

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA120043976**

Date In: <b>28/4/2012 13:38</b>	Job description	Date & Time Completed	Done by
Ref No: <b>16/1/15/2012/12/14</b>	SAS e-filing		
Veh No: <b>JKH3840T</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>27/4/2012 16:00</b>	i-Motor Claim Form	<b>27/12/9980-00</b>	<b>28/4/2012 14:32</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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>JKH3840T</b>	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

<b>MNA120043976</b>	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile			
Auditors Comments:-	*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			
	Fee Charged			
	Invoice dated			



## 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	28/04/2020 13:58
Date Of Accident	27/04/2020 16:00
Exact Location Of Accident	JALAN BUKIT MERAH TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3840T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RABBIT CAR RENTAL PTE LTD
Co Reg No	2XXXXX547M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (ATTRACTION)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110778790
Cover Note Number	

### Driver

Name of Driver	TAN EE YONG KERSHAW
NRIC No	SXXXX816A
Date Of Birth	28/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86131783
Fax Number	
Contact Number	OFFICE-86131783
Email Address	NOEMAIL

Address	BLK 61B STRATHMORE AVENUE #27-18
Postcode	143061
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP6341Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NATARAJAN GANESH
NRIC/Passport Number	
Contact Number	83989887
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	TAN EE YONG KERSHAW
------	---------------------

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLG3840T

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 (POPA)**

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.

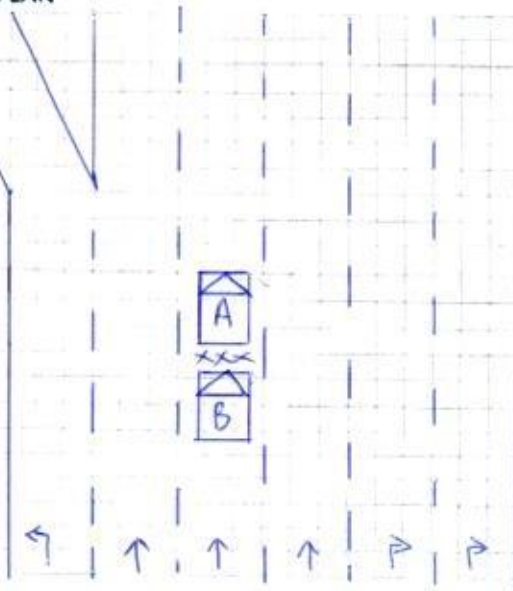


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Veh A: SLG3840T  
Veh B: SJP 6341Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLG3840T) traveling along Jalan Bukit merah towards Queensway on 4th lanes of a 6-lanes, road. Somewhere before junction of Lower Delta Road, my vehicle was stationary due to the traffic light was red. Out of sudden, vehicle B (SJP 6341Z) came from rear and collided directly onto the rear portion of my vehicle.

## 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.:



<b>Vehicle No.</b>	2G3840T		Model / Make	Audi A3
Date of Accident	27/4/2020			
Time of Accident	1600	HRS		
Location of Accident	Along Jalan Bukit Merah towards Queensway			
Exact purpose use during accident	Work			
<b>Name of Owner</b>	Rabbit Car Rental Pte Ltd			
Telephone No.	H/P :	Home :	Office :	
NRIC	201916547M			
Address	8 Sin Ming Industrial EST Sector C #01-52 S(174643)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5110778790 - 000017			
<b>Name of Driver</b>	As Above If No, Tan Ee Yong Ker shaw			
NRIC	S9022816A		Any Passengers : -	
Date of birth	28/6/1990			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	18/11/2016			
Gender	Male	/	Female	
Contact No.	H/P :	86131783	Home :	Office :
Address	BLK 61B Strathmore Avenue #27-18 S(143061)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state <i>Hirer</i>		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Tan Ee Yong Kershaw 86131783			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SJP 6341Z		Any Passengers : -	
Name of Driver	Natarajan Ganesh		Contact No. : 8398 9887	
<b>Vehicle C No.</b>			Any Passengers :	
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
Witness Name			Witness Contact :	
<b>Accident Portion</b>	Rear portion			
<b>Camera Recorder</b>	Yes / (No)			
<b>Email Address</b>	kasho@hotmail.sg			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



**RENTAL AGREEMENT****RABBIT CAR RENTAL PTE LTD**

6001 Beach Road, Golden Mile Tower #08-06 SINGAPORE 199589

ROC: 201916547M

OFFICE : 8838 0101 | 8808 6135 | 8666 0101  
FAX :  
EMAIL :

INVOICE :  
DATE :

Company Name

Company Address

Hirer's Name tan ee yong kershaw

Hirer's Address blk 61b strathmore ave #27-18 s143061

NRIC/Passport No. s9022816a

Driving License No. s9022816a

Local Contact 86131783

SIN

SIN

TP

DOB 28/06/1990

Left Side

Back



Right Side



Front



Top

Model AUDI A3  
Licence Plate SLG3840T  
Colour

\* Rates do not include Petrol.

Taken

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Return

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

\* Every 1/8 of petrol used is chargeable @ \$20 nett.

Remarks : D = Dent S = Scratches C = Chips R = Rust M = Missing

**RENTAL DETAILS**

Start Date 11-Oct-19 Start Time 1430  
Return Date 11-Apr-20 Return Time 1430

	RATES	QTY	TOTAL
Rental Amount	450	1	450
Additional Driver			
Malaysia Usage *Destination :( )			
Rental of GPS			
Rental of P-Plate			
Total Cost Of Rental			

Remarks:

**\$500 DEPOSIT WITH SLE2462T (AUTOBAHN)**

6 MTHS CONTRACT, PENALTIES APPLIES IF BREAK CONTRACT



Hirer's Signature



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5110778790-000017

**Cover :** drive CLASSIC

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SLG3840T</b>             |
| Chassis Number  | : WAUZZZ8VXG1103266           |
| 2. Name of Policyholder   | : RABBIT CAR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 28 Sep 2019                 |
| 4. Expiry Date of Insurance   | : 27 Sep 2020                 |
| 5. Persons or Classes of Persons entitled to drive#   |                               |
| (a) The Policyholder.   |                               |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                               |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                               |
| 6. Limitations as to Use#   |                               |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                               |

**This Policy does not cover**

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS



I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)  
Date of Issue : 28 Jun 2019 11:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5110778790"/>	Date of Accident	<input type="text" value="27/04/2020 16:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SLG3840T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110778790	5110778790-000017	RABBIT CAR RENTAL PTE. LTD.	201916547M	GFM	drive CLASSIC	SLG3840T	SLG3840T	28/09/2019	30/06/2020
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5110778790	Policyholder Name	RABBIT CAR RENTAL PTE. LTD.	Policyholder NRIC	201916547M
Certificate No.	5110778790-000017				
Address	BLK 8 #01-52 SIN MING INDUSTRIAL EST SECTOR C SIN MING INDUSTRIAL ESTATE SINGAPORE 575643				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/06/2019	Effective Date	28/06/2019 00:00	Expiry Date	30/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	2368.26		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 8 #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3	SIN MING INDUSTRIAL ESTATE
Address 4	SINGAPORE 575643	Address Type	Singapore address	Post Code	575643
Unit No.	01-52	Related Policy Number	5114640840		

Insured Object: 5110778790-000017

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

## Claim Handling

Accident MT/1091980

Policy No.	5110778790	Vehicle No.	SLG3840T	GST Registration No.	
Certificate No.	5110778790-000017				
Policyholder Name	RABBIT CAR RENTAL PTE. LTD.			Policyholder NRIC	201916547M
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	51
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

**Accident Details**

Report Date	28/04/2020 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/04/2020	Time of Accident (hh:mm)	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BUKIT MERAH TWDS QUEENSWAY				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess	0		
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	

Driver is Covered?

**Benefit**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK B #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3	SIN MING INDUSTRIAL ESTATE
Address 4	SINGAPORE 575643	Address Type	Singapore address	Post Code	575643
Unit No.	01-52	Related Policy Number	5114640840		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/06/1990
Unnamed Driver Name	TAN EE YONG KERSHAW	Driver NRIC	SXXXXB16A	Driving Experience	3
Register Date of Driver License	18/11/2016	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	86131783	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 61B	Address 2	STRATHMORE AVENUE	Address 3	STRATHMORE GREEN
Address 4	SINGAPORE 143061	Address Type	Singapore address	Post Code	143061
Unit No.	27-18				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RABBIT CAR RENTAL PTE. LTD.	Insured NRIC	201916547M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		DI Vehicle Number	SLG3840T	TP Vehicle Number	SJP6341Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLG3840T / SJP6341Z DN 27 Apr 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	28/04/2020 14:37	Claim Close Date		Date Received	28/04/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1091980	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/04/2020 14:38

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



☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:38	SAS		Normal	SAS 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:38	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:38	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:38	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:37	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:37	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:37	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:37	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:37	Photos		Normal	Photos 2020-4-28	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Apr 2020 14:37	Photos		Normal	Photos 2020-4-28	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
		Display in New Window	Scan and uploading			