

| | | | |
|---------------------------|------------------------------------------|-----------------------|------------|
| Date In: 14/03/2020 10:01 | Job description | Date & Time Completed | Done by |
| Ref No: MAG/MC20000614 | SAS e-filing | | |
| Veh No: SJA 5207 J | E-mail (by John Sims, AIC 2hrs) | | |
| D.O.A: 13/01/2020 13:45 | I-Motor Claims Form | M71008250-001 | 14/03/2020 |
| OD: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 17:24 |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wkep / INC Assign Wkep / QW: ()
 TP Particulars: Vch No: SHF 3638 INC () / Non-INC ()
 Owner / Driver: () Tct: ()
 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 ()

() 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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____
 Date of this: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|----------------------------------|------------|-------------------|-----------|------------------------------|-------|-----------------------------------------|------|-------------------------------------------------|--|----------------------|------|-------------------------------|-------|------------------------------|--|-----|--|-----------------------------------|-----|--------------------------|------|-----------------------------|------|----------------------------------------|-----|-----------------------------------|------|---------------------|-----|
| 11A2001986 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Date: 2/2 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$40)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (was 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Ideas DA + EMRT Survey</td> <td>\$160</td> </tr> <tr> <td colspan="2">8) NIUC Additional Services:</td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*NS: Courtesy Car / Tpl Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Invoice Coordination</td> <td>\$5</td> </tr> <tr> <td>TE (NI): TP (Non INC) against I+C</td> <td>\$20</td> </tr> <tr> <td>9) NI: Ideas Mobile</td> <td>\$0</td> </tr> </table> <p style="text-align: right;"> Invoice dated _____ Fee Charged _____ Invoice dated _____ Fee Charged _____ </p> | 1) AR: Accident Reporting (\$30) | | 2) DA: Damage Assessment (\$100) | INC (\$40) | 3) TP: Towing Fee | \$40/\$45 | 4) FT: Follow-Through Survey | \$120 | 5) FT: Follow-Through Survey (Resurvey) | \$30 | For claiming against INC Only (was 10 Jan 2003) | | 6) TR: Re-inspection | \$75 | 7) NI: Ideas DA + EMRT Survey | \$160 | 8) NIUC Additional Services: | | ON: | | *NS: Courtesy Car / Tpl Allowance | \$5 | *N6: Repair Coordination | \$10 | *N7: Post Repair Inspection | \$25 | *N8: DV / Collect Invoice Coordination | \$5 | TE (NI): TP (Non INC) against I+C | \$20 | 9) NI: Ideas Mobile | \$0 |
| 1) AR: Accident Reporting (\$30) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) DA: Damage Assessment (\$100) | INC (\$40) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) TP: Towing Fee | \$40/\$45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) FT: Follow-Through Survey | \$120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For claiming against INC Only (was 10 Jan 2003) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) TR: Re-inspection | \$75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) NI: Ideas DA + EMRT Survey | \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8) NIUC Additional Services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ON: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NS: Courtesy Car / Tpl Allowance | \$5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N6: Repair Coordination | \$10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N7: Post Repair Inspection | \$25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N8: DV / Collect Invoice Coordination | \$5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TE (NI): TP (Non INC) against I+C | \$20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9) NI: Ideas Mobile | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 14/03/2020 10:01 |
| Date Of Accident | 13/03/2020 13:45 |
| Exact Location Of Accident | BLK 75 MARINE DRIVE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJA5307J |
| Insured/Policyholder | |
| Name Of Registered Owner | CHNG KIAT LENG |
| NRIC No | SXXXX098E |
| Email Address | CHWEETEE28@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91557047 |
| Alternative Phone No | OTHERS-96700125 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | NISSAN |
| Model | SUNNY |
| Exact Purpose for which vehicle was being used at time of accident | GOING HOME |
| 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 | 5068886756-05 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHNG KIAT LENG |
| NRIC No | SXXXX098E |
| Date Of Birth | 19/11/1934 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/07/1955 |
| Driving Experience | 64 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91557047 |
| Fax Number | |
| Contact Number | OTHERS-96700125 |
| Email Address | CHWEETEE28@GMAIL.COM |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | BLK 75 MARINE DRIVE #14-21 |
| Postcode | 440075 |
| 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 | NO 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 | 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

WHILE I WAS REVERSING MY CAR SJA5307J ON 13/03/2020 AT ABOUT 13:45HRS MARINE DRIVE NEXT TO LOT 118 OCCUPIED BY SHF363B, I HEARD SOMEONE KNOCK ON MY CAR BOOT. I IMMEDIATELY STOPPED MY VEHICLE AND ALIGHTED. THE DRIVER OF SHF363B ALLEGED THAT A SMALL AREA ABOVE THE MUDGUARD ON THE RIGHT WHEEL WAS DAMAGE. ON EXAMINATION, THERE WAS NO VISIBLE MARKS OF DAMAGE, NO DENTS, NO SCRATCHES THE CAR PAINTWORK NOT DEFACED, I REJECTED HIS REQUEST FOR COMPENSATION BETWEEN \$400-\$500 FOR HIS POTENTIAL LOSS OF EARNINGS AND TIME TO ALL THE NECESSARIES TO ORDER TO FILE A REPORT. SUBSEQUENTLY, HE CALLED FOR POLICE PATROL CAR TO SETTLE OUR DISPUTE. PHOTOGRAPH WAS TAKEN BY THE POLICE WITH A NOTE GIVEN TO ME AS EVIDENCE OF THEIR PRESENCE (REF INCIDENT NOG/20200313/0106) A/O WONG JUN JIE. I MENTION TO THE POLICE OFFICER THAT THIS GENTLEMAN IS TRYING TO MAKE MOUNTAIN OUT OF NO HILL. I WENT TO MY INSURER NTUC INCOME THE SAME AFTERNOON AT AMK HUB WHO ADVICE ME TO FILE THE REPORT WITH IDAC.

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 | SHF363B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | PAK GUAN PIEW |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

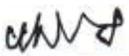
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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:

14/03/20
10:15am

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

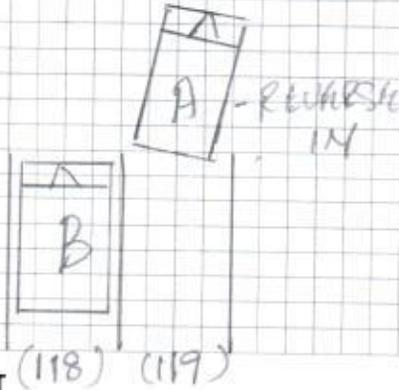
Resal. WATB

SKETCH PLAN

BLK 75 MARINE DRIVE CARPARK

A) SJA5307J

B) SHF 363B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO SKETCH PLAN

A large rectangular area with horizontal lines for writing, currently empty except for the handwritten text at the top.

DECLARATION

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

[Handwritten Signature]

Policyholder's Signature

Date & Time: 14/03/20

GIARMC SketchPlanForm_V3

10.15 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Handwritten Signature] 14/03/2020

Reporting Centre Personnel's Signature

Name: *[Handwritten Name]*

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (13, 09, 2020) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: BK 75 MARIKUR DRIVE COLPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 5307J
- b) INSURANCE COMPANY: MVIC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: NISSAN SUNNY
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: CHENG KIAN LAM (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S0225018 CONTACT: 91557047 / 96700125
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (19/11/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1955

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

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: SHE 363B MODEL: _____
- b) DRIVER'S NAME: PAK GUEN PHEW
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email =

VIDEO

Claim Handling

Accident MT/1088250

| | | | | | |
|---------------------|---------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|----------------------|-----------|
| Policy No. | 5068886756-05 | Vehicle No. | SJAS307J | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | CHNG KIAT LENG | | | Policyholder NRIC | S0225098E |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 91557047 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | TCA | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-----------------------------|-------------------------------|-------|---------------------|--------------|
| Report Date | 14/03/2020 17:21 | Accident Report Within 24 hrs | Yes | Accident Type | No collision |
| Date of Accident | 13/03/2020 | Time of Accident hh:mm | 13:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 75 MARINE DRIVE CARPARK | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | Driver is Covered? | Covered |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | 0 | | | | |
| 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 | MARINE PARADE P O | Address 2 | P O BOX 556 | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 914402 |
| Unit No. | | Related Policy Number | S068886756-05 | | |

OI Driver Info

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------------|---------------------|-------------------|------------------------|------------|
| Driver Name | CHNG KIAT LENG | Driver Type | Main Driver | Driver DOB | 19/11/1934 |
| Unnamed driver Name | | Driver NRIC | S0225098E | Driving Experience | 64 |
| Register Date of Driver License | 18/04/1955 | Driver Age | 85 | Contact No.(Home) | |
| Contact No.(Mobile) | 91557047 | Contact No.(Office) | | Address 3 | SINGAPORE |
| Address 1 | MARINE PARADE P O | Address 2 | P O BOX 556 | Post Code | 914402 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Driver Vehicle No. | SJAS307J | Driver Insurer Company | NTUC |

Declaration

| | | | |
|-------------------------------------|------|-------------|---------------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------------|

Modification History

Claim 001 New

| | | | | | | |
|---------------------|-----------------------------------|-------------------|----------------------------------|------------------|------------------|--|
| Claim Type * | OD-MX | Insured Name | CHNG KIAT LENG | Insu NRI | | |
| Contact No.(Mobile) | 91557047 | Contact No.(Home) | 63450234 | Cont No.(Off) | | |
| Email Address | | OT Vehicle Number | SJAS307J | TP Vehi Num | | |
| Claim Description | SJAS307J / SHF363B ON 13 Mar 2020 | | | | Nam Pref Work | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received | |
| Finalisation | Yes | Repair Option | Preferred Workshop, Name unknown | Claim Close Date | 14/03/2020 17:23 | |
| Date Registered | | Report Taken By | ROSLI WAHAB | Date Recd | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---------------------------------------------------------------------|--------------|------------------|
| Accident No. | MT/1088250 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 14/03/2020 17:24 |
| Path * | | Category * | Please Select |
| Choose File | No file chosen | Confidential | NO |
| Choose File | No file chosen | Urgency * | Normal |
| Choose File | No file chosen | | |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

| | | | |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | ? | Urgency | Description |
|------------|----------------------------------------------------------------------------------|-----------------------|---|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:24 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:24 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:24 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:24 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:24 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:24 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:23 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:23 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:23 | Photos | | Normal | Photos 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:23 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:23 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-3-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 17:23 | SAS | | Normal | SAS 2020-3-14 |

Video List

| Uploaded By/Date | Folder Date | File Name | ? | Source |
|--------------------------------------------------------------------------------------------------------|-------------|-----------|---|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |

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 checked="" type="radio"/> | 5068886756-05 | | CHNG KIAT LENG | S0225098E | GPC | drivo CLASSIC | SJA5307J | SJA5307J | 13/12/2019 | 12/12/2020 |

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