

**NATIONAL Assessment Centre Services**

(wef 1 Jan'05) **MNA20058163**

Date In: <b>30/3/20-16:45</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20054677/24</b>	SAS e-filing		
Veh No: <b>PSA 469JE</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>26/3/20-18:25</b>	i-Motor Claim Form	<b>27/1090066-001</b>	<b>30/3/20 16:55</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: Vch No: **5J4S6102** 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est 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			
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat 2 / 3:	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	30/03/2020 16:45
Date Of Accident	26/03/2020 18:25
Exact Location Of Accident	JUNC ALEXANDRA RD & HYDERABAD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4695E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUAN CHAN FATT
NRIC No	SXXXX358H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91308338
Alternative Phone No	OFFICE-91308338

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A CVT ABS
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113347859
Cover Note Number	

### Driver

Name of Driver	KUAN CHAN FATT
NRIC No	SXXXX358H
Date Of Birth	27/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91308338
Fax Number	
Contact Number	OFFICE-91308338
EEmail Address	NOEMAIL

Address	BLK 683C CHOA CHU KANG CRESCENT #05-380
Postcode	683683
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200327/2026.

#### 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	SJU5610C
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)

1

**DETAILS OF INJURED PERSON 1**

Name KUAN CHAN FATT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBQ4695E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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:

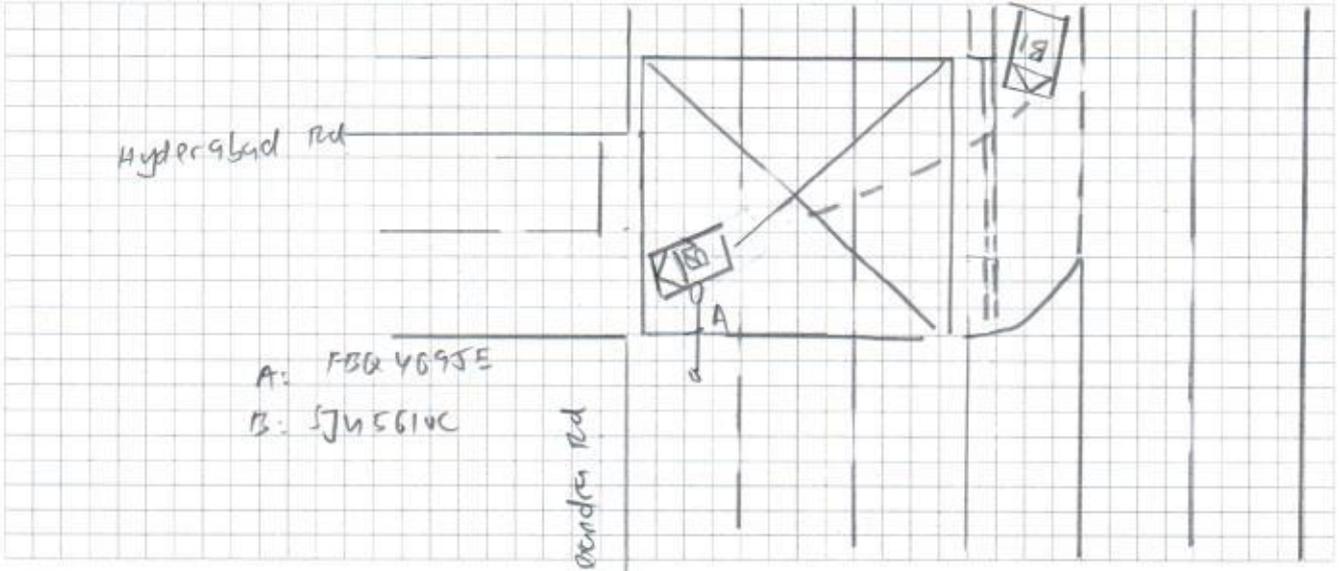
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 - 7/12/2023 27/2026.

**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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 26 / 3 / 20 ) (DD/MM/YYYY), TIME: ( 18 : 25 ) (HH:MM)

LOCATION: Alexandra Rd 2 Hyderabad rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FDQ 469JE  
b) INSURANCE COMPANY: NTVC  
c) POLICY NUMBER: 5113347859  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
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: Kuan Chan Tung ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: J8366358H CONTACT: 91308338  
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: ( 27 / 3 / 1983 ) ( DD/MM/YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: SU 5610C MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

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)  
( 1 )

\* No of passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
( 1 )

Email = Jwg

fax =

VIDEO = X



**SINGAPORE  
POLICE FORCE**



T/20200327/2026

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20200327/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/03/2020 11:45	Vide Report No.: D/20200326/0115	Station Diary No.: 60
--------------------------------------------	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: KUAN CHAN FATT		Address: APT BLK 683C CHOA CHU KANG CRESCENT #05-380 SINGAPORE 683683	
ID Type / ID No.: NRIC NO / S8366358H		Contact No.: Home/Office:	Mobile: 91308338
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 27/03/1983	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: FOOD PANDA DELIVERY		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/03/2020 18:25	Type of Location: Straight Road
Location: Along Road 1 ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4695E	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Seriously Damaged	0
SJU5610C	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4695E	NTUC Income Insurance Co-Operative Limited	5113347859	14/10/2019	13/10/2020

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KUAN CHAN FATT	ID No.	S8366358H
Related Vehicle	FBQ4695E (Motorcycle)	Contact No:	91308338
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/03/2020	Date Discharge	26/03/2020
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

On 26/03/2020 at about 1825hrs, I was driving along Alexandra Road on my motorcycle bearing FBQ4695E on the third lane. The two lane on my right was jam and my lane was clear. Thus, I continued straight travelling at about 60km/h when suddenly a car bearing SJU5610C was turning right into Hort Park from the opposite side and I collided onto the left side of the vehicle.

After colliding, the car stopped at the side of the lane. I was on the ground and did not manage to take the particulars of the driver.

Subsequently, police and ambulance came to the scene and I was conveyed to NUH by the ambulance. I am given 14days of Hospitalisation Leave from 26/03/2020 to 08/04/2020.

I suffered injuries on my back and the sole of my right feet. The doctor mentioned that it might have been a slight fracture on my sole. I also suffered abrasions on my left arm and right leg.

My motorcycle was towed away by the Traffic Police. My motorcycle suffered damages where the front of my motorcycle and the headlight is severely damaged. However, I am unsure if there are other internal damages and will be sending my motorcycle to the workshop.



**SINGAPORE  
POLICE FORCE**



T/20200327/2026

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20200327/2026

**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:

J/  
Sgt 2 FELICIA GOH MIN EN

Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In Charge Of Case:

TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Signature Of Informant:

Date/Time:

27/03/2020 11:45

Classification Of Case:

Authentication Stamp

NP168

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"/>	5113347859		KUAN CHAN FATT	58366358H	GMC	Third Party, Fire & Theft	FBQ4695E	FBQ4695E	14/10/2019	13/10/2020

Continue

Policy Information

Policy No.	5113347859	Policyholder Name	KUAN CHAN FATT	Policyholder NRIC	S8366358H
Certificate No.					
Address	NIL				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/10/2019	Effective Date	14/10/2019 00:00	Expiry Date	13/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	12-827	Related Policy Number	5113347859		

Insured Object: FBQ4695E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 14 Oct 2019, the following amendment(s) is/are made to this policy: The Policy is extended to cover food delivery services.

Continue Cancel

**Claim Handling**

Accident MT/1090066

Policy No.	5113347859	Vehicle No.	FBQ4695E	GST Registration No.	
Certificate No.					
Policyholder Name	KUAN CHAN FATT	Policyholder NRIC	S836635BH		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft		
Contact No.(Mobile)	91308338	Contact No.(Office)	0		
Email Address		Special Remark			
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes		
NCD Protection	No	NCD Entitlement(%)	0		
<b>▼ Accident Details</b>					
Report Date	30/03/2020 16:53	Accident Report Within 24 hrs	Yes		
Date of Accident	26/03/2020	Time of Accident hh:mm	18:25		
Reporting Centre		Orange Force			
Accident Location	JUNC ALEXANDRA RD & HYDERABAD RD				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	12-827	Related Policy Number	5113347859		
<b>▼ OI Driver Info</b>					
Driver Name	KUAN CHAN FATT	Driver Type	Main Driver		
Unnamed driver name		Driver NRIC	S836635BH		
Register Date of Driver License	02/10/2019	Driver Age	36		
Contact No.(Mobile)	91308338	Contact No.(Office)	0		
Address 1	BLK 683C	Address 2	CHOA CHU KANG CRESCENT		
Address 4		Address Type	Singapore address		
Unit No.	05-380			Post Code	683683
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>					
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 *	DD-MX	Insured Name	KUAN CHAN FATT	Insured NRIC	S836635BH
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBQ4695E	TP Vehicle Number	SJU5610C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBQ4695E / SJU5610C ON 26 Mar 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	30/03/2020 16:55	Claim Close Date		Date Received	30/03/2020 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

**Attachment**

Accident No. MT/1090066 Claim No. 001

Last Doc. Received  Yes  No Upload Date 30/03/2020 16:59

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	SAS	Normal	SAS 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:58	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:55	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:55	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:55	Photos	Normal	Photos 2020-3-30	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:55	Photos	Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 16:55	Photos	Normal	Photos 2020-3-30	

Video List

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