

NATIONAL Assessment Centre Services: [Part 1 Jan 02] MNA 120058291

Date In: 9/7/20 16:05	Job description	Date & Time Completed	Done by
Ref No: WA/IMC20007169/64	SAS e-filing		
Veh No: SLB 7823 Y	E-mail (within 3hrs, A/C 2hrs)		
DELA: 8/7/20 10:55	I-Motor Claim Form	MT/1096505-01	9/7/20 16:19
OD: <input checked="" type="radio"/> 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/VKgn		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SLB 8458 H	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 Ref No: 67084616)	Date Claim 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

NA2003626	Invoice Preparation Checklist	Am (S)	Res (S)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Sign-In-Charge):	5) LT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimants against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NL: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	• N5: Courtesy Car / Tpt Allowance \$3		
	• N6: Repair Co-ordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice date:	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	09/07/2020 16:05
Date Of Accident	08/07/2020 10:55
Exact Location Of Accident	NORTH BUONA VISTA RD TURNING RIGHT TWDS AYE/CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7823Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5112801747
Cover Note Number	

### Driver

Name of Driver	TANG LEE LEE
NRIC No	SXXXX649G
Date Of Birth	30/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97209789
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 207 BUKIT BATOK ST 21 #02-122
Postcode	650207
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	WET

#### 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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200708/2077

#### 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	SLB8458H
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 TANG LEE LEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF7823Y

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.



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.:

Traffic light red

AYE City

SLF 7823Y

SLB8458H

North Bunna

NMH

refer police report 7/2020 0708 / 2077

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

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





# SINGAPORE POLICE FORCE



T/20200708/2077

1 of 3

Report No. T/20200708/2077

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
08/07/2020 17:31

Vide Report No.:

Station Diary No.:  
101

### Informant's Particulars

Name of Informant: TANG LEE LEE		Address: APT BLK 207 BUKIT BATOK STREET 21 #02-122 SINGAPORE 650207	
ID Type / ID No.: NRIC NO / S2568649G		Contact No.: Home/Office: Mobile: 97209789	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 52	Date of Birth: 30/09/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2020 10:55	Type of Location: Bend
Location: Along Road 1 NORTH BUONA VISTA ROAD turning right towards AYE/CTE				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB8458H	Car					0
SLF7823Y	Car				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200708/2077

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20200708/2077

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	RAVIKUMAR RADHAKRISHNAN		ID No.	S7188296I
Related Vehicle	SLB8458H (Car)		Contact No.	98116063
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
<b>Driver</b>				
Name	TANG LEE LEE		ID No.	S2568649G
Related Vehicle	SLF7823Y (Car)		Contact No.	97209789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2020		Date Discharge	08/07/2020
No. of Days granted Medical Leave	07		Degree of Injury	NIL

**Brief Details.**

On 08/07/2020 at about 1056hrs, I pickup my passenger from NUH (Kent Ridge Wing) and sending her to 130 Tanjong Rhu Rd (Pebble Bay). At North Buona Vista Road, I stopped my car(SLF7823Y) behind 2 vehicles as the traffic light was red. I was waiting to make a right turn. The road is leading towards AYE/CTE. Suddenly, a car(SLB8458H) collided at the rear of my vehicle.

We came out and exchanged particulars. At that point of time, there was a sharp pain on my neck area. The rear portion of my car was damaged. After sending my passenger to her destination, I went to consult the doctor at Ng Teng Fong Hospital.

I was given 7 days of medical leave from 08/07/2020 to 14/07/2020.





**SINGAPORE  
POLICE FORCE**



T/20200708/2077

3 of 3

Report No. T/20200708/2077

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sr Staff Sgt MUHAMMAD ASHRAF BIN  
RAHUMAN SHAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No: 65476204

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

08/07/2020 17:31

Classification Of Case:

## 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:** 5112801747-000018

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF7823Y**  
Chassis Number : JM6BM42A8G0344951
2. Name of Policyholder : VOULEZ CARS
3. Effective Date of Insurance : 25 Sep 2019
4. Expiry Date of Insurance : 24 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\$1,500
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	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue : 20 Sep 2019 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 8/7/20 ) (DD/MM/YYYY), TIME: ( 10:56 ) (HH:MM)

LOCATION: North Borneo turning right Towards AYE CITY

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 7823Y  
b) INSURANCE COMPANY: NVC INCOME  
c) POLICY NUMBER: 5112801747-000018  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: Mazda 3  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: Pending Passenger  
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: Voulez cars (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91449265  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Tang Lee Lee (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S25686499 CONTACT: \_\_\_\_\_  
c) ADDRESS: Blk 207, Blk Batak St 21 #02-122

\*d) DATE OF BIRTH: ( 30/9/1967 ) (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 )

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB8458H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( 2 )

Female  
passenger

\* No of passenger  
(Including driver)  
(    )

\* No of passenger  
(Including driver)  
(    )

Email =

fax =

video = NIL

## Claim Handling

## Accident MT/1096505

Policy No.	5112801747	Vehicle No.	SLF7823Y	GST Registrati
Certificate No.	5112801747-000018			
Policyholder Name	VOULEZ CARS			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	09/07/2020 16:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/07/2020	Time of Accident hh:mm	10:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NORTH BUONA VISTA RD TURNING RIGHT TWDS AYE/CTE			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	1500.00	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	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-908	Related Policy Number	5112801747	

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TANG LEE LEE	Driver NRIC	S2568649G	Driver DOB
Register Date of Driver License	28/06/1995	Driver Age	52	Driving Experi
Contact No.(Mobile)	97209789	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 207 #02-122	Address 2	BUKIT BATOK STREET 21	Address 3
Address 4	SINGAPORE 650207	Address Type	Singapore address	Post Code
Unit No.	02-122			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	VO
Contact No.(Mobile)	91449265	Contact No. (Home)	NI
Email Address		O1 Vehicle Number	SL
Claim Description	SLF7823Y / SLB8458H ON 8 Jul 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/07/2020 16:18	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☐ Print AK letter



Save Submit

## Attachment

Accident No. MT/1096505 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/07/2020 16:19

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Category \*

Confider

Please Select

NO

Clear

Please Select

NO

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NO

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NO

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NO

Clear

Please Select

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:19	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:19	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:19	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:19	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:19	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:19	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jul 2020 16:18	Photos	Normal	PI

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading