

# NATIONAL Assessment Centre Services

Date In: 16/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022132/13	SAS e-filing		
Veh No: SLC 8369	E-mail (within 3hrs. A/C 2hrs)		
D.O.A: 15/12/19 1730	i-Motor Claim Form	MT/1076005-001	
OD (P) 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: ( 4-51 Tel: Fax: )

TP Particulars: Veh No: SHC49884 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

NA1909392	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) RT: 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	16/12/2019 18:13
Date Of Accident	15/12/2019 17:30
Exact Location Of Accident	ALONG ORCHARD TURN TWDS ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC836Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	201843281R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	WORK
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5106976984
Cover Note Number	
<b>Driver</b>	
Name of Driver	JAGUAR TAN
NRIC No	S7934264E
Date Of Birth	27/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88788988
Fax Number	
Contact Number	
Email Address	JAGUAR.TAN.GRAB@GMAIL.COM

Address	BLK 836 WOODLANDS ST 83 #02-135
Postcode	730836
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	WET

#### 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: : UNKNOWN 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 NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191216/2114

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4988M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 JAGUAR TAN  
Approximate Age  
Injuries Sustain HEAD,NECK & BACK  
Injured person in which vehicle? SLC836Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



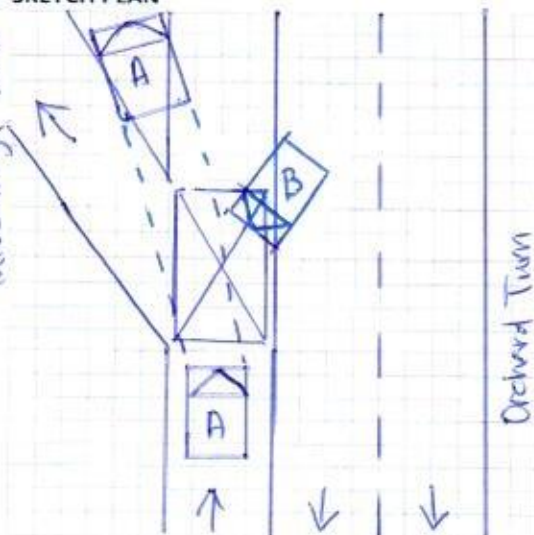
Policyholder's Signature  
Date & Time:

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

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

Takashimaya Tower B Entrance

SKETCH PLAN



Vehicle A: SLC 8364  
Vehicle B: SHC 4988m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (SLC 8364) traveling along Orchard Turn towards Orchard Link on a single lane, two way road. Somewhere at the entrance of Takashimaya Tower B, vehicle B (SHC 4988m) came from opposite direction made his turn to the said entrance too sudden. I was shocked and tried to avoid the accident so I turn my vehicle to the left. As a result, my vehicle collided and mounted on the curve.

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:





**SINGAPORE  
POLICE FORCE**



T/20191216/2114

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20191216/2114

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2019 14:57	Vide Report No.: G/20191215/0202	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: JAGUAR TAN			Address: APT BLK 836 WOODLANDS STREET 83 #02-135 SINGAPORE 730836		
ID Type / ID No.: NRIC NO / S7934264E			Contact No.: Home/Office: Mobile: 88788988		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 27/10/1979	Type of Informant: Driver		
Race: Chinese			Language:		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 Hit and Run	Drink Drive: No	Date/Time of Accident: 15/12/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 ORCHARD TURN  near Takashimaya Tower B Driveway				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4988M	M/Taxi				No Damage	0
SLC836Y	Car				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/20191216/2114

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No. T/20191216/2114

**CONTINUATION OF REPORT**

Name	Unknown	ID No.	NIL
Related Vehicle	SHC4988M (M/Taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	JAGUAR TAN	ID No.	S7934264E
Related Vehicle	SLC836Y (Car)	Contact No.	88788988
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

On 15/12/2019 @ 1730hrs, I was driving straight along Orchard Turn with one female passenger on board when a SMRT Taxi SHC4988M from the opposite direction wanted to turn right into Takashimaya Tower B Driveway. I swerved to avoid collision but ended up mounting the kerb and my car landed on the grass. Subsequently, the Taxi did not even stop when my Car mounted the kerb and landed on the grass.

Traffic Police came to scene vide G/201912150202.

My car was towed to the workshop and the undercarriage and gear was damage.

I was given 7 days MC as I sustained head, neck, back, shoulders pain and bruises to my leg as my leg hit the dash board during the accident.

My passenger subsequently seek her own medical attention as she complained of headache.





SINGAPORE  
POLICE FORCE



T/20191216/2114

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3

Report No. T/20191216/2114

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 /

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN  
MOHD ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2019 14:57

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE

Authentication Stamp

NP168

<b>Vehicle No.</b>	SLC 836Y	<b>Model / Make</b>	Audi A3
<b>Date of Accident</b>	15/12/2019		
<b>Time of Accident</b>	1730	<b>HRS</b>	
<b>Location of Accident</b>	Along Orchard Turn towards Orchard Link		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	HJ Car Rental Pte Ltd		
<b>Telephone No.</b>	H/P: 8608 9649	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201843281R		
<b>Address</b>	6001 Beach Road #08-06 S(199589)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5106976989		
<b>Name of Driver</b>	As Above If No, Jaguar Tan		
<b>NRIC</b>	87934264E	<b>Any Passengers :</b>	1 (F)
<b>Date of birth</b>	27/10/1979		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	12/10/2001		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 8878 8988	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Blk 836 Woodlands Street #3 #02-135 S(730836)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state	Freelance
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Jaguar Tan 8878 8988		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SHC 4988M	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front portion & under carriage		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	JAGUAR.TAN.GRAB@GMAIL.COM		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5106976984

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

**SLC836Y**

Chassis Number

**WAUZZZ8V6G1088703**

2. Name of Policyholder

**HJ CAR RENTAL PTE LTD**

3. Effective Date of Insurance

**13 May 2019**

4. Expiry Date of Insurance

**12 May 2020**

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder,

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

**S\$2,000**

EXCESS (SECTION 2)

**S\$1,500**

WINDSCREEN EXCESS

**S\$100**

ADDITIONAL EXCESS

**N/A**

UNNAMED DRIVER EXCESS

**PLEASE REFER OVERLEAF**

REPAIR AT OWNER'S PREFERRED WORKSHOP

**NO**

INSURE WITH COE

**YES**

NCD PROTECTION

**NO**

TRANSPORT ALLOWANCE

**NO**

EXCESS WAIVER

**NO**

PRIMARY DRIVER

**N/A**

NAMED DRIVER (1)

**N/A**

NAMED DRIVER (2)

**N/A**

HIRE PURCHASE COMPANY

**DBS BANK LTD**

SUM INSURED

**MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS**

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)

Date of Issue : 11 Jan 2019 14:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

Claim Handling

Accident MT/1076005

Policy No.	5106275454	Vehicle No.	SLC836Y	GST Registra
Certificate No.				
Policyholder Name	HJ CAR RENTAL PTE LTD			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	drvo-CLASSIC	Loading
Contact No.(Mobile)	86089549	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reesoi
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	17/12/2019 09:35	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	16/12/2019	Time of Accident hh:mm	17:35	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ORCHARD TURN TWO5 ORCHARD LINK			
Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	0001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-06	Related Policy Number	5108216963	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JAGUAR TAN	Driver NRIC	57934264E	Driver DOB
Register Date of Driver License	12/10/2001	Driver Age	40	Driving Exper
Contact No.(Mobile)	88769988	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 836	Address 2	WOODLANDS STREET 8J	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-135			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MX **New**

Claim Type	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SLC836Y / SHC4988M ON 15 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/12/2019 09:36
		Workshop Repairer	ROSLINDA
Print AK letter			
Save Submit			
Attachment			



Accident No.  
Last Doc. Received

MT/1076005  
\* Yes No

Claim No.  
Upload Date

001  
12/12/2019 08:00

Path

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Category

Clear Please Select

Clear Please Select

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Clear Please Select

Confid

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:35	Photos		Normal	PI

Video List

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