

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA120041952

Date In: 14/04/2020 10:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005189/F	SAS e-filing		
Veh No: SKT57365	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/03/2020 1730	i-Motor Claim Form	MT/1090402-002	
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: SLS 493R	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

NA2002594

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$) for Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	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:-			
	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 \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:



### 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	14/04/2020 10:49
Date Of Accident	24/03/2020 17:30
Exact Location Of Accident	PASIR RIS DRIVE 4
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5736S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FLORENCE TAN POH LIAN
NRIC No	SXXXX084E
Email Address	FPLT0128@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91350351
Alternative Phone No	OFFICE-91350351

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080089895-03
Cover Note Number	

#### Driver

Name of Driver	FLORENCE TAN POH LIAN
NRIC No	SXXXX084E
Date Of Birth	28/01/1948
Occupation	INDOOR
Date Of Driving Pass	27/02/1973
Driving Experience	47 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91350351
Fax Number	
Contact Number	OFFICE-91350351
Email Address	FPLT0128@GMAIL.COM

Address	BLK 483 PASIR RIS DRIVE 4 #08-473 SINGAPORE 1851
Postcode	1851
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?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE STATEMENT. REF:T/20200406/2084

#### 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	SLS4993R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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

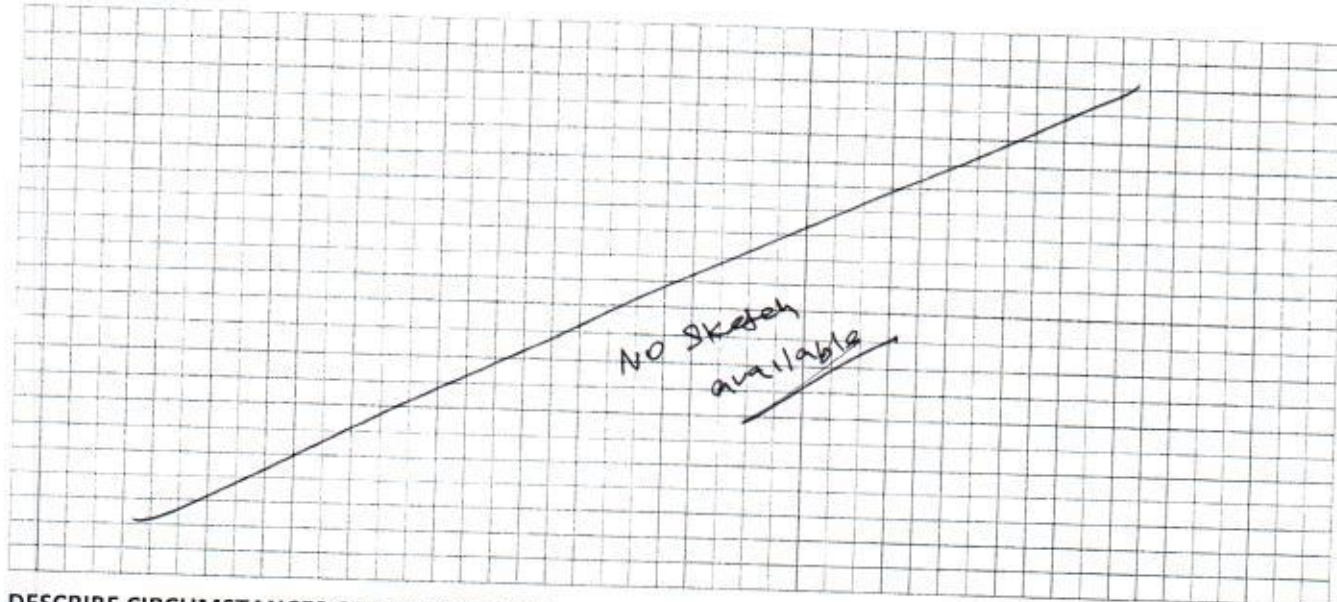
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Statement  
REF: T/20200406/2084

## 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.:





# SINGAPORE POLICE FORCE



T/20200406/2084

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20200406/2084

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/04/2020 18:49	Vide Report No.:	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: FLORENCE TAN POH LIAN		Address: APT BLK 483 PASIR RIS DRIVE 4 #08-473 SINGAPORE 510483	
ID Type / ID No.: NRIC NO / S0111084E		Contact No.: Home/Office: Mobile: 91350351	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 72	Date of Birth: 28/01/1948	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2020 17:30	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT5736S	Car	NISSAN	NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR	Grey	No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT5736S	NTUC Income Insurance Co-Operative Limited	5080089895-03	16/06/2019	15/06/2020



**SINGAPORE  
POLICE FORCE**



T/20200406/2084

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20200406/2084

**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:  
G /  
Sgt 2 JOHNNY TAN KOK JOO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/04/2020 18:49

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168





**SINGAPORE  
POLICE FORCE**



T/20200406/2084

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20200406/2084

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	FLORENCE TAN POH LIAN	ID No.	S0111084E
Related Vehicle	SKT5736S (Car)	Contact No.	91350351
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/03/2020 at about 5.30pm, I was driving along Pasir Ris Drive 4 however, I do not know any accident happened to my vehicle. I do not notice any new scratches on my car. I have some old scratches on my left rear door. The old scratches were there since 2 to 3 years ago. I am not injured and I am not aware any accident.

I wish to state that I do not have any in car camera installed.

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5080089895-03
The Policyholder	: FLORENCE TAN POH LIAN BLK 483 #08-473 PASIR RIS DRIVE 4 SINGAPORE 510483

Period of Insurance	: 16 Jun 2019 To 15 Jun 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$687.83

#### Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1200cc
Primary Driver	: FLORENCE TAN POH LIAN	Registration Year	: 2015
Named Driver (1)	: YEO SIN JO	Off-peak Car	: No
Named Driver (2)	: TAN FREDERICK	Insure with COE	: Yes
Make/Model	: NISSAN/NOTE	NCD Entitlement	: 50%
Registration Number	: SKT5736S	NCD Protection	: Yes(Free)
Chassis Number	: JN1TAAE12Z0971006	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

**Memo A** : Vehicle Model: NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR

**Endorsement Operative** : M4

Agency	: TELESales-DIRECT MARKETING (00000601661)
Date of Issue	: 15 May 2019 21:11 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



according to letter dated 1 Apr 20 received: Thur 9 Apr

## ACCIDENT STATEMENT

ACCIDENT DATE: 24/3/20 (DD/MM/YYYY), TIME: ( ): ( ) (HH:MM)

LOCATION: Pasir Ris Dr 4

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ONT 5736S  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5080089895-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: COMPREHENSIVE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: FLORENCE TAN PH LIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 5011084E CONTACT: 91350351  
c) ADDRESS: 453 PASIR RIS DR 4 #08-473  
S 510483

\* 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: (25/01/1948) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) RETIRED

f) YEARS OF DRIVING EXPERIENCE: since 1970's

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

### 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) after letter from traffic police dated 2 Apr  
IF YES, PLEASE STATE WHICH POLICE STATION: PASIR RIS NEIGHBOURHOOD

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 4993R 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: \_\_\_\_\_

email = fplt0128@gmail.com

fax =

video =

Claim Handling

Accident MT / 1090402

Exit

Policy No.	5080089895-03	Vehicle No.	SKT5736S	GST Registration No.	
Certificate No.					
Policyholder Name	FLORENCE TAN POH LIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S0111084E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	Not available
NCD Protection	Yes			Private Hire	
▼ Accident Details					
Report Date	01/04/2020 19:04	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	24/03/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 483 PASIR RIS DRIVE 4 OPEN SPACE CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess		TP Standard Excess	0.00		
YIED OD Excess	600.00	YIED TP Excess		Driver is Covered?	Not Applicable
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	BLK 483 #08-473	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510483
Address 4		Address Type	Singapore address	Post Code	510483
Unit No.		Related Policy Number	5080089895-03		
▼ OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				



## Claim 002

New

Claim Type *	OD-MX	Insured Name	FLORENCE TAN POH LIAN	Insured NRIC	S0111084E
Contact No.(Mobile)	91350351	Contact No. (Home)	65826240	Contact No. (Office)	
Email Address	fpl0128@gmail.com	Vehicle Number	SKT5736S	TP	SLS4993R
Claim Description	SKT5736S / SLS4993R ON 24 Mar 2020				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Repair Option	
Damage No. Finalisation	Yes	GIA report			
Date Registered	14/04/2020 16:58	Claim Close Date		Date Received	14/04/2020 00:00
Report Taken By					



Print AK letter














Save Submit

## Attachment

Accident No.	MT/1090402	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/04/2020 17:00
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-4-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-4-14		<a href="#">Edit</a>

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	SAS	Normal	SAS 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Photos	Normal	Photos 2020-4-14	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



## LKK Paya Ubi

**From:** Ignatius Koh <Ignatius.koh@income.com.sg>  
**Sent:** Tuesday, April 14, 2020 4:48 PM  
**To:** rspu@lkkauto.com  
**Cc:** Desmond Foo Guo Hui  
**Subject:** MT/1091362 , Vehicle: SKT5736S , Date of Accident: 24/03/2020, To re-create file

Hi,

This MX (Ref: MT/1091362) created was for a duplicate accident.  
With that, we will reject this MX file.

There is an existing file MT/1090402, pertaining to the same accident.  
Please assist to re-create the MX under MT/1090402, thank you.

	Accident No.	OD Claim	Claim Des
<input type="radio"/>	<b>MT/1090402</b>		SKT5736S / SLS4993R on 24 Mar 2020;
<input type="radio"/>	<b>MT/1091362</b>	OD-MX	SKT5736S / SLS4993R ON 24 Mar 2020;

Do you want to open a new accident or add a new claim to the existing

Open a new accident

Create new Claim

Cancel

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