

NATIONAL Assessment Centre Services. (ver 1 Jan 2001) **MAA40004374**

Date In: <b>27/09/2020 17:13</b>	Job Description	Date & Time Completed	Done by
Ref No: <b>NBA/INC 200054014</b>	SAS e-illing		
Veh No: <b>SM 89J</b>	E-mail (3 hrs, AIC 2 hrs)		
D.O.A: <b>24/09/2020 18:35</b>	I-Motor Claim Form	<b>27/09/2020</b>	<b>27/09/2020</b>
OID: <b>TP</b> Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		<b>12/37</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / QW: ( ) Tolt ( ) Fust ( )

TP Particles: ( ) Veh No: **SCQ 8238Y** 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 ( )

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

( ) 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: \_\_\_\_\_

<b>NA2002711</b>	1) Allt Accident Reporting (\$30)	
Driver/Owner:	2) DA1 Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP1 Towing Fee	\$40/\$45
Damaged Portion:	4) PT1 Follow-Through Survey	\$110
QC Checked by (Engr-In-Charge):	5) PT1 Follow-Through Survey (Resurvey)	\$30
Watchers/Comments:	*For claiming against INC Only (ver 10 Jan 2001)	
Sal: 11	6) TR1 Pa-Inspection	\$75
1.2/3	7) NI1 Day DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI1 Day Mobile	\$30
	10) NI1 Day Mobile	\$30
	11) NI1 Day Mobile	\$30
	12) NI1 Day Mobile	\$30
	13) NI1 Day Mobile	\$30
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	99) NI1 Day Mobile	\$30
	100) NI1 Day 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	27/04/2020 12:13
Date Of Accident	24/04/2020 18:30
Exact Location Of Accident	ALONG WOODLANDS AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM89J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STN LIMOUSINE
Co Reg No	5XXXX880W
Email Address	JOEOSHLL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96263033
Alternative Phone No	OFFICE-96263033

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087997774-03
Cover Note Number	

### Driver

Name of Driver	ONG SWEE HIAN JOE (WANG RUJIXIAN)
NRIC No	SXXXX387E
Date Of Birth	11/07/1980
Occupation	INDOOR
Date Of Driving Pass	16/06/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96263033
Fax Number	
Contact Number	OTHERS-96263033
Email Address	JOEOSHLL@GMAIL.COM

Address: 109 WOODLANDS VIEW  
#01-20  
Postcode: 737712  
Was driver an employee of the Insured's Company: YES  
If No, Relationship of the Driver with the Insured:  
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: RAINING  
Road Surface: WET

#### 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?: YES  
If Yes, Please state which Police Station:  
Police Station Name: WOODLANDS DIVISION HQ  
Police Station Address: ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE  
Police Station Contact: TEL NO: - FAX NO:  
Was notice of intended Prosecution given?: NO  
If Yes, against whom?:

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20200425/7040

#### 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: SLQ8238Y  
Vehicle Make/Model/Colour: HONDA  
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: SJH6562U  
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: ONG SWEE HIAN JOE (WANG RUIXIAN)  
Approximate Age  
Injuries Sustain: SLIGHT INJURY  
Injured person in which vehicle?: SLM89J  
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.

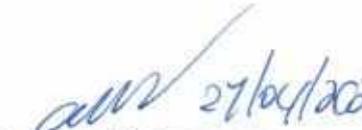


**ST**  
L I M O U S I N E

Policyholder's Signature  
Date & Time:

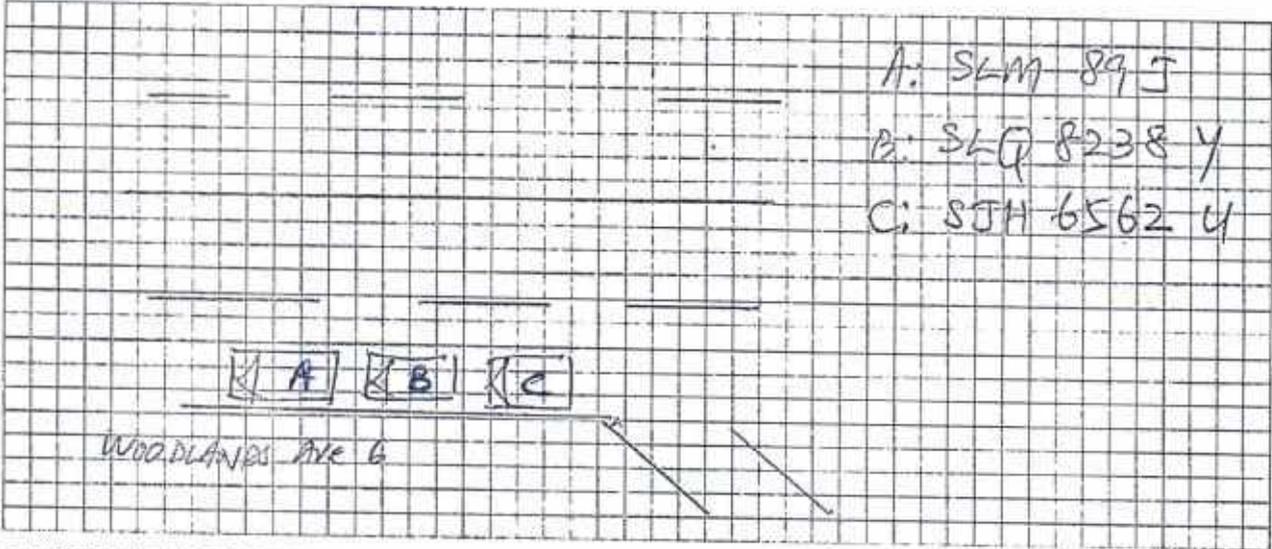


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



27/04/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT L/20200425/7040

DECLARATION

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

L I M O U S I N E

Policyholder's signature  
Date & Time:

*[Handwritten signature]*

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

*[Handwritten signature]*

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

*[Handwritten signature]* 27/04/2020  
Redi WATSON

## MOTOR ACCIDENT REPORT FORM

### BASIC INFORMATION

Date of Report:		Time:	
Date of Accident:	24/04/2020	Time:	1830
Exact Location of Accident:	ALONG WOODLANDS AVE 6		

### DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLM 89J	Contact No.: 9626 3033
Name of Registered Owner: STN LIMOUSINE	
NRIC/Passport No./FIN:	Co. Reg. No. (for Co. Vehicle only):
Owner Address: 109 WOODLANDS VIEW #01-20	SC 737 712
Owner Email Address: Joeoshii@gmail.com	

### Vehicle Particulars

Manufacturer: Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> BMW <input type="checkbox"/> Merc <input type="checkbox"/>	Model: NISSAN QASHQAI
Exact purpose for which vehicle was being used at the time of accident Normal Usage <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state)	
Are you claiming your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input type="checkbox"/>	
Vehicle Category: Private Car <input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/> Others <input type="checkbox"/>	

### Insurance Company

Name of Insurance Company: NTUC	
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>	
Fleet Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy/Cover Note Number:

### Driver

Name of Driver: ONG SWEET HIAN JOE	NRIC/Passport No./FIN: S8021387E
Date of Birth: 11/07/1980	Occupation: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass: 16/06/1999	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No: 9626 3033 Fax No:	Alternative Phone No:
Address: 109 WOODLANDS VIEW #01-20	(Postal Code: 737 712)
Email Address: Joeoshii@gmail.com	No. of Passenger (Including Driver): 01
Was driver an employee of the Insured's Company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	State relationship of driver with the insured:
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	
Insurance Company of Driver's Own Vehicle (if applicable):	

### Other Information of the Accident

Type of Accident:	CHAIN COLLISION - INVOLVING 3 CARS		
Weather Conditions:	Clear <input type="checkbox"/>	Raining <input checked="" type="checkbox"/>	Others <input type="checkbox"/> (Please state condition):
Road Surface	Wet <input checked="" type="checkbox"/>	Dry <input type="checkbox"/>	Others <input type="checkbox"/> (Please state condition):
Was any body injured in the accident?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	
Was any other vehicle or property damaged?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	
Are accident photos available for attachment?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	Audio <input type="checkbox"/>
Was the accident reported to the Police?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If Yes, which police station?:
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, against whom?:

### DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicle Registration No: SLQ 8238 Y	Vehicle Make/Model/Colour: HONDA / BUICK
Foreign vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/>

### Details of Property Damaged in Accident:

Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address: (Postal Code: )	
Insurance Company Name:	No. of Passenger (Including Driver):

### Details of Witness - Name:

Details of Witness - Contact Number:	Details of Witness - Email Address:
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### DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	Approximate Age:
Address: (Postal Code: )	
Injuries Sustained:	Injured person in which vehicle:
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to the hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>

\*If no proper documents are produced, Hin Lung Workshop will not file the report. Information will be discarded after one week.





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200425/7040

2) SLQ 8238Y

3) SJH 6562U

The next morning I woke up with soreness in my neck, shoulders and lower back regions. As such, I went to my company doctor at Unihealth 24-Hr Clinic (Toa Payoh) for medical treatment and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2020 18:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**Claim Handling**

Accident NT/1091901

Policy No.	0087997734-03	Vehicle No.	SLM881	GST Registration No.	S3315880W
Certificate No.					
Policyholder Name	STN LIMOUSINE	Driver Type	drive CLASSIC	Policyholder NRIC	S3115880W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leasing	0
Contact No.(Mobile)	96263033	Contact No.(Home)		Contact No.(Home)	
Email Address	XO@HLL@SMALL.COM	Special Remark		eCode	No
RFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hrs	No

**Accident Details**

Report Date	27/04/2020 12:32	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/04/2020	Time of Accident (H:MM)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS AVENUE 6				

**Total Excess Applicable**

Excess Type	No ACCIDENT	Windscreen Excess	100.00	Driver is Covered	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History	27/04/2020 12:34:41 System changed GST Registered from Yes to No 27/04/2020 12:34:41 System changed GST Registration No. from S3315880W to null 27/04/2020 12:34:41 System changed GST Registration Date from 09/09/2015 to null				

**Policyholder Mailing Address**

Address 1	BLK 825 #01-40	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730612
Address 4		Address Type	Singapore address	Post Code	730620
Unit No.	05-40	Related Policy Number	0087997734-03		

**01 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/07/1980
Unnamed driver Name	ONG SWEE HIAN JOE (WANG BI)	Driver NRIC	S000087E	Driving Experience	20
Register Date of Driver License	16/06/1999	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	96263033	Contact No.(Office)		Address 1	SINGAPORE 737712
Address 1	108 WOODLANDS VILLAGE	Address 2	#01-20 NORTHWAY	Address 3	
Address 4		Address Type	Foreign address	Post Code	737713
Unit No.	01-20	Driver Vehicle No.	SLM881	Driver Insurer Company	WTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Modification History**

Claim Bill **NEW**

**Claim Type \*** DD-HR

**Contact No. (Mobile)** 96263033

**Email Address**

**Claim Description** SLM881 / SUGS1387 ON 24 Apr 2020

**Preferred Workshop** Injured Liability **Not at Fault**

**Preferred Workshop, Name of Insurer** Preferred Workshop, Name of Insurer

**Date Registered** 27/04/2020 12:35

**Report Taken By** ROSLI WAHAB

**Claim Close Date**

**Date Received** 27/04/2020 00:00

**Attachment**

Accident No.	NT/1091901	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Upload Date	27/04/2020 12:37

Path \*

Choose File	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	

Message Road

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUNTI_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S) (BUKIT MERAH) on 27 Apr 2020 12:37		Photos	Normal	Photos 2020-4-27	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:37	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:37	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:36	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:36	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:36	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:36	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:36	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:36	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:35	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:35	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:35	Photos			Normal	Photos 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:33	NREC/ Driving License	Y		Normal	NREC/ Driving License 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:33	NREC/ Driving License	Y		Normal	NREC/ Driving License 2020-4-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Apr 2020 12:33	SAS			Normal	SAS 2020-4-27

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Uploaded By/Date                      Folder Date                      File Name                      Source

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Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

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"/>	5087997774-03		STN LIMOUSINE	53315880W	GPC	drive CLASSIC	SLM89J	SLM89J	28/02/2020	27/02/2021

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