy Information

Policy No.	5106629800	Policyholder Name	FOCUS RENTALS PTE. LTD.	Policyholder NRIC	201836450G
Certificate No.					
Address	26 SIN MING LANE #05-114 MIDVIEW CITY SINGAPORE 573971				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/12/2018	Effective Date	26/12/2018 00:00	Expiry Date	25/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	44402.99		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR B Agent Tel.		62528888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	03-02	Related Policy Number	5106629800		

► Insured Object: SMH2819X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/12/2018 00:00	Basic Information Endorsement	000001286971728	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJS9308K 27-12-2018 \$1,269.81 2. SJU6842T 27-12-2018 \$1,269.81 3. SJU6916P 27-12-2018 \$1,269.81 In view of this amendment, an additional premium of \$3,809.42 (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 or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGF608H 07-01-2019 \$1,231.44 2. SKR6614P 07-01-2019 \$1,231.44 In view of this amendment, an additional premium of \$2,462.88 (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</p>
2	07/01/2019 00:00	Basic Information Endorsement	000001286982404	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1063516

Policy No.	5106629800	Vehicle No.	SMH2819X	GST Registration No.	
Certificate No.					
Policyholder Name	FOCUS RENTALS PTE. LTD.			Policyholder NRIC	201836450G
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98888885	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	23/09/2019 11:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/09/2019	Time of Accident hh:mm	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL WEST FLYOVER				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	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	26 SIN HING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	03-02	Related Policy Number	5106629800		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HONG TONG (CHEN HONG)	Driver NRIC	S7715927D	Driver DOB	11/06/1977
Register Date of Driver License	12/05/2008	Driver Age	42	Driving Experience	11
Contact No.(Mobile)	91006109	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 97	Address 2	WHAMPOA DRIVE	Address 3	WHAMPOA VIEW
Address 4	SINGAPORE 320097	Address Type	Singapore address	Post Code	320097
Unit No.	10-216				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FOCUS RENTALS PTE. LTD.	Insured NRIC	201836450G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OT Vehicle Number	SMH2819X	TP Vehicle Number	SKN8368
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMH2819X / SKN8368 ON 22 Sept 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	23/09/2019 11:42	Claim Close Date		Date Received	23/09/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1063516	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/09/2019 11:43

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:43	SAS		Normal	SAS 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:42	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:42	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:42	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:42	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:42	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 11:42	Photos		Normal	Photos 2019-9-23	
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Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window Scan and uploading</div>					