

NATIONAL Assessment Centre Services (wef 1 Jan'08) NA119164088

Date In: 13/12/19-11:44	Job description	Date & Time Completed	Done by
Ref No: 40/INC190219724	SAS e-filing		
Veh No: 5J48832	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/12/19-13:40	i-Motor Claim Form	12/12/19 12:44	
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: 605766776	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			

General Remarks:-

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

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

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

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

Injury: _____

Date/Time	Actions

NA1929364	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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 2008)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idno Mobile 30		
at 2 / 3:	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	13/12/2019 11:44
Date Of Accident	12/12/2019 13:40
Exact Location Of Accident	CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8183Z
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	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	LOH KWONG SENG JAMES (LUO GUANGCHENG JAMES)
NRIC No	S7133519D
Date Of Birth	14/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1989
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94888456
Fax Number	
Contact Number	OFFICE-94888456
Email Address	NOEMAIL

Address	BLK 877 WOODLANDS AVENUE 9 #04-284
Postcode	730877
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)	2
Passenger 1	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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/2185.

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	GBJ6677G
Vehicle Make/Model/Colour	HIACE
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)

DETAILS OF INJURED PERSON 1

Name LOH KWONG SENG JAMES (LUO GUANGCHENG JAMES)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJU8183Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

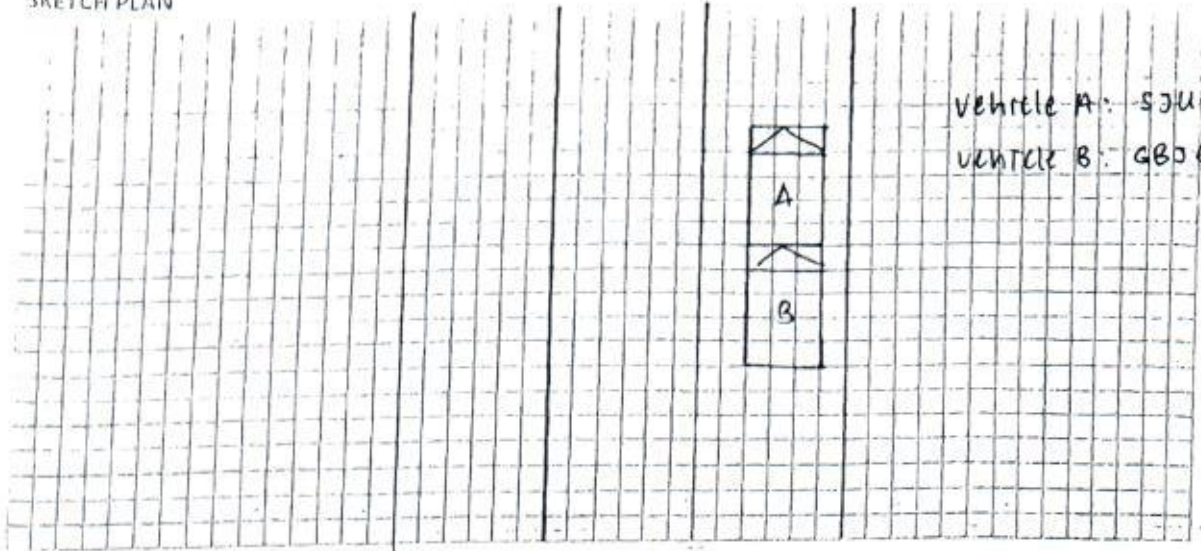


Policyholder's Signature _____
Date & Time: _____

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

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

SKETCH PLAN



Vehicle A: SJU 81832
Vehicle B: GBO 6677G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

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

Date of Accident: 12/12/2019 Accident Time: 1340 Hrs (24-HR-Format)
 Accident Place: Corporation Road
 Vehicle Reg. No. (Car Plate No.): SJU8113E
 Vehicle Make/Model: Toyota Vios
 Insurance Company: NICO Policy No.: _____
 Owner or Company Name / IC No.: Focus Rentals Pte Ltd
 Owner or Company Contact No.: _____ Owner's Hp: _____ Company Tel: _____
 DRIVER'S Name / IC No.: Loh Kwong Seng James
 DRIVER'S Date Of Birth: 14/09/1971 DRIVER'S License Pass Date: 30/09/1989
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIRER
 DRIVER'S Address: Blk 877 Woodlands Ave 9 #04-284 8730877
 DRIVER'S Contact No. / Alt No.: 1) 94888456 2) _____
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address: Admin@mycar.sg (jmlloh71@gmail.com)
 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): 02 1 female
 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>GBJ6677G</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Hrace</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* injuries & days



**SINGAPORE
POLICE FORCE**



T/20191212/2185

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20191212/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 20:10	Vide Report No.:	Station Diary No.: 201
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Informant's Particulars

Name of Informant: LOH KWONG SENG JAMES			Address: APT BLK 877 WOODLANDS AVENUE 9 #04-284 SINGAPORE 730877		
ID Type / ID No.: NRIC NO / S7133519D			Contact No.: Home/Office: Mobile: 94888456		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 14/09/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 13:40	Type of Location: Straight Road
Location: Along Road 1 CORPORATION ROAD ALONG JALAN AHMAD IBRAHIM TRAFFIC LIGHT JUNCTION TURNING RIGHT INTO CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBJ6677G	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver	Slightly Damaged	0
SJU8183Z	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191212/2185

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191212/2185

CONTINUATION OF REPORT

Driver				
Name	FOO TIAN MING DAREN		ID No.	S8318121D
Related Vehicle	GBJ6677G (Van)		Contact No.	88088564
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	LOH KWONG SENG JAMES		ID No.	S7133519D
Related Vehicle	SJU8183Z (Car)		Contact No.	94888456
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/12/2019	Date Discharge	12/12/2019	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 12/12/2019 at about 1340hrs, I was driving my car SJU8183Z (Toyota Vios, Silver colour) with 1 passenger in the car. I was doing 'GOJEK' service and was heading towards Jurong area. When I arrived at the traffic junction of Jalan Ahmad Ibrahim wanting to turn to corporation road, I stopped my car as the traffic light was red. A few seconds later, I felt an impact from the rear of my car. I was shock. I alight from my car and spotted a van GBJ6677G (Toyota HIACE, Silver colour) had collided onto the rear of my car. The driver of the van also alighted and we spoke to each other. No one was injured at that point of time.

I check on my vehicle and discovered my rear bumper was slightly dislodged from the main body kit. There was also a dent on the boot. I wish to state that the damages on the van was minimal. There is CCTV in my car capturing the front side of my car. My passenger was not injured from the accident.

I felt pain on the back of my body and I decided to go to "Care Medical Pte Ltd" to do a checkup. After treatment, I was given 5 days MC from 12/12/2019 till 16/12/2019.

I wish to state that my car is a rental car and I have already inform the rental company about the accident. This is the first time such incident happened.



**SINGAPORE
POLICE FORCE**



T/20191212/2185

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20191212/2185

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 /

Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

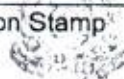
TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

12/12/2019 20:10

Classification Of Case:

eBaoTech

General Claim

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	SJU8183Z	SJU8183Z	19/02/2019	

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	14090.42		
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
Unit No.	03-02	Related Policy Number	5106629800		

Insured Object: SJU8183Z

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. SJ59308K 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

Accident MT/1075583

Policy No.	S106629600	Vehicle No.	SJ081832	GST Registration No.	
Certificate No.					
Policyholder Name	FOCUS RENTALS PTE. LTD.			Policyholder NRIC	2018364500
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<div><div></div></div>
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
<div><div></div> Accident Details</div>					
Report Date	13/12/2019 12:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/12/2019	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	CORPORATION RD				
<div><div></div> Excess</div>					
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		
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

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		
🔍 OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LCH KWONG SENG JAMES (LUC	Driver NRIC	S7133519D	Driver DOB	14/09/1971
Register Date of Driver License	30/09/1989	Driver Age	48	Driving Experience	30
Contact No.(Mobile)	94888456	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 877	Address 2	WOODLANDS AVENUE 9	Address 3	SINGAPORE 730877
Address 4		Address Type	Singapore address	Post Code	730877
Unit No.	04-284				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declarat ion

Breathalyzer 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	POCUS RENTALS PTE. LTD.	Insured NRIC	201836450G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	STU8183Z	TP Vehicle Number	GB36677G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	STU8183Z / GB36677G ON 12-Dec-2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/12/2019 12:44	Claim Close Date		Date Received	13/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit













Attachment

Accident No:	MT/1075583	Claim No:	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/12/2019 12:45

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

Attachment List

Men Sent?

Attachment	Uploaded By/Date	Category	?	Urgency	Description	(CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:45	SAS		Normal	SAS 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Dec 2019 12:44	Photos		Normal	Photos 2019-12-13		
Video List							
	Uploaded By/Date	Folder Date	File Name	?	Source	Active	
<div>Display in New Window</div> <div>Scan and uploading</div>							