

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 11912858v

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 28/9/19-14:18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC/19017100/24 | SAS e-filing | | |
| Veh No: x761916 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 28/9/19-10:40 | i-Motor Claim Form | M7/1064502/201 | 28/9/19 16:44 |
| 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: PBF2857 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA/1902344 | Invoice Preparation Checklist | Amt (\$) Est 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 | | |
| | 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:- | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| QC Checked by (Engr-In-Charge): | TP (N11): TP (Non INC) against INC \$20 | | |
| Auditors' Comments:- | 9) N12: Idac Mobile 30 | | |
| Dat 1: | Invoice dated | Fee Charged | |
| Dat 2 / 3: | 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 willful 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 | 28/09/2019 14:18 |
| Date Of Accident | 28/09/2019 10:40 |
| Exact Location Of Accident | TPE (PIE) AFTER ELIAS RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | XD619K |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG LEONG WEI |
| NRIC No | S8779887I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91194477 |
| Alternative Phone No | OFFICE-91194477 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FV517KM2RDEB |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5083571505-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WONG LEONG WEI |
| NRIC No | S8779887I |
| Date Of Birth | 22/03/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/08/2009 |
| Driving Experience | 10 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91194477 |
| Fax Number | |
| Contact Number | OFFICE-91194477 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 889D WOODLANDS DRIVE 50 #07-267 |
| Postcode | 734889 |
| 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 - 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | KAMPONG UBI NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7479999 - FAX NO: 67453410 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190928/2069.

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 | FBF7805T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SHARKHAN |
| NRIC/Passport Number | |
| Contact Number | 91411000 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1


SKETCH PLAN

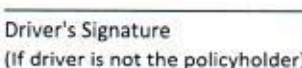
IMPORTANT NOTICE

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

Handwritten sketch plan on a grid background. The sketch shows a vertical line with a box labeled 'A' and a circle labeled 'B' below it. To the left of the line, the text 'TPE (P15)' is written vertically. To the right of the line, the text 'A: XD619K' and 'B: FBF 78057' is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20/2018/2069.

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.:



SINGAPORE POLICE FORCE



T/20190928/2069

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20190928/2069

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 28/09/2019 13:05 | Vide Report No.: G/20190928/0107 | Station Diary No.: 9 |
|--|-------------------------------------|-------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: WONG LEONG WEI | | | Address: APT BLK 889D WOODLANDS DRIVE 50 #07-267 SINGAPORE 734889 | | |
| ID Type / ID No.: NRIC NO / S8779887I | | | Contact No.: Home/Office: Mobile: 91194477 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 32 | Date of Birth: 22/03/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/09/2019 10:40 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards TPE after Elias exit | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| 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 |
|-------------|------------|------------|------------------|--------|---------------------|-----------------|
| FBF7805T | Motorcycle | | KRR ZX150 M | Silver | Totally Damaged | 0 |
| XD619K | Lorry | MITSUBISHI | FV517KM2R DEB | White | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------|------------|-------------|
| XD619K | NTUC Income Insurance Co-Operative Limited | 5083571505-03 | 15/09/2019 | 14/09/2020 |



**SINGAPORE
POLICE FORCE**



T/20190928/2069

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

2 of 3

Report No. T/20190928/2069

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|--------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SHARKHAN | ID No. | NIL |
| Related Vehicle | FBF7805T (Motorcycle) | Contact No. | 91411000 |
| 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 | Serious |
| Driver | | | |
| Name | WONG LEONG WEI | ID No. | S8779887I |
| Related Vehicle | XD619K (Lorry) | Contact No. | 91194477 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 28 September 2019 at about 10:40pm, I was driving lorry XD619K along TPE towards PIE on lane 3. All of a sudden, I heard a loud 'boom' sound. I then checked my mirrors and discovered that one motorcycle FBF7805T had hit the rear right end of my lorry. I then proceeded to stop my lorry at the road shoulder and went to check on the motorcyclist. Ambulance and Traffic Police was called.

Ambulance then arrived and conveyed the motorcyclist to hospital. I handed over my particulars to Traffic Police and left the scene shortly.

There is one driver who came up to me and sent me a footage of the whole accident. Danny Ng, Hp: 98287481



**SINGAPORE
POLICE FORCE**



T/20190928/2069

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20190928/2069

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:
G /
Sgt 2 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
28/09/2019 13:05

Classification Of Case:

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="28/09/2019 10:40"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="XD619K"/> | 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"/> | 5083571505-03 | | WONG LEONG WEI | S8779887I | GCV | Third Party, Fire & Theft | XD619K | XD619K | 15/09/2019 | 14/09/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5083571505-03 | Policyholder Name | WONG LEONG WEI | Policyholder NRIC | S87798871 |
| Certificate No. | | | | | |
| Address | BLK 889D #07-267 WOODLANDS DRIVE 50 TREETRAIL@WOODLANDS SINGAPORE 734889 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI Plan | Group Policy Flag | N | | |
| Policy Issue Date | 25/07/2019 | Effective Date | 15/09/2019 00:00 | Expiry Date | 14/09/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | VV INSURANCE AGENCY PTE. L1 | Agent Tel. | 67913808 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|--------------------|-----------|---------------------|
| Address 1 | BLK 889D #07-267 | Address 2 | WOODLANDS DRIVE 50 | Address 3 | TREETRAIL@WOODLANDS |
| Address 4 | SINGAPORE 734889 | Address Type | Singapore address | Post Code | 734889 |
| Unit No. | | Related Policy Number | 5083571505-03 | | |

Insured Object: XD619K

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 15/09/2019 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 15 Sep 2019 to 14 Sep 2020, this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. |

Continue

Cancel

Claim Handling

Accident MT/1064502

| | | | | | |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No. | 5083571505-03 | Vehicle No. | XD619K | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | WONG LEONG WEI | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | S87798871 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 91194477 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 28/09/2019 16:42 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 28/09/2019 | Time of Accident hh:mm | 10:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | TPE (PIE) AFTER ELIAS RD EXIT | | | | |
| ▼ Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | | Driver is Covered? | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | | | |
| ▼ Benefits | | | | | |
| Coverage | | Sum Insured | 9999999.99 | | |
| Airside | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 889D #07-267 | Address 2 | WOODLANDS DRIVE 50 | Address 3 | TREETRAIL@WOODLANDS |
| Address 4 | SINGAPORE 734889 | Address Type | Singapore address | Post Code | 734889 |
| Unit No. | | Related Policy Number | 5083571505-03 | | |
| ▼ OE Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | WONG LEONG WEI | Driver NRIC | S87798871 | Driver DOB | 22/03/1987 |
| Register Date of Driver License | 04/08/2009 | Driver Age | 32 | Driving Experience | 10 |
| Contact No.(Mobile) | 91194477 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 889D | Address 2 | WOODLANDS DRIVE 50 | Address 3 | TREETRAIL@WOODLANDS |
| Address 4 | SINGAPORE 734889 | Address Type | Singapore address | Post Code | 734889 |
| Unit No. | 07-267 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |

Modification History

Claim 001 **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | WONG LEONG WEI | Insured NRIC | S87798871 |
| Contact No.(Mobile) | 91194477 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | OE Vehicle Number | XD619K | TP Vehicle Number | PBF780ST |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | XD619K / PBF780ST ON 28 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 | 28/09/2019 16:44 | Claim Close Date | | Date Received | 28/09/2019 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit














Attachment

| | | | | | |
|--------------------|---|---------------|----------------------|----------------------|----------------------|
| Accident No. | MT/1064502 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 28/09/2019 16:45 | | |
| Path * | | Category * | | Confidential | Urgency * |
| | Browse... Clear | Please Select | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Browse... Clear | Please Select | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Browse... Clear | Please Select | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Browse... Clear | Please Select | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | |
|-----------|--|-------|---------------|----|--------|--|
| Browse... | | Clear | Please Select | NO | Normal | |
| Browse... | | Clear | Please Select | NO | Normal | |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|---|--|-----------------------|---------|---------------------------------|----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:45 | NRIC/ Driving License | Y | NRIC/ Driving License 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | SAS | Normal | SAS 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Sep 2019 16:44 | Photos | Normal | Photos 2019-9-28 | |

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"/> | | | | |