

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA20003224**

Date In: <b>8/1/00-10/16</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/NC2000049424</b>	SAS e-filing		
Veh No: <b>SLP6767P</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>4/1/00-11:00</b>	i-Motor Claim Form	<b>07/1079086-001</b>	<b>8/1/00 12:27</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLR908J</b>	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

<b>NA20003224</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	08/01/2020 10:16
Date Of Accident	04/01/2020 11:00
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP6767P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAI KAU HIAN
NRIC No	SXXXX508C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90620622
Alternative Phone No	OFFICE-90620622

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114571528
Cover Note Number	

### Driver

Name of Driver	CHAI KAU HIAN (CAI GAOXIAN)
NRIC No	SXXXX508C
Date Of Birth	10/11/1976
Occupation	INDOOR
Date Of Driving Pass	19/12/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90620622
Fax Number	
Contact Number	OFFICE-90620622
EMail Address	NOEMAIL



Address	70 BURGUNDY CRESCENT
Postcode	658783
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200104/2143.

#### 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	SLR998J
Vehicle Make/Model/Colour	SUBARU IMPREZA
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ623H
Vehicle Make/Model/Colour	TOYOTA WISH
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)	

#### DETAILS OF INJURED PERSON 1

Name	CHAI KAU HIAN (CAI GAOXIAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGP6767P
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.

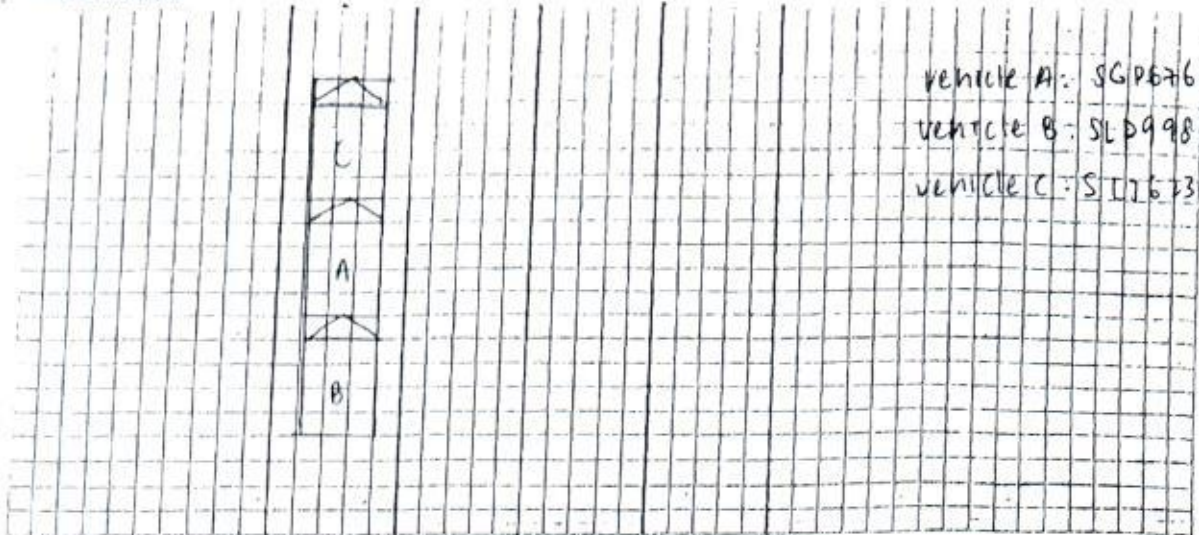
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



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:

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

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



Date of Accident : 04/01/2020 Accident Time: 11AM (24-HR-Format)  
Accident Place : PSE towards Tuas before Paya Lebar Exit  
Vehicle Reg. No. (Car Plate No.) : SGP6767P  
Vehicle Make/Model : Honda Jazz  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Chai Kau Hian (cai Gao Xian) S7636508C  
Owner or Company Contact No. : 9062 0622 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Chai Kau Hian (cai Gao Xian) S7636508C  
DRIVER'S Date Of Birth : 10/11/1976 DRIVER'S License Pass Date 19/12/1996  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : 70 Burgundy Cres S638783  
DRIVER'S Contact No. / Alt No. : 1) 9062 0622 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@mycar.sg  
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): 04 - 3 Female passenger \* Driver injured  
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: SLR998J  
Vehicle Make/Model: Subaru impreza  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: SLJ623H  
Vehicle Make/Model: Toyota wish  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_





**SINGAPORE  
POLICE FORCE**



T/20200104/2143

1 of 4

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20200104/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 04/01/2020 22:03		Vide Report No.		Station Diary No.: 94	
<b>Informant's Particulars</b>					
Name of Informant: CHAI KAU HIAN			Address: 70 BURGUNDY CRESCENT SINGAPORE 658783		
ID Type / ID No.: NRIC NO / S7636508C			Contact No.: Home/Office: Mobile: 90620622		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 10/11/1976	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: TECHNICAN OFFICER		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2020 11:00	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY  PIE towards Tuas, Before Paya Lebar exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGP6767P	Car	HONDA	JAZZ 1.4A	Blue	Seriously Damaged	3
SLJ623H	Car	TOYOTA	WISH	Beige	Slightly Damaged	0
SLR998J	Car	SUBARU	IMPREZA	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20200104/2143

Report No. T/20200104/2143

**CONTINUATION OF REPORT**

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	5114571528	12/12/2019	21/12/2020
SGP6767P	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	CHAI KAU HIAN	ID No.	S7636508C
Related Vehicle	SGP6767P (Car)	Contact No.	90620622
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	NG POH LIM	ID No.	S2513466D
Related Vehicle	SLJ623H (Car)	Contact No.	96802828
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

Driver			
Name	ONG WU SHENG	ID No.	S9037969J
Related Vehicle	SLR998J (Car)	Contact No.	90089112
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





SINGAPORE POLICE  
POLICE FORCE



T/20200104/2143

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Report No. T/20200104/2143

Police Station Of Origin  
Bukit Timah N.P.C.  
1 Duke's Road SINGAPORE 268914  
Tel No. 1800-4629999

CONTINUATION OF REPORT

Brief Details.

On 04/01/2019 at about 1100hrs I was driving along PIE towards Tuas while I was exiting Paya Lebar exit, the car (SLJ623H) in front of me came to a stop as such I stop my car as well. Suddenly a car (SLR998J) came from the back and hit me car that causes me to hit the car in front of me.

All the driver the alight of the vehicles, we then exchange particulars and took pictures of the damages. All the drivers agreed on settling the accident through insurance. My car damages was on my front bumper area and my rear boot area. Nobody was injured at that point of time. I do not have a in car camera.

After that around evening, I felt pain on my chest, my back and the back of my neck as such I went to Mount Alvernia Hospital to see the doctor and I was given 3 days of MC.





SINGAPORE  
POLICE FORCE



T/20200104/2143

4 of 4

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20200104/214

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:

E /

Sgt 2 TEO JIE DONG, MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2020 22:03

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 170

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



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"/>	5114571528		CHAI KAU HIAN	S7636508C	GPC	drive CLASSIC	SGP6767P	SGP6767P	12/12/2019	21/12/2020



## Policy Information

Policy No.	5114571528	Policyholder Name	CHAI KAU HIAN	Policyholder NRIC	S7636508C
Certificate No.					
Address	70 BURGUNDY CRESCENT BURGUNDY HILL SINGAPORE 658783				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/12/2019	Effective Date	12/12/2019 00:00	Expiry Date	21/12/2020 23:59
Excess Type	Per Accident	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	TELESALES-DIRECT MARKETINC Agent Tel.			GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	70 BURGUNDY CRESCENT	Address 2	BURGUNDY HILL	Address 3	SINGAPORE 658783
Address 4		Address Type	Singapore address	Post Code	658783
Unit No.		Related Policy Number	5114571528		

Insured Object: SGP6767P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue

Cancel



## Claim Handling

Accident MT/1079086

Policy No.	SL14571528	Vehicle No.	SGP6767P	GST Registration No.	
Certificate No.					
Policyholder Name	CHAI KAU HIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S7636508C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90620622	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text"/>
KTK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	90	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	08/01/2020 10:29	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	04/01/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIELD OD Excess	0.00	YIELD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	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					
<b>Policyholder Mailing Address</b>					
Address 1	70 BURGUNDY CRESCENT	Address 2	BURGUNDY HILL	Address 3	SINGAPORE 658783
Address 4		Address Type	Singapore address	Post Code	658783
Unit No.		Related Policy Number	SL14571528		
<b>01 Driver Info</b>					
Driver Name	CHAI KAU HIAN	Driver Type	Main Driver	Driver DOB	10/11/1976
Unnamed driver Name		Driver NRIC	S7636508C	Driving Experience	23
Register Date of Driver License	19/12/1996	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	90620622	Contact No.(Office)	0	Address 3	SINGAPORE 658783
Address 1	70 BURGUNDY CRESCENT	Address 2	BURGUNDY HILL	Post Code	658783
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHAI KAU HIAN	Insured NRIC	S7636508C
Contact No.(Mobile)	90620622	Contact No.(Home)		Contact No.(Office)	
Email Address	KAUHIAN@YAHOO.COM	01 Vehicle Number	SGP6767P	TP Vehicle Number	SLR9982
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGP6767P / SLR9982 ON 4 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/01/2020 10:27	Claim Close Date		Date Received	08/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

















## Attachment

Accident No.	MT/1079086	Claim No.	001
Lat Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/01/2020 10:28
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Description *
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	



☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:28	SAS		Normal	SAS 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 08 Jan 2020 10:27	Photos		Normal	Photos 2020-1-8

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				