

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 25/09/19	Job description	Date & Time Completed	Done by
Ref No. NA/INC19016867/13	SAS e-filing		
Veh No: SLR53154	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/09/19 1705	i-Motor Claim Form	MT/1063921 - 001	
OD / TP: <u>Reporting Only</u>	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: WC12184	INC () / Non-INC ()	
Owner / Driver: (Tel:)		
Policy No: (Period: (Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1907352	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	25/09/2019 10:52
Date Of Accident	23/09/2019 17:05
Exact Location Of Accident	AMBER RD TURNING TO MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5315Y
Insured/Policyholder	
Name Of Registered Owner	JAI SANKAR UPADHIAH
NRIC No	S2016672Z
Email Address	J.UPADHIAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96901246
Alternative Phone No	OTHERS-96901246
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	REPORTING ONLY
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	5093270319-02
Cover Note Number	
Driver	
Name of Driver	JAI SANKAR UPADHIAH
NRIC No	S2016672Z
Date Of Birth	14/07/1949
Occupation	INDOOR
Date Of Driving Pass	01/01/1975
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96901246
Fax Number	
Contact Number	OTHERS-96901246
EMail Address	J.UPADHIAH@GMAIL.COM

Address	BLK 10 JALAN BATU #02-20
Postcode	431010
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC1218U
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)	

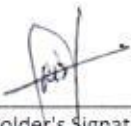
SKETCH PLAN

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:

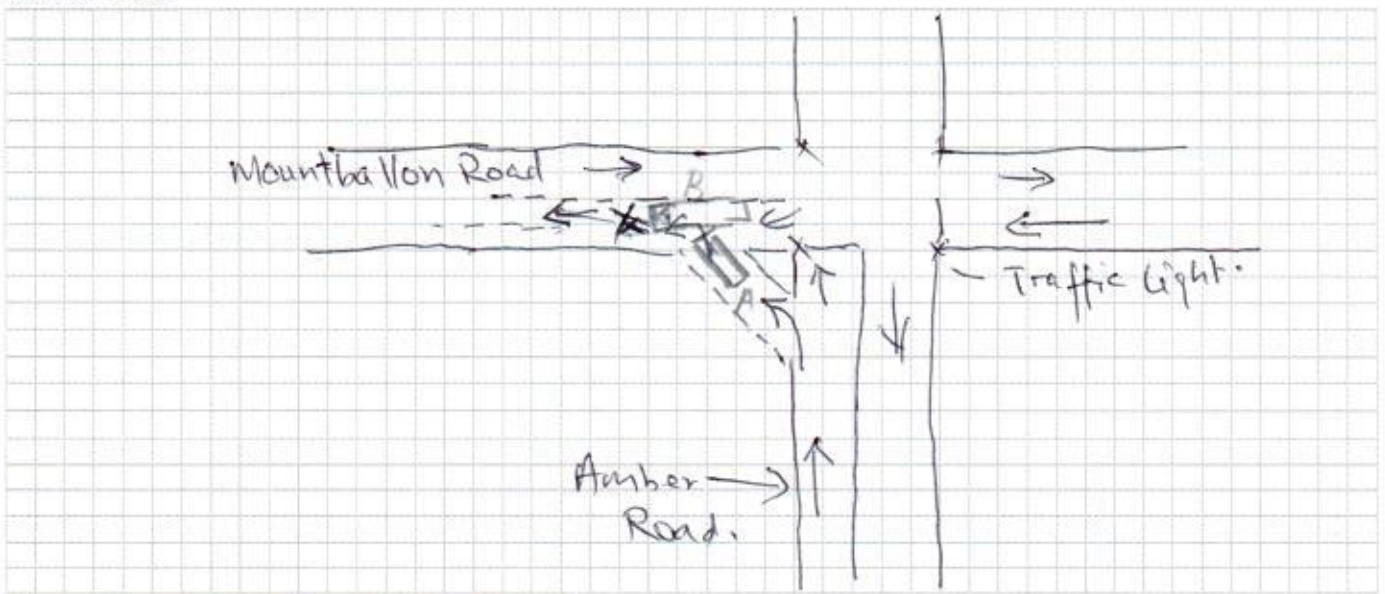


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 25/09/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/09/2019 whilst turning into Mountbatten Road at the road filter I slightly knocked into a cement mixture vehicle WC 12184 travelling on the mountbatten Road. The time was about 1705 hrs.

The road mixture WC 12184 sustained no damage. My vehicle right side front at the front Tyre, the vehicle was dented and scratched.

I do not wish to claim insurance.
I am making the report for record purpose. As there was no injury, no police report was lodged.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 25/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



POLICE REPORT (NP322)

Report No. G/20180503/2165



Police Station Of Origin
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Date/Time Report Made 03/05/2018 20:19	Vide Report No.	Station Diary No. 21		
Name Of Informant JAI SANKAR UPADHIAH	Address APT BLK 10 JALAN BATU #02-20 SINGAPORE 431010			
ID Type / ID No. NRIC NO / S2016672Z	Contact No. Home/Office	Mobile 96901246		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Retired	Sex Male	Age 68	Date of Birth 14/07/1949	Race Indian
Institution/School Name	Language			
Date/Time Of Incident 03/05/2018 16:30	Location Of Incident 10 JALAN BATU DI TANJONG RHU SINGAPORE 431010			

Brief details.

On the above mentioned date time and location, I discovered the below mentioned item missing, I made a search but to no avail.

Property Information

Signature Of Officer Recording The Report: G / Staff Sgt KANG BAO LONG, JAMIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2018 20:19
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt CHEOK CHEONG Contact No.: 65855250	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



G/20180503/2165

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180503/2165

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One Honda Vezel Car Remote
2	General property	Lost				1		Three house keys in a bunch

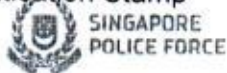
Signature Of Officer Recording The Report:

G / Staff Sgt KANG BAO LONG, JAMIE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt CHEOK CHEONG
Contact No.: 65855250

Authentication Stamp



SIGNATURE

Signature Of Informant:

Date/Time:
03/05/2018 20:19

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



E/20190924/2068

1 of 5

POLICE REPORT (NP322)

Report No. E/20190924/2068

Police Station Of Origin
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Date/Time Report Made 24/09/2019 17:47		Vide Report No.		Station Diary No. 58	
Name Of Informant JAI SANKAR UPADHIAH		Address APT BLK 10 JALAN BATU #02-20 SINGAPORE 431010			
ID Type / ID No. NRIC NO / S2016672Z		Contact No. Home/Office Mobile 96901246			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 70	Date of Birth 14/07/1949	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 21/09/2019 17:00		Location Of Incident 80 MARINE PARADE ROAD PARKWAY PARADE SINGAPORE 449269 Parkway Parade Shopping Centre			

Brief details.

On the above mentioned date, time and location, I discovered the loss of the below mentioned items. I made a search for it but to no avail. I am lodging this report for replacement purposes.

Property Information

Signature Of Officer Recording The Report: E / Sgt 2 QAMARUL FITRI BIN JEFFREY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 17:47
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / ASP LIM JIAN XIONG Contact No.: 63914733	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One Grey coloured wallet of unknown brand
2	Identity Card	Lost	SINGAP ORE NRIC			1		One Singapore NRIC bearing the name of JAI SANKAR UPADHIAH
3	Licence	Lost	Qualified Driving Licence			1		One driver's licence bearing the name of JAI SANKAR UPADHIAH

Signature Of Officer Recording The Report:

E / Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
ASP LIM JIAN XIONG
Contact No.: 63914733

Authentication Stamp



SINGAPORE
POLICE FORCE

SN 070

SIGNATURE

Signature Of Informant:

Date/Time:
24/09/2019 17:47

Classification Of Case:

FUPO hotline number: 68429645



POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20190924/2068

4	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD			1		One UOB VISA Card bearing the name of JAI SANKAR UPADHIAH
5	Credit Card / Debit Card/ ATM Card	Lost	CITIBANK LTD			1		One Citibank VISA card bearing the name JAI SANKAR UPADHIAH
6	Personal Document	Lost	Pioneer Citizen Card			1		One Pioneer Citizen Card bearing the name of JAI SANKAR UPADHIAH
7	Personal Document	Lost	Passion Card			1		One Passion Card bearing the name of JAI SANKAR UPADHIAH

Signature Of Officer Recording The Report:

E / Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
ASP LIM JIAN XIONG
Contact No.: 63914733

Authentication Stamp



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:
24/09/2019 17:47

Classification Of Case:

FUPO hotline number: 68429645



8	Personal Document	Lost	Senior Citizen Card			1		One Senior Citizen Card bearing the name of JAI SANKAR UPADHIAH
9	Credit Card / Debit Card/ ATM Card	Lost	POSB			1		One POSB ATM Card bearing the name of JAI SANKAR UPADHIAH
10	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD			1		One DBS VISA Card bearing the name of JAI SANKAR UPADHIAH
11	Credit Card / Debit Card/ ATM Card	Lost	INDIAN BANK		AHEPU8 660R	1		One Indian Bank PAN Card bearing the name of JAI SANKAR UPADHIAH

Signature Of Officer Recording The Report:

E / Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
ASP LIM JIAN XIONG
Contact No.: 63914733

Authentication Stamp



[Signature]

SIGNATURE

Signature Of Informant:

[Signature]

Date/Time:
24/09/2019 17:47

Classification Of Case:

FUPO hotline number: 68429645



POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20190924/2068

12	Cash	Lost				1	Singapore Dollars 250.00	Cash amounting up to SGD250/-
----	------	------	--	--	--	---	--------------------------	-------------------------------

Signature Of Officer Recording The Report:

E / Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
ASP LIM JIAN XIONG
Contact No.: 63914733

Authentication Stamp



SINGAPORE
POLICE FORCE

SN 070

SIGNATURE

Signature Of Informant:

Date/Time:
24/09/2019 17:47

Classification Of Case:

FUPO hotline number: 68429645

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/09/2019 (dd/mm/yy) Time of Accident: 17:05: (24-HR-FORMAT)

Vehicle No.: SLR 53154 Vehicle Make & Model: Honda, Vezel Private Hire: (Y/N) ☒

Exact location of Accident: Amber Road Turning to Mountbatten Road

Policyholder's Name / IC No.: Jai Sankar Upadhiak, NRIC: S2016672-Z

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 96901246 Company Contact No (Company Veh Only): _____

Driver's Address: BLK 10, #02-20, Jalan Batu, Singapore 431010

Email address: j.upadhiak@gmail.com Insurance Company: Income (Insurance No 593270319-02)

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor/ ☐ Outdoor (Retired)

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): _____

*Passanger Name: _____

Gender: Male / Female

*Passanger Name: AT

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

(Cement mixture).

1. Driver's Name / IC No: _____ Vehicle No: WC 12184

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): Nil Contact No: _____

Preferred Workshop Name: Not decided yet. Contact No: _____

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="23/09/2019 17:05"/>							
Vehicle No.(For Motor)	<input type="text" value="SLR5315Y"/>	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 checked="" type="radio"/>	5093270319-02		JAI SANKAR UPADHIAH	S2016672Z	GPC	drive CLASSIC	SLR5315Y	SLR5315Y	17/08/2019	16/08/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1063921

Policy No.	5093270319-02	Vehicle No.	SLR5315Y	GST Registrat
Certificate No.				
Policyholder Name	JAI SANKAR UPADHIAH			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96901246	Contact No.(Office)	0	Contact No.(t
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reasor
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	25/09/2019 11:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/09/2019	Time of Accident hh:mm	17:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	AMBER RD TURNING TO MOUNTBATTEN 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 Cow
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 10 #02-20	Address 2	JALAN BATU	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5093270319-02	

▼ OI Driver Info

Driver Name	JAI SANKAR UPADHIAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S20166722	Driver DOB
Register Date of Driver License	05/09/1974	Driver Age	70	Driving Exper
Contact No.(Mobile)	96901246	Contact No.(Office)	0	Contact No.(t
Address 1	BLK 10	Address 2	JALAN BATU	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-20			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

--

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	96901246	Contact No. (Home)	
Email Address	J.UPADIAH@GMAIL.COM	O1 Vehicle Number	
Claim Description	SLR5315Y / WC1218U ON 23 Sept 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	25/09/2019 11:32
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSILINDA

Save

Submit

Attachment

▼

Accident No.

MT/1063921

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

25/09/2019 00:00

Path *

Category *

Confide

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:32	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:32	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:31	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:31	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:31	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 11:30	Photos		Normal	P

Video List

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