

NATIONAL Assessment Centre Services (Ref: 2019)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 06/07/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC20006983/13 | SAS e-filing | | |
| Veh No: SLW35985 | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 05/07/20 1335 | I-Motor Claim Form | MT/1096187-001 | |
| OD: TP: Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLW3856C INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Client's Particulars | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
|----------------------|---|-------------|-----------|
| Driver/Owner: | | Int. Bill | Add. Bill |
| NA2002529 | 1) AR: Accident Reporting (\$30); | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| | 3) TF: 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: Idno DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OD: | | |
| | *N5: Courtesy Car / Tp. 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: Idno Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

QC Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

Dat. 1: _____

Dat. 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 | 06/07/2020 10:32 |
| Date Of Accident | 05/07/2020 13:35 |
| Exact Location Of Accident | OPEN CARPARK OF BLK 453 ANG MO KIO AVE 10 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | SLW3598J |
| Insured/Policyholder | |
| Name Of Registered Owner | NG HUI TONG |
| NRIC No | SXXXX691A |
| Email Address | NGHUITONG@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-90669186 |
| Alternative Phone No | OTHERS-90669186 |
| Vehicle Particulars | |
| Manufacturer | FORD |
| Model | FOCUS WAGON |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5110054982 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG HUI TONG |
| NRIC No | SXXXX691A |
| Date Of Birth | 20/08/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/11/1996 |
| Driving Experience | 23 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90669186 |
| Fax Number | |
| Contact Number | OTHERS-90669186 |
| EMail Address | NGHUITONG@YAHOO.COM.SG |

| | |
|---|-----------------|
| Address | 52 JALAN LIMBOK |
| Postcode | 548731 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SERANGOON NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2849999 - FAX NO: 63431742 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:F/20200705/2051

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 | SLK3856C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE ZHENG HAN RYAN |
| NRIC/Passport Number | SXXXX924H |
| Contact Number | 83830031 |
| 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:

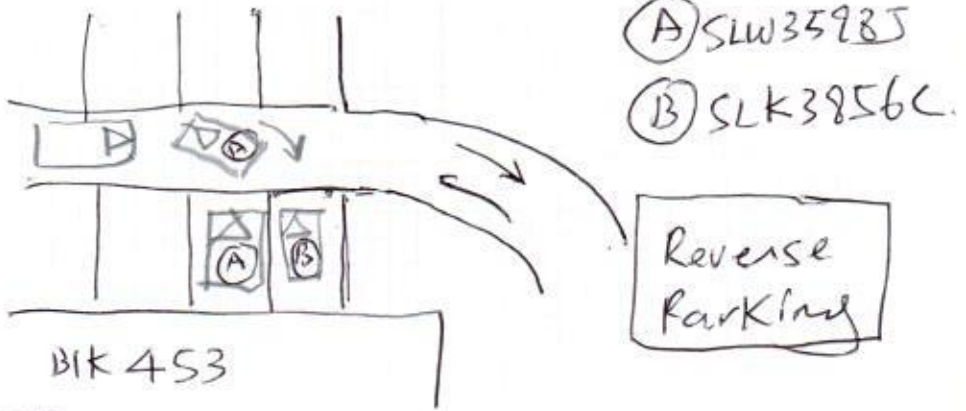
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 06/07/20

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

SKETCH PLAN

OPEN CARPARK OF BLK 453
ANG MO KIO AVE TO



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: F/20200705/2051

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:

Signer 06/07/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20200705/2051

1 of 2

Report No. F/20200705/2051

POLICE REPORT (NP299)

Police Station Of Origin
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

| | | |
|---|--|-------------------------|
| Date/Time Report Made 05/07/2020 15:17 | Vide Report No. | Station Diary No. 15 |
| Name Of Informant NG HUI TONG | Address 52 JALAN LIMBOK SINGAPORE 548731 | |
| ID Type / ID No. NRIC NO / S1469691A | Contact No. Home/Office | Mobile 90669186 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation MANAGER | Sex Male | Age 58 |
| Institution/School Name | Date of Birth 20/08/1961 | Race Chinese |
| Date/Time Of Incident 05/07/2020 13:50 | Location Of Incident 453 ANG MO KIO AVENUE 10 CHONG BOON CENTRE SINGAPORE 560453 Open carpark | |

Brief details.

On the 05/07/2020 at around 1335hrs, I parked my vehicle (SLW3598J) at the open carpark of block 453 Ang Mo Ko ave 10. Around 5 minutes later, I was approached by a man (Mr. Lee Zheng Han Ryan, HP: 83830031, SLK3856C) claiming that I had collided into his vehicle causing a scratch on the front left portion of his vehicle.

I then went down to inspect my vehicle, however, I did not observe any visible damage on my vehicle and

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: F / Sgt 2 CHAN KAI WENG GABRIEL | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 05/07/2020 15:17 |
| Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 CHAN KAI WENG GABRIEL Contact No.: 64880999 | Classification Of Case: |

Authentication Stamp





denied his claim. However, Mr Ryan Lee insisted that I was the one that damaged his car as he was observing his car from his house, which was above the carpark. He then offered me three alternatives, to claim insurance, recommend him a workshop or to call for police.

As I sensed that Mr Ryan Lee was getting agitated and I was also in a rush to send my family member elsewhere, I quickly offered him my car workshop contact, we also exchanged contacts with each other. I then left the vicinity immediately afterwards.

I am lodging this report for my own record purpose.

Signature Of Officer Recording The Report:

F / Sgt 2 CHAN KAI WENG GABRIEL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/07/2020 15:17

Officer In-Charge Of Case:
F / Serangoon N.P.C /
Sgt 2 CHAN KAI WENG GABRIEL
Contact No.: 64880999

Classification Of Case:

Authentication Stamp



ACCIDENT STATEMENT

ACCIDENT DATE: (05/7/2020) (DD/MM/YYYY), TIME: (13:35) (HH:MM)

LOCATION: OPEN CAR PARK NEAR 433 AMK AVE 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 35985
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FORD FOCUS WAGON
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FAMILY
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: NG HUI TONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1469691A CONTACT: 90669186
c) ADDRESS: 52A, Jalan Limbak, 5548731

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG HUI TONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1469691A CONTACT: 90669186
c) ADDRESS: 52A, Jalan Limbak 5548731

*d) DATE OF BIRTH: (20/8/1961) (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: _____

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

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

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: SLK 3856C MODEL: HONDA
b) DRIVER'S NAME: LEE ZHENG HAN RYAN
c) NRIC/FIN/PASSPORT: S7906924H CONTACT: 83830031

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Email =

fax =

video =

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110054982

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLW3598J |
| Chassis Number | : WF05XXGCDSAP46852 |
| 2. Name of Policyholder | : NG HUI TONG |
| 3. Effective Date of Insurance | : 31 May 2019 |
| 4. Expiry Date of Insurance | : 26 Jun 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) | : N/A |
| EXCESS (SECTION 2) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : NG HUI TONG |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : TAN XIN PING (00000602636)

Date of Issue : 31 May 2019 16:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1096187

| | | | | | |
|---------------------|-----------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No. | 5110054982 | Vehicle No. | SLW359BJ | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | NG HUI TONG | | | Policyholder NRIC | S1469891A |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 90669186 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | Nil |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | Nil | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|--------------|
| Report Date | 06/07/2020 17:51 | Accident Report Within 24 hrs | Yes | Accident Type | No collision |
| Date of Accident | 05/07/2020 | Time of Accident hh:mm | 11:35 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | (OPEN CARPARK OF BLK 453 ANG MO KIO AVE 11) | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 1,500.00 | Driver is Covered? | Covered |
| YIED OD Excess | 0.00 | YIED-TP Excess | 0.00 | | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 1,500.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-----------|
| Address 1 | 52A JALAN LIMBOK | Address 2 | NANYANG PARK | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 548731 |
| Unit No. | | Related Policy Number | 5110054982 | | |

OI Driver Info

| | | | | | |
|---|------------------|---------------------|-------------------|------------------------|------------|
| Driver Name | NG HUI TONG | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S1469891A | Driver DOB | 20/09/1986 |
| Register Date of Driver License | 29/12/1984 | Driver Age | 35 | Driving Experience | 35 |
| Contact No.(Mobile) | 90669186 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | 52A JALAN LIMBOK | Address 2 | NANYANG PARK | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 548731 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|--------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No |
|-------------------------------------|------|-------------|--------|

Modification History

Claim 001 OD-MX **New**

| | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|-----------------------------|
| Claim Type * | OD-MX | Insured Name | NG HUI TONG | In NF |
| Contact No.(Mobile) | 90669186 | Contact No.(Home) | NIL | Cc Nc (O TP Ve Nc Na Pr Wk) |
| Email Address | NGHUITONG@YAHOO.COM.SG | OT Vehicle Number | SLW359BJ | |
| Claim Description | SLW359BJ / SLK3856C ON 5 Jul 2020 | | | |
| Preferred Workshop Contact No. Finalisation | Yes | Insured Liability | Not at Fault | |
| | | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 06/07/2020 17:57 | Received | | Claim Close Date |
| Report Taken By | ROSINDA | Workshop Repairer | | To bu Re |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1096187 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/07/2020 09:00 |
| Path * | | Category * | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | ? | Urgency | Description |
|------------|--|-----------------------|---|---------|--------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | SAS | | Normal | SAS 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:57 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:56 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:56 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:56 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:56 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:56 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:56 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:54 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:54 | Photos | | Normal | Photos 2020-7-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:54 | Photos | | Normal | Photos 2020-7-6 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2020 17:54 | Photos | | Normal | Photos 2020-7-6 |

Video List

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