

NATIONAL Assessment Centre Services.

(over 1 Jan 2003)

MA419170367

Date In: 27/12/2019 15:57	Job description	Date & Time Completed	Done by
Ref No: NBS/20190227974	SAS e-filing		
Veh No: SKG 555 Z	E-mail (Update this, AIC this)		
DOA 25/12/2019 01:30	I-Motor Claim Form	MT/1077484-001	27/12/2019 17:34
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No: P2 74233

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 repair.

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

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

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date Done: ()

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Architect/Engineer:

2nd Fl:

2 / 2

INVOICE	DATE	TIME	BY
1) ART: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee			
4) PT: Follow-Through Survey			
5) PT: Follow-Through Survey (Resurvey)			
6) TR: Re-inspection			
7) NI: Idea DA + SMRT Survey			
8) NIUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance			
*NG: Repair Coordination			
*NT: Post Repair Inspection			
*ND: DV / Collect Excess Coordination			
TE (NIUC) TP (Non INC) against INC			
2) NIUC: Idea Mobile			
Invoice dated			
Invoice dated			
Fees Charged			
Fees 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	27/12/2019 15:57
Date Of Accident	25/12/2019 01:30
Exact Location Of Accident	BEDOK SOUTH ROAD CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG555Z
Insured/Policyholder	
Name Of Registered Owner	LIM KING SIEW
NRIC No	SXXXX252G
Email Address	RYANTEO82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82844224
Alternative Phone No	OTHERS-93219501

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113183702
Cover Note Number	

Driver

Name of Driver	CHEW ZI QIN DIOR
NRIC No	SXXXX795B
Date Of Birth	28/10/1997
Occupation	INDOOR
Date Of Driving Pass	19/09/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82844224
Fax Number	
Contact Number	OTHERS-93219501
EMail Address	RYANTEO82@YAHOO.COM.SG

Address	BLK 217C COMPASSVALE DRIVE #06-584
Postcode	543217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191225/2012

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FZ7423J
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 27/12/19
1600H



Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/12/19
1600H

 27/12/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: K024110P H003

SKETCH PLAN

Brook South Cross Junction

□ - CAR (SKG 555A)

△ - MOTORCYCLE
(FZ 7423J)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The motorcycle Jam brake as the turning arrow start to blink. I applied brake immediately, however I could not stop in time. Refer to the police report for the rest of the information.

POLICE REPORT 7/2019 1225/2012

DECLARATION

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

Signature
Policyholder's Signature
Date & Time:

27/12/19
1600H

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

27/12/19
1600H

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

27/12/2019
Reda

ACCIDENT STATEMENT

ACCIDENT DATE: 25/12/2019 (DD/MM/YYYY), TIME: 01:30 (HH:MM)

LOCATION: Brook Sains Road Cross Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 555Z
 b) INSURANCE COMPANY: NAC
 c) POLICY NUMBER: 5138870
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
 e) MAKE & MODEL: Toyota Corolla
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SALOON
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) _____

2. INSURED / POLICY HOLDER

- a) NAME: LIM ANG SIEW (MALE / FEMALE) MALE
 b) NRIC/FIN/PASSPORT: S13812529 CONTACT: 87834224
 c) ADDRESS: BLK 56 HAVELOCK ROAD, #33-149
S161056

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE) _____
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97219501
 c) ADDRESS: _____

* d) DATE OF BIRTH: 28/10/1997 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FAMILY MEMBER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: F2 7423J MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email: myntes2@yahoo.com.sg

VIDEO



SINGAPORE POLICE FORCE



T/20191225/2012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191225/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2019 05:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW ZI QIN DIOR			Address: APT BLK 217C COMPASSVALE DRIVE #06-584 COMPASSVALE MAST SINGAPORE 543217		
ID Type / ID No.: NRIC NO / S9737795B			Contact No.: Home/Office: Mobile: 93219501		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 28/10/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: WORKING AND STUDYING			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 25/12/2019 01:30	Type of Location:
Location: Along Road 1 BEDOK SOUTH ROAD BEDOK SOUTH CROSS JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG555Z	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191225/2012

2 of 3

Report No. T/20191225/2012

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	CHEW ZI QIN DIOR	ID No.	S9737795B
Related Vehicle	SKG555Z (Car)	Contact No.	93219501
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

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

BEFORE THE ACCIDENT, I WENT FOR A DRINK AT FRIEND'S HOUSE. UPON LEAVING, I WAS TRAVELLING ALONG THE MENTIONED LOCATION AND WAS INVOLVED IN AN ACCIDENT WITH A MOTORCYCLIST, PATROL OFFICER CONDUCTED A BREATHALYSER TEST. I FAILED THE TEST AT THE SCENE AND WAS ARRESTED FOR DRINK DRIVING. ESCORTED BACK TO TRAFFIC POLICE HQ FOR A SECOND BREATHALYSER TEST.

RESULT SHOWN WAS 41UG (FAILED), EXCEEDED LEGAL LIMIT AND INVESTIGATION OFFICER HAVE TOOK MY STATEMENT, I WAS TOLD TO REPORT BACK ON THE MENTIONED DATE AS STATED IN MY BAIL BOND.

THIS ACCIDENT REPORT IS LODGED UPON INVESTIGATION OFFICER INSTRUCTION.



**SINGAPORE
POLICE FORCE**



T/20191225/2012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191225/2012

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:
TP /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/12/2019 05:57

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: *Eugene Aw Wei Xuan*



DATE : 26TH DECEMBER 2019

NAME : CHEW ZI QIN DIOR

NRIC : S9737795B

Dear Sir,

NOTICE OF IMMEDIATE SUSPENSION UNDER SECTION 47C OF THE ROAD TRAFFIC ACT (CAP 276, 2004 REV ED)

We refer to the investigation against you for the possible commission of the offence(s) **Drunken Driving under Section 67(1)(b) Road Traffic Act, Cap 276.**

2 This is to inform you that in exercise of the powers conferred upon the Deputy Commissioner of Police by section 47C of the Road Traffic Act, Chapter 276 he has suspended your driving licence with **effect from 26th DECEMBER 2019** until such time as the offence for which you have been committed has been tried and determined by the court, unless sooner rescinded under section 47C (10) of the Road Traffic Act.

3 During the period of suspension, you shall not drive a motor vehicle on a road under any driving licence granted by any authority. If you drive a motor vehicle on a road when your driving licence is suspended, you will have committed an offence under section 47C (7) of the Road Traffic Act. Upon conviction of this offence, you are liable to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 2 years or to both, and in the case of a second or subsequent conviction, you are liable to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 4 years or to both.

4 You are hereby required under **Section 47C (1A) / (2)*** of the Road Traffic Act to forthwith surrender your driving licence to me at Traffic Police, No. 10 Ubi Avenue 3, Singapore 408865.

5 Failure to surrender your driving licence to me is an offence and on conviction you will be liable to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 2 years or to both, and in the case of a second or subsequent conviction, you are liable to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 4 years or to both.

6 If you wish to appeal against the suspension, you may write in to the Minister for Home Affairs at Ministry of Home Affairs, New Phoenix Park, 28 Irrawaddy Road, Singapore 329560. You should note that notwithstanding your appeal, the suspension of your driving licence take effect from **26th DECEMBER 2019.**

7 Dated this **26th DECEMBER 2019**

**Delete where not applicable*

Yours faithfully,

PUTEH SHARIFF, DSP
DEPUTY HEAD INVESTIGATION
For DEPUTY COMMISSIONER OF POLICE
SINGAPORE POLICE FORCE

[Handwritten signature]
26/12/19
16:25PM



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: TP/1P/79373/2019

I, SIO Shukin
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP HQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Driving licence of Chew Zi Qin Dior - S9737795B
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Chew Zi Qin Dior
(Name, NRIC or Passport No. / Rank and No.)
of S9737795B
(Address / Police Station / NPC / NPP)
on 25/12/2019 at 0515hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

S9737795B
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

TP HQ
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Claim Handling

Exit

Accident MT/1077484

Policy No.	5113183702	Vehicle No.	SK05552	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KING BIEW	Policyholder NRIC	513812510		
Product Code	PRIVATE CAR INSURANCE	Cover Type	IRV5 CLASSIC	Leading	0
Contact No.(Mobile)	82944234	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPI	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/12/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/12/2019	Time of Accident (Approx)	01:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	880CK SOUTH ROAD CROSS JUNCTION				

Total Excess Applicable

Excess Type	Per Accident	Whichever Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00	Driver is Covered?	Covered
HED OD Excess	2500.00	YED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification History			

Policyholder Mailing Address

Address 1	BLK 50 #33-144	Address 2	HAYLOCK ROAD	Address 3	HAYLOCK VIEW
Address 4	SINGAPORE 161058	Address Type	Singapore address	Post Code	161058
Unit No.	33-144	Related Policy Number	5113183702		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHIEW ET QIN DOOR	Driver NRIC	5XXXX9958	Driver DOB	28/10/1987
Register Date of Driver License	18/09/2019	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	83219501	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 217C #08-584	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE HAST
Address 4	SINGAPORE 343217	Address Type	Foreign address	Post Code	343217
Unit No.	08-584				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SK05552	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blind Test Result?	0 mg	Any Injury?	Yes + No

Modification History

Claim GCL Next

Claim Type *	OD-MX	Insured Name	LIM KING BIEW	Insured NRIC	513812510
Contact No.(Mobile)		Contact No.	87345398	Contact No.(Office)	87345332
Email Address		GT	SK05552	TP	F77421
Claim Description	SK05552 / F77421 ON 25 Dec 2019		Name of Preferred Workshop		
Preferred Workshop	Insured Liability	Fully at Fault	GIA report		
Preferred No. Evaluation	Yes	Repair Option	Preferred Workshop, Name unknown	Received	
Date Registered	27/12/2019 17:31	Claim Date	27/12/2019 00:00	Date Received	27/12/2019 00:00
Report Taken By	ROSJ WMB				

Print All Letter

Save Submit

Attachment

Accident No.	MT/1077484	Claim No.	001
Last Doc. Received	Yes No AC	Upload Date	17/12/2019 17:34
Path *			
Choose File No file chosen	Clear	Category *	Confidential
Choose File No file chosen	Clear	Urgency *	Normal
Choose File No file chosen	Clear	Description *	
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Message Read	Send Message Upload		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CQ)	Action
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 17:34	Photos	Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 17:34	Photos	Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 17:34	Photos	Normal	Photos 2019-12-27		Edit

[illegible]

 **Video List**

Upload Date	Folder Desc	File Name	Source	Actions
		Display in New Window Scan and uploading		

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/12/2018 15:48"/>							
Vehicle No. (For Motor)	<input type="text" value="8K05552"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	3117163702		LIM KONG STEW	S1381252G	GPC	drive CLASSIC	SK05552	8K05552	27/11/2018	26/10/2020
<input type="button" value="Continue"/>										