

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **NA111913748**

Date In: <b>17/1/19-15:38</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA111913748</b>	SAS e-filing		
Veh No: <b>JN293D</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>17/1/19-12:20</b>	i-Motor Claim Form	<b>17/1/2019-002</b>	<b>17/1/19 15:49</b>
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **JMF 93WR** 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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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 \$0			
	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	15/11/2019 15:38
Date Of Accident	14/11/2019 12:20
Exact Location Of Accident	CAUSEWAY BRIDGE TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN293D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SQUARE WHEELS AUTOMOTIVE PTE LTD
Co Reg No	201819381N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108793205
Cover Note Number	

### Driver

Name of Driver	MOHAMAD JUFFRI BIN ABDUL RASHID
NRIC No	S8407134Z
Date Of Birth	10/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82680841
Fax Number	
Contact Number	OFFICE-82680841
Email Address	NOEMAIL

Address	BLK 868C TAMPINES AVENUE 8 #14-554
Postcode	523868
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - G/20191115/2009.

### 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	SMF3732R
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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF4286S  
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) 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:

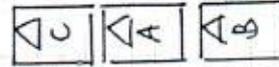
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SJN293D

Vehicle B: SMF3732R

Vehicle C: SLF4286S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

I/We declare the above 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 11 / 2019 (DD/MM/YYYY), TIME: 12 : 20 (HH:MM)

LOCATION: Causeway Bridge towards JB

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 293D  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA AILC  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Square wheels Auto motive (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201819381N CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers  
(Including driver)  
(03)

1 male  
1 female

- DRIVER Rashid  
a) NAME: Mohamed Juffri Bin Abdul A (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8407347 CONTACT: 82680841  
c) ADDRESS: 865C Tampines Ave B, #14-554 S(623868)

- d) DATE OF BIRTH: (10 / 03 / 1984) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_  
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
(03)

male driver  
female + two passengers  
No of passenger  
(Including driver)  
(01) male

- a) VEHICLE NUMBER: SMP 3732R MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_  
d) VEHICLE NUMBER: SLF 4286S MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =  
fax =



**SINGAPORE  
POLICE FORCE**



G/20191115/2009

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20191115/2009

Police Station Of Origin  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

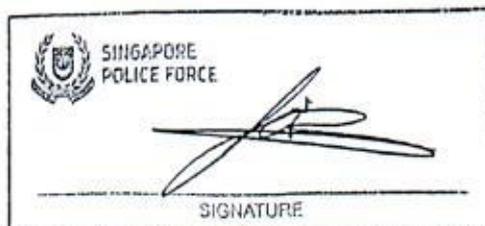
Date/Time Report Made 15/11/2019 01:19		Vide Report No.		Station Diary No. 15	
Name Of Informant MOHAMAD JUFFRI BIN ABDUL RASHID		Address APT BLK 868C TAMPINES AVENUE 8 #14-554 SINGAPORE 523868			
ID Type / ID No. NRIC NO / S8407134Z		Contact No. Home/Office		Mobile 82680841	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SCDF AEMT		Sex Male	Age 35	Date of Birth 10/03/1984	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 14/11/2019 12:20		Location Of Incident Causeway bridge between Woodland checkpoint and Johor Customs. MALAYSIA			

**Brief details.**

On 14/11/19 at about 1220hrs, I was driving V1 from Singapore towards Johor Bahru. When I arrived in Johor Customs, it was congested and the traffic was moving slowly. When my vehicle was stationary, I felt an impact from the rear of my vehicle. I made a check and discovered V2 had collided into the rear of my vehicle.

Signature Of Officer Recording The Report: G / Sgt 2 NURFAIZ BIN NOORDIN 		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 15/11/2019 01:19	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 ALFIN NG KOK CHIN Contact No.:		Classification Of Case:	

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20191115/2009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191115/2009

The damage to my vehicle is dented rear bumper, boot lid unable to open. I do not have in-car camera. I have made a Malaysian Police report. I am lodging this report for insurance purposes.

I wish to state I received 5 days of medical leave, A2 received 3 days of medical leave, A3 received 5 days of medical leave. Their injuries are as documented in the medical report.

Passengers(family)

A2:

Zainab binte Abbas

S1645824D. Female/ 55 years old

Blk 410 Bedok North Ave 2 #11-76

Hp: 91440907

A3:

Muhammad Aidil Bin Manap

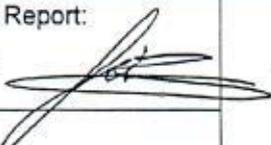
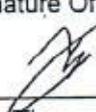
S9605815B. Male/ 23 years old

Blk 410 Bedok North Ave 2 #11-76

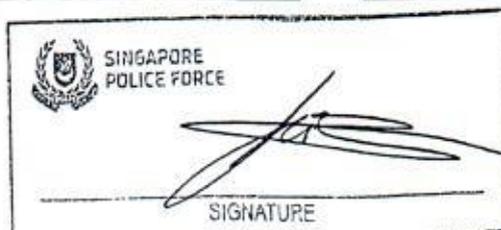
Hp: 91441012

V1: SJN293D

V2: SMF3732R

Signature Of Officer Recording The Report: G / Sgt 2 NURFAIZ BIN NOORDIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 01:19
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 ALFIN NG KOK CHIN Contact No.:	Classification Of Case:

Authentication Stamp





## POLIS DIRAJA MALAYSIA REPOT POLIS

Balat : TRAFIK JOHOR BAHRU(S)      Pegawai Penylasat : R130080  
 Daerah : J/BAHRU SELATAN  
 Kontinjen : JOHOR  
 No. Repot : TRAFIK JOHOR BAHRU(S)029526/19  
 Tarikh : 14/11/2019  
 Waktu : 1408 PM  
 Bahasa Diterima : B. Malaysia

### Butir-butir Penerima Repot :

Nama : JENEFFER TAY      No. Badan : R190818      Pangkat : KONST/P

### Butir-butir Jurubahasa (Jika Ada) :

Nama : —      No. K/P (Baru) : —      No. Polis/Tentera : —  
 No. Pasport : —      Bahasa Asal : —  
 Alamat : —

### Butir-butir Pengadu :

Nama : MOHAMAD JUFFRI BIN ABDUL RASHID  
 No. K/P (Baru) : —      No. Polis/Tentera : —      No. Pasport : —  
 No. Sijil Beranak : —      Jantina : Lelaki      Tarikh Lahir : 10/03/1984  
 Umur : 35 Tahun 6 Bulan      Keturunan : Melayu      Warganegara : SINGAPORE  
 Pekerjaan : PEMANDU  
 Alamat Tinggal : BLK 868C TAMPINES AVE 8 #14-554 SINGAPORE, 523868 SINGAPORE  
 Alamat IbuBapa : —  
 Alamat Pejabat : —  
 No. Tel (Rumah) : —      No. Tel (Pejabat) : —      No. Tel (Bimbit) : 82680841  
 Emel : —

### Pengadu Menyatakan :

PADA 14/11/2019 JAM LEBIH KURANG 1220HRS. SAYA MEMANDU M/KAR NO SJN293D DARI SINGAPURA HENDAK MENUJU KE BANDARAYA JOHOR BAHRU, APABILA SAYA SAMPAI DI TAMBAK JOHOR, KETIKA ITU KEADAAN JALAN SESAK DAN BERGERAK PERLAHAN. SEMASA SAYA SEDANG BERHENTI, TIBA-TIBA SAYA TERDENGAR BUNYI DENTUMAN DAN HENTAKKAN KUAT DARI ARAH BELAKANG DAN TELAH DAPATI SEBUAH M/KAR NO SMF3732R TELAH MELANGGAR M/KAR SAYA DARI ARAH BELAKANG. SAYA MENGALAMI KECEDERAAN SAKIT DI BAHAGIAN PINGGANG, MANAKALA IBU SAYA (PENUMPANG DI BAHAGIAN HADAPAN SEBELAH KIRI) PENAMA: ZAINAB BINTE ABBAS PASSPORT NO: K0038639G MENGALAMI KECEDERAAN DI BAHAGIAN KEPALA DAN DI BAHAGIAN JARI KELINGKING SEBELAH KIRI DAN ADIK SAYA (PENUMPANG DI BAHAGIAN BELAKANG) PENAMA: MUHAMMAD AIDIL BIN MANAP NO PASSPORT : E6494910N MENGALAMI KECEDERAAN SAKIT DI BAHAGIAN PINGGANG. KEROSAKAN M/KAR BAHAGIAN BELAKANG: BUMPER, DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Percetak | Tarikh @ Masa Cetak : R130080 | 14/11/2019 02:29:14 PM

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"/>	5108793205		SQUARE WHEELS AUTOMOTIVE PTE. LTD.	201819381N	GPC	drive CLASSIC	SJN293D	SJN293D	11/04/2019	10/04/2020

**Claim Handling**

Accident MT/1071491

Policy No.	S10B793205	Vehicle No.	S3N293D	GST Registration No.	
Certificate No.					
Policyholder Name	SQUARE WHEELS AUTOMOTIVE PTE. LTD.	Policyholder NRIC	201819381N		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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 Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
<b>Accident Details</b>					
Report Date	15/11/2019 11:23	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/11/2019	Time of Accident (Approx)	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SINGAPORE TOWARDS MALAYSIA CUSTOMS (WOODLANDS)				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	15/11/2019 11:25:22 System changed GST Status verified from No to Yes		

**Policyholder Mailing Address**

Address 1	210 TURF CLUB ROAD	Address 2	#LOT-B36 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	04-29	Related Policy Number	S112023707		

**DI Driver Info**

Driver Name	Unnamed Driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	SQUARE WHEELS AUTOMOTIVE	Insured NRIC	201819381N	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OI vehicle number	S3N293D	TP Vehicle Number	SMF3732R	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	S3N293D / SMF3732R ON 14 Nov 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GSA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/11/2019 00:00	
Date Registered	15/11/2019 15:49	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1071491	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/11/2019 15:49

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Nov 2019 15:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-15
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Nov 2019 15:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-15
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Nov 2019 15:49	SAS		Normal	SAS 2019-11-15
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Nov 2019 15:49	Photos		Normal	Photos 2019-11-15
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Nov 2019 15:49	Photos		Normal	Photos 2019-11-15
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Nov 2019 15:49	Photos		Normal	Photos 2019-11-15

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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