

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MHA 20025731

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 27/1/20 - 12/1/19 | Job description | Date & Time Completed | Done by |
| Ref No: MHA/NC/20025731 | SAS e-filing | | |
| Veh No: SMC 27776 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 26/1/20 - 17:45 | i-Motor Claim Form | M7/108 6003-001 | 27/1/20 14:31 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 24 3612 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

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

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

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

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

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|----------|----------|
| | | for Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| Dat 1: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| Dat 2 / 3: | 9) N12: Idac Mobile \$30 | | |
| | | | |

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 | 27/02/2020 12:19 |
| Date Of Accident | 26/02/2020 17:45 |
| Exact Location Of Accident | PIE (TUAS) BEFORE PAYA LEBAR RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SMC7577L |
| Insured/Policyholder | |
| Name Of Registered Owner | NG NGEE YANG (HUANG YIYAN) |
| NRIC No | SXXXX036J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96886090 |
| Alternative Phone No | OFFICE-96886090 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | HONDA |
| Model | FREED HYBRID 1.5G AUTO |
| 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 | THIRD PARTY |
| 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 | 5102377225-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHUA LIM HAI |
| NRIC No | SXXXX048A |
| Date Of Birth | 06/09/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/09/2009 |
| Driving Experience | 10 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96886090 |
| Fax Number | |
| Contact Number | OFFICE-96886090 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 615 CHOA CHU KANG STREET 62 #08-245 |
| Postcode | 680615 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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) | 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLH361Z |
| 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) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SMN7714A |
| 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) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------|
| Name | CHUA LIM HAI |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMC7577L |
| 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.

X 

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.:

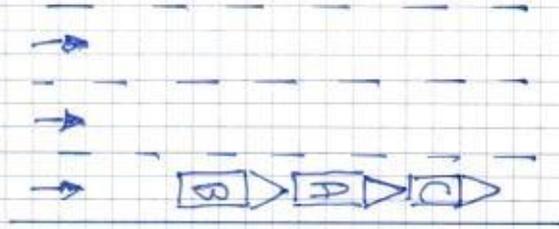
SKETCH PLAN

PIE - TUAS BEFORE PAYA LEBAR EXIT.

VEH A = SMC7577L

VEH B = SLH361Z

VEH C = SMN7714A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving vehicle A along the stated venue. As the front vehicle stopped I follow suit. Suddenly, vehicle B hit onto me, vehicle and cause it to propel forward and hit onto vehicle C.

DECLARATION

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

X 

Policyholder's Signature
Date & Time:



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



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

Date of Accident : 26/02/2020 Accident Time: 1745 (24-HR-Format)
 Accident Place : PIE - TUAS BEFORE PAYA LEBAR EXT.
 Vehicle No. (Car Plate No.) : SMC757L Make/Model: HONDA FREED.
 Insurance Company : NTUC Policy No: 5102377225-01
 Owner or Company Name / IC No. : NG. NGEEN YANG S8328036J.
 Owner or Company Contact No. : - Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : CHUA LIM HAI (57627048A)
 DRIVER'S Date Of Birth : 06/09/1976 DRIVER'S License Pass Date 18/09/2009
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
 DRIVER'S Address : BLK 615 CHUA CHU KANG ST 82 #08-245 S680615
 DRIVER'S Contact No / Alt No. : 1) 9688 6090 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 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): 01
 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
 Any Injury (If YES, Pls state): DRIVER

Other Party Driver's Particular (if any)

| | |
|---------------------------------|---------------------------------|
| Vehicle No: <u>(B) SLH 361Z</u> | Vehicle No: <u>(C) SMN7714A</u> |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:

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: 5102377225-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SMC7577L
Chassis Number : GB71051852

2. Name of Policyholder : NG NGEE YANG (HUANG YIYAN)

3. Effective Date of Insurance : 20 Jul 2019

4. Expiry Date of Insurance : 19 Jul 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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.

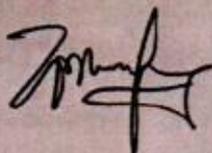
| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : NG NGEE YANG (HUANG YIYAN) |
| NAMED DRIVER (1) | : CHUA LIM HAI(CAI LINHAI) |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : SING INVESTMENTS & FINANCE 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)

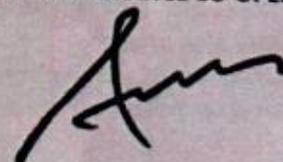
Agency : LIM KWOK ING JESSICA (00000536299)
Date of Issue : 24 Jun 2019 14:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|----------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5102377225-01 | | NG NGEE YANG (HUANG YIYAN) | S8328036J | GPC | drive CLASSIC | SMC7577L | SMC7577L | 20/07/2019 | 19/07/2020 |

Continue

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|----------------------------|----------------------------------|------------------|
| Policy No. | 5102377225-01 | Policyholder Name | NG NGEE YANG (HUANG YIYAN) | Policyholder NRIC | S8328036J |
| Certificate No. | | | | | |
| Address | BLK 615 #08-245 CHOA CHU KANG STREET 62 SINGAPORE 680615 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 24/06/2019 | Effective Date | 20/07/2019 00:00 | Expiry Date | 19/07/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | LIM KWOK ING JESSICA | Agent Tel. | 62926378 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------------|-----------|------------------|
| Address 1 | BLK 615 #08-245 | Address 2 | CHOA CHU KANG STREET 62 | Address 3 | SINGAPORE 680615 |
| Address 4 | | Address Type | Singapore address | Post Code | 680615 |
| Unit No. | | Related Policy Number | 5102377225-01 | | |

▶ Insured Object: SMC7577L

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---|---------------------|------------------|--------------------|---------------------|
| <input type="button" value="Continue"/> <input type="button" value="Cancel"/> | | | | |

Claim Handling

Accident MT/1086003

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5102377225-01 | Vehicle No. | SMC757L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | NG NGEE YANG (HUANG YIYAN) | | | Policyholder NRIC | S83280361 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96886090 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | SI |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 40 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--------------------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date | 27/02/2020 12:29 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 26/02/2020 | Time of Accident hh:mm | 17:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE (TUAS) BEFORE PAYA LEBAR RD EXIT | | | | |

Total Excess Applicable

| | | | |
|----------------------------|--------------|----------------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 |
| Additional Excess | 0 | Driver is Covered? | Covered |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 |

Benefits

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------------|-----------|------------------|
| Address 1 | BLK 615 #08-245 | Address 2 | CHOA CHU KANG STREET 62 | Address 3 | SINGAPORE 680615 |
| Address 4 | | Address Type | Singapore address | Post Code | 680615 |
| Unit No. | | Related Policy Number | 5102377225-01 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------------|------------------------|------------------|
| Driver Name | CHUA LIM HAI(CAI LINHAI) | Driver Type | Named Driver | Driver DOB | 06/09/1976 |
| Unnamed driver Name | | Driver NRIC | S7527048A | Driving Experience | 10 |
| Register date of Driver License | 15/09/2009 | Driver Age | 43 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 96886090 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 680615 |
| Address 1 | BLK 615 | Address 2 | CHOA CHU KANG STREET 62 | Post Code | 680615 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 08-245 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser 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 | NG NGEE YANG (HUANG YIYAN) | Insured NRIC | S83280361 |
| Contact No.(Mobile) | 85009669 | Contact No.(Home) | 63150171 | Contact No.(Office) | 66719339 |
| Email Address | adelina_ng@msn.com | OI Vehicle Number | SMC757L | TP Vehicle Number | SLH361Z |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SMC757L / SLH361Z ON 26 Feb 2020 | | Name of Preferred Workshop | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 27/02/2020 12:31 | Claim Close Date | | Date Received | 27/02/2020 00:00 |
| Report Taken By | Jackson | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1086003 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 27/02/2020 12:33 |

| Path * | Category * | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |

Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description | Msg Sent? (CO) |
|------------|---|-----------------------|---|---------|---------------------------------|----------------|
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:33 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:33 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | SAS | | Normal | SAS 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:32 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |
| | NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 27 Feb 2020 12:31 | Photos | | Normal | Photos 2020-2-27 | |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source | Action |
|------------------|-------------|-----------------------|--------------------|--------|--------|
| | | Display in New Window | Scan and uploading | | |