

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA119166883**

|                                  |  |                       |                       |
|----------------------------------|--|-----------------------|-----------------------|
| Date In: <b>14/11/19-11:10</b>   | Job description                          | Date & Time Completed | Done by               |
| Ref No: <b>MA/INC19022303/24</b> | SAS e-filing                             |                       |                       |
| Veh No: <b>5JV1698x</b>          | E-mail (within 8hrs, AIC 2hrs)           |                       |                       |
| D.O.A: <b>14/11/19 - 06:15</b>   | i-Motor Claim Form                       | <b>17/1076420-001</b> | <b>14/11/19 11:30</b> |
| OD / TP: <b>Reporting Only</b>   | 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: **Sam 94984**

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

| Invoice Preparation Checklist   |   | Ant (\$)<br>Est Bill | Ant (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |                      |                      |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|                                 | 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:-                   |                      |                      |
|                                 | 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 \$0                         |                      |                      |
|                                 | Invoice dated                                   | Fee Charged          |                      |
|                                 | Invoice dated                                   | Fee Charged          |                      |

Auditors' Comments :-

Ref. 1:

Ref. 2 / 3:



## 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             | 19/12/2019 11:10              |
| Date Of Accident           | 19/12/2019 06:15              |
| Exact Location Of Accident | TERMINAL 2 OPEN SPACE CARPARK |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV1698X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LINDA KOH TRADING    |
| Co Reg No                   | 53335336W            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-88665535 |
| Alternative Phone No        | OFFICE-88665535      |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | KIA                                    |
| Model  | CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE                            |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                     |
| If No, Please state action to be taken                                       | REPORTING ONLY                         |
| Vehicle Category   | PRIVATE HIRE                           |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5092248037-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SNG JI CAI            |
| NRIC No              | S8401778G             |
| Date Of Birth        | 15/01/1984            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 04/06/2003            |
| Driving Experience   | 16 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-88665535  |
| Fax Number           |                       |
| Contact Number       | OFFICE-88665535       |
| Email Address        | NOEMAIL               |



|   |                                      |
|---|--------------------------------------|
| Address   | BLK 102 ALJUNIED CRESCENT<br>#06-257 |
| Postcode  | 380102                               |
| 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 - MAJOR/MINOR RD |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

ON STATED DATE AND TIME, AS I WANTED TO EXIT FROM THE CARPARK LOT, I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE INDICATOR LIGHT BEFORE I CAN PROCEED. WHILE I PROCEED TO EXIT FROM THE CARPARK LOT, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT MY VEHICLE FRONT RIGHT PORTION INTACT WITH VEHICLE B REAR LEFT PORTION.

#### 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         | SDM9498Y               |
| Vehicle Make/Model/Colour           |                        |
| Details Of Properties               |                        |
| Vehicle Category                    | PRIVATE CAR            |
| Name of Driver                      | ABDUL AZIZ BIN IBRAHIM |
| NRIC/Passport Number                | S1764515C              |
| 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:

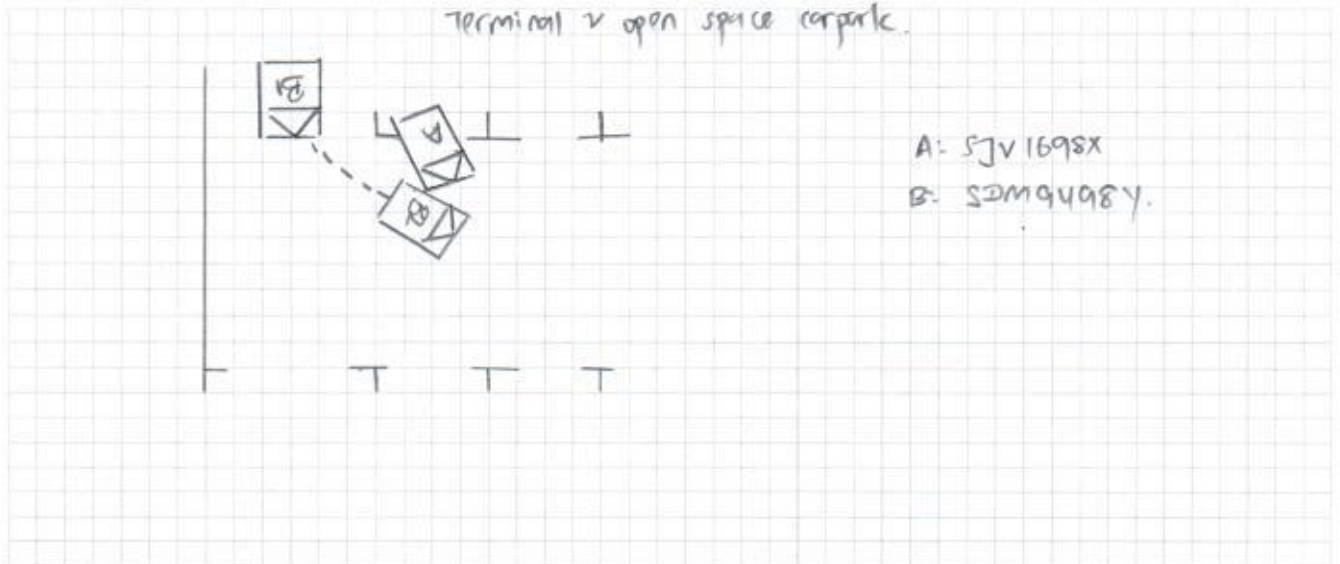
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

## 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.:



WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

**Business Profile (Business) of LINDA KOH TRADING (53335336W)**

Date: 12/06/2016

**The Following Are The Brief Particulars of :**

|                             |  |
|-----------------------------|--|
| Name of Business            | LINDA KOH TRADING                                      |
| Former Name(s) if any       |  |
| Date of Change of Name      |  |
| Registration No.            | 53335336W  |
| Registration Date           | 22/04/2016   |
| Commencement Date           | 22/04/2016   |
| Status of Business          | Live   |
| Status Date                 | 22/04/2016   |
| Renewal Date                |  |
| Expiry Date                 | 22/04/2017   |
| Renewal via GIRO            | NO   |
| Constitution of Business    | Sole-Proprietor  |
| Principal Place of Business | 102 ALJUNIED CRESCENT<br>#06-257<br>SINGAPORE (380102) |
| Date of Change of Address   |  |

**Principal Activities**

|                 |  |
|-----------------|--|
| Activities (I)  | PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR)<br>(49219) |
| Description     |  |
| Activities (II) |  |
| Description     |  |

**Particulars of Authorised Representative(s)**

| Name | ID | Nationality | Address | Address Source | Date of Appointment |
|------|----|-------------|---------|----------------|---------------------|
|------|----|-------------|---------|----------------|---------------------|

**Existing Sole-Proprietor(s) / Partner(s)**

| Name | ID | Nationality/Place of incorporation/Origin | Address | Address Source | Date of Entry Position |
|------|----|---|---------|----------------|------------------------|
|------|----|---|---------|----------------|------------------------|



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**Business Profile (Business) of LINDA KOH TRADING (53335336W)**

Date: 12/06/2016

**Existing Sole-Proprietor(s) / Partner(s)**

| Name       | ID        | Nationality/Place of<br>Incorporation/Origin | Address  | Address<br>Source | Date of Entry<br>Position |
|------------|-----------|--|--|-------------------|---------------------------|
| SNG JI CAI | S8401778G | SINGAPORE<br>CITIZEN                         | 102 ALJUNIED CRESCENT<br>#06-257<br>SINGAPORE (380102) | ACRA              | 28/05/2016<br>Owner       |

**Withdrawn Partner(s)**

| Name        | ID        | Nationality/Place of<br>Incorporation/Origin | Address   | Address<br>Source | Date of Entry<br>Position | Date of<br>Withdrawal |
|-------------|-----------|--|---|-------------------|---------------------------|-----------------------|
| KOH MUI NEE | S0777358G | SINGAPORE<br>CITIZEN                         | 102 ALJUNIED<br>CRESCENT<br>#06-257<br>SINGAPORE (380102) | ACRA              | 22/04/2016<br>Owner       | 28/05/2016            |

**Abbreviation**

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA160612100218

DATE : 12/06/2016

This is computer generated. Hence no signature required.



eBaoTech

GeneralClaim

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"/> | 5092248037-01 |                    | LINDA KOH TRADING | 53335336W         | GPC     | drive CLASSIC | SJV1698X    | SJV1698X       | 14/07/2018    | 13/01/2020  |



## Policy Information

|                             |  |                             |                   |                                  |                  |
|-----------------------------|--|-----------------------------|-------------------|----------------------------------|------------------|
| Policy No.                  | 5092248037-01                                      | Policyholder Name           | LINDA KOH TRADING | Policyholder NRIC                | 53335336W        |
| Certificate No.             |  |                             |                   |                                  |                  |
| Address                     | BLK 102 #06-257 ALJUNIED CRESCENT SINGAPORE 380102 |                             |                   |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                              | Plan                        |                   | Group Policy Flag                | N                |
| Policy Issue Date           | 06/07/2018   | Effective Date              | 14/07/2018 00:00  | Expiry Date                      | 13/01/2020 23:59 |
| Excess Type                 |  | All Claims Excess           |                   |                                  |                  |
| Third Party Excess          | 1500   | Own damage Excess           | 2000              | Windscreen Excess                | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                 |                                  |                  |
| Outside Singapore OD Excess | 2000   | Outside Singapore TP Excess | 1500              | Young/Inexperience Driver Excess |                  |
| Agent                       | B.A.S. INSURANCE AGENCY                            | Agent Tel.                  | 67492112          | GST Flag                         | Y                |
| Co-insurance Flag           | No   |                             |                   |                                  |                  |
| Open Policy Info            |  |                             |                   |                                  |                  |
| Certificate Info            |  |                             |                   |                                  |                  |

## Policyholder Mailing Address

|           |                 |                       |                   |           |                  |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 102 #06-257 | Address 2             | ALJUNIED CRESCENT | Address 3 | SINGAPORE 380102 |
| Address 4 |                 | Address Type          | Singapore address | Post Code | 380102           |
| Unit No.  | 06-257          | Related Policy Number | 5092248037-01     |           |                  |

## Insured Object: SJV1698X

## Endorsements

| Sequence | Date of Endorsement | Endorsement Type      | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-----------------------|----------------------------|--|
| 1        | 05/07/2019 00:00    | POI Extension/Shorten | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 14 Jul 2018 TO 13 Jan 2020 In view of this amendment, an additional premium of \$894.73 (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, credit card or NETS.</p> |

Continue

Cancel



## Claim Handling

Accident MT/1076420

|                                   |   |                               |   |                      |                              |
|-----------------------------------|---|-------------------------------|---|----------------------|------------------------------|
| Policy No.                        | 5092248037-01   | Vehicle No.                   | SJV1698X  | GST Registration No. |                              |
| Certificate No.                   |   |                               |   |                      |                              |
| Policyholder Name                 | LINDA KOH TRADING   | Cover Type                    | drive CLASSIC   | Policyholder NRIC    | 5335336W                     |
| Product Code                      | PRIVATE CAR INSURANCE   | Contact No.(Office)           | 0   | Loading              | 0                            |
| Contact No.(Mobile)               | 88665535  | 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(%)            | 10  | eCode Reason         |                              |
| NCD Protection                    | No  |                               |   | Private Hire         | Yes                          |
| <b>Accident Details</b>           |   |                               |   |                      |                              |
| Report Date                       | 19/12/2019 11:29  | Accident Report Within 24 hrs | Yes   | Accident Type        | Collision - Major Minor Road |
| Date of Accident                  | 19/12/2019  | Time of Accident hh:mm        | 06:15   | Country of Accident  | Singapore                    |
| Reporting Centre                  |   | Orange Force                  |   | ICM No.              |                              |
| Accident Location                 | TERMINAL 2 OPEN SPACE CARPARK                                 |                               |   |                      |                              |
| <b>Excess</b>                     |   |                               |   |                      |                              |
| Own damage Excess                 | 2,000.00  | Additional Excess             | 0   | Windscreen Excess    | 100.00                       |
| Unnamed Driver Excess             |   | Outside Singapore OD Excess   | 2,000.00  |                      |                              |
| Third Party Excess                | 1,500.00  | Outside Singapore TP Excess   | 1,500.00  |                      |                              |
| <b>Benefits</b>                   |   |                               |   |                      |                              |
| <b>GST Registered Information</b> |   |                               |   |                      |                              |
| GST Registered                    | No  | GST Registration Date         |   | GST Status Verified  | Yes                          |
| GST Registration No.              |   |                               |   |                      |                              |
| Modification History              |   |                               |   |                      |                              |

## Policyholder Mailing Address

|   |   |                       |                   |                        |                  |
|---|---|-----------------------|-------------------|------------------------|------------------|
| Address 1                               | BLK 102 #06-257   | Address 2             | ALJUNIED CRESCENT | Address 3              | SINGAPORE 380102 |
| Address 4                               |   | Address Type          | Singapore address | Post Code              | 380102           |
| Unit No.                                | 06-257  | Related Policy Number | 5092248037-01     |                        |                  |
| <b>OT Driver Info</b>                   |   |                       |                   |                        |                  |
| Driver Name                             | SNG JI CAI  | Driver Type           | Main Driver       | Driver DOB             | 15/01/1984       |
| Unnamed driver Name                     |   | Driver NRIC           | S8401778G         | Driving Experience     | 16               |
| Register Date of Driver License         | 04/06/2003  | Driver Age            | 35                | Contact No.(Home)      | 0                |
| Contact No.(Mobile)                     | 88665535  | Contact No.(Office)   | 0                 | Address 3              | SINGAPORE 380102 |
| Address 1                               | BLK 102   | Address 2             | ALJUNIED CRESCENT | Post Code              | 380102           |
| Address 4                               |   | Address Type          | Singapore address |                        |                  |
| Unit No.                                | 06-257  |                       |                   |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.    |                   | Driver Insurer Company |                  |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyzer 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            | LINDA KOH TRADING                | Insured NRIC               | 5335336W         |
| Contact No.(Mobile)                                 | 88665535                           | Contact No.(Home)       |                                  | Contact No.(Office)        |                  |
| Email Address                                       |                                    | OT Vehicle Number       | SJV1698X                         | TP Vehicle Number          | SDM9498Y         |
| Claimant Type Claimant Type *                       | Please Select                      | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                    |                         |                                  |                            |                  |
| Claim Description                                   | SJV1698X / SDM9498Y ON 19 Dec 2019 |                         |                                  | Name of Preferred Workshop |                  |
| Preferred Workshop Contact No.                      |                                    | Insured Liability *     | Party at Fault                   |                            |                  |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                                     | 19/12/2019 11:32                   | Claim Close Date        |                                  | Date Received              | 19/12/2019 00:00 |
| Report Taken By                                     | Jackson                            |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                            |                  |

Save Submit

## Attachment

|   |   |               |                  |                                     |  |           |  |               |  |
|---|---|---------------|------------------|-------------------------------------|--|-----------|--|---------------|--|
| Accident No.                                | MT/1076420  | Claim No.     | 001              |                                     |  |           |  |               |  |
| Last Doc. Received                          | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date   | 19/12/2019 11:33 |                                     |  |           |  |               |  |
| Path *                                      |   | Category *    |                  | Confidential                        |  | Urgency * |  | Description * |  |
|   | Browse... Clear   | Please Select |                  | <input checked="" type="radio"/> No |  | Normal    |  |               |  |
|   | Browse... Clear   | Please Select |                  | <input type="radio"/> No            |  | Normal    |  |               |  |
|   | Browse... Clear   | Please Select |                  | <input type="radio"/> No            |  | Normal    |  |               |  |
|   | Browse... Clear   | Please Select |                  | <input type="radio"/> No            |  | Normal    |  |               |  |
|   | Browse... Clear   | Please Select |                  | <input type="radio"/> No            |  | Normal    |  |               |  |
|   | Browse... Clear   | Please Select |                  | <input type="radio"/> No            |  | Normal    |  |               |  |
| <input type="button" value="Send Message"/> |   |               |                  |                                     |  |           |  |               |  |
| <b>Attachment List</b>                      |   |               |                  |                                     |  |           |  |               |  |
| Msg Sent?                                   |   |               |                  |                                     |  |           |  |               |  |



| Attachment  | Uploaded By/Date  | Category              | Urgency            | Description | (CO)                             |
|---|---|-----------------------|--------------------|-------------|----------------------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | NRIC/ Driving License | Y                  | Normal      | NRIC/ Driving License 2019-12-19 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | SAS                   |                    | Normal      | SAS 2019-12-19                   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 19 Dec 2019 11:32 | Photos                |                    | Normal      | Photos 2019-12-19                |
| Video List  |   |                       |                    |             |                                  |
| Uploaded By/Date  | Folder Date   | File Name             |                    | Source      | Action                           |
|   |   | Display in New Window | Scan and uploading |             |                                  |