

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA006364

| | | | |
|-------------------------|--|-----------------------|-------------|
| Date In: 28/12-15:07 | Job description | Date & Time Completed | Done by |
| Ref No: HA/HCP003725/24 | SAS e-filing | | |
| Veh No: 6W99865 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 28/12-12:25 | i-Motor Claim Form | M7/1098729-001 | 28/12/15:19 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: MK3752 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---|---|-------------|-----------|-----------|
| Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2/3: | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| | | | 1st Bill | Add Bill |
| | 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 : Idac DA + SMRT Survey \$160 | | | |
| 8) NTUC Additional Services:- | | | | |
| OD* | | | | |
| *N5: Courtesy Car / Tpt Allowance \$5 | | | | |
| *N6: Repair Co-ordination \$10 | | | | |
| *N7: Post Repair Inspection \$25 | | | | |
| *N8: DV / Collect Excess Coordination \$5 | | | | |
| TP (N11) : TP (N-in INC) against INC \$20 | | | | |
| 9) N12: Idac 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 | 28/07/2020 15:07 |
| Date Of Accident | 27/07/2020 20:25 |
| Exact Location Of Accident | JUNC JLN BESAR & ROWELL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GW9986S |
| Insured/Policyholder | |
| Name Of Registered Owner | FIRE VISIONARIES LLP |
| Co Reg No | TXXXXX930K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91086244 |
| Alternative Phone No | OFFICE-91086244 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 150 D |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5115014068 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | GAJENDRAN DAMODHARAN |
| Passport No/FIN | GXXXX489L |
| Date Of Birth | 16/12/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/06/2014 |
| Driving Experience | 6 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84656414 |
| Fax Number | |
| Contact Number | OFFICE-84656414 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | 21 TOH GUAN ROAD EAST #06-22 TOH GUAN CENTRE |
| Postcode | 608609 |
| 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 | 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 4 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : MALE |
| Passenger 3 | NAME: : - GENDER: : MALE |

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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SMK3755Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | BODI KAMAL DEEP |

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

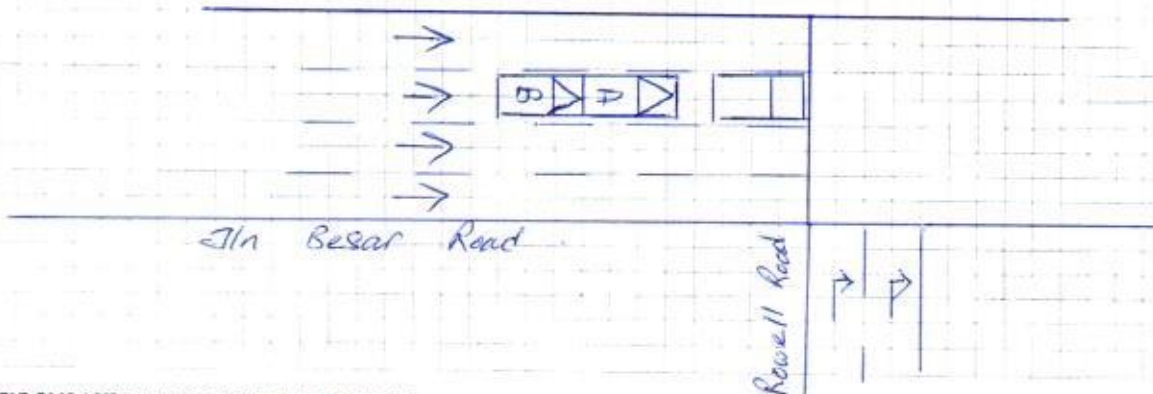
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) GW 99868

(B) SMK 3755Z

Berseh Food Centre



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/07/2020 at @ 2025hrs, I was travelling in my vehicle (GW 99868) along Jln Besar Road on the 2nd lane from the left. While approaching the junction of Rowell Road, the traffic lights turn red and I slow down and stopped behind of a car. Suddenly, a car (SMK 3755Z) from behind collided 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.:

| | | | |
|-----------------------------------|---|-------------------|--------------|
| Vehicle No. | GW 9986S | Model / Make | Toyota Dyna. |
| Date of Accident | 27 / 07 / 2020 | | |
| Time of Accident | 2025 HRS | | |
| Location of Accident | Jln Besar junction Rowell Road. | | |
| Exact purpose use during accident | Commercial Used | | |
| Name of Owner | Fire Visionaries LLP | | |
| Telephone No. | H/P : 9108 6244 | Home : | Office : |
| NRIC | T 05 LL 0930K. | | |
| Address | 21 Toh Guan Road East #06-22 Toh Guan Centre | | |
| Claim type | OD <u>THIRD PARTY</u> REPORTING ONLY | (S) 608609 | |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive Third Party <u>Third Party / Fire / Theft</u> | | |
| Policy No. | 5115014068. | | |
| Name of Driver | As Above If No, Gajendran Damodharan | | |
| NRIC | G 2265489L | Any Passengers : | 03 (M) |
| Date of birth | 16 / 12 / 1991 | | |
| Occupation | <u>Outdoor</u> / Indoor | | |
| Driving License Pass Date | 17 / 06 / 2014 | | |
| Gender | <u>Male</u> / Female | | |
| Contact No. | H/P : 8465 6414 | Home : | Office : |
| Address | 21, Toh Guan Road East #06-22, Toh Guan Centre (S) 608609 | | |
| Driver have any own vehicle | No, If yes, Reg No. | | |
| Relationship | <u>Employee</u> , If no, state | | |
| Weather condition | <u>Clear</u> Raining Other | | |
| Road Surface | <u>Dry</u> Wet Other | | |
| Any Injuries | No, If Yes, Who? | | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | <u>No</u> , If Yes, Where? | | |
| Vehicle B No. | SMK 37-55Z | Any Passengers : | Not sure. |
| Name of Driver | Bodi Kamal Deep. | Contact No. : | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | N.A. | Witness Contact : | N.A. |
| Accident Portion | Rear Portion. | | |
| Camera Recorder | <u>Yes / No</u> | | |
| Email Address | | | |
| PARTICULAR WORKSHOP | N-51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | JOSEPH TAN. | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | Sales @ n51.com.sg | | |

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 : 5115014068

Cover : Third Party, Fire & Theft

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : GW99865 |
| Chassis Number | : JTFUF34Y803001985 |
| 2. Name of Policyholder | : FIRE VISIONARIES LLP |
| 3. Effective Date of Insurance | : 05 Jan 2020 |
| 4. Expiry Date of Insurance | : 04 Jan 2021 |
| 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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) | : N/A |
| INSURE WITH COE | : YES |
| 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 18 Dec 2019 17:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|----------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5115014068 | | FIRE VISIONARIES LLP | T05LLD930K | GCV | Third Party, Fire & Theft | GW9986S | GW9986S | 05/01/2020 | 04/01/2021 |

Policy Information

| | | | | | | | | | |
|-----------------------------|---|-----------------------------|----------------------|----------------------------------|------------------|--|--|--|--|
| Policy No. | 5115014068 | Policyholder Name | FIRE VISIONARIES LLP | Policyholder NRIC | T0SL0930K | | | | |
| Certificate No. | | | | | | | | | |
| Address | 21 TOH GUAN ROAD EAST #06-22 TOH GUAN CENTRE SINGAPORE 608609 | | | | | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | | | Group Policy Flag | N | | | | |
| Policy Issue Date | 18/12/2019 | Effective Date | 05/01/2020 00:00 | Expiry Date | 04/01/2021 23:59 | | | | |
| Excess Type | Per Accident | All Claims Excess | | | | | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | 0 | | | | |
| Additional Excess | | OS Premium | 0 | | | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | | | | | |
| Agent | ABWIN PTE LTD | Agent Tel. | 68423301 | GST Flag | Y | | | | |
| Co-insurance Flag | No | | | | | | | | |
| Open Policy Info | | | | | | | | | |
| Certificate Info | | | | | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|------------------------|-----------|------------------|
| Address 1 | 21 TOH GUAN ROAD EAST | Address 2 | #06-22 TOH GUAN CENTRE | Address 3 | SINGAPORE 608609 |
| Address 4 | | Address Type | Singapore address | Post Code | 608609 |
| Unit No. | | Related Policy Number | 5115014068 | | |

Insured Object: GW9986S

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> | | | | |

Claim Handling

Accident MT/1098179

| | | | | | |
|--------------------------------|---|-------------------------------|---|----------------------|--------------------------|
| Policy No. | 5115014068 | Vehicle No. | GW99865 | GST Registration No. | NA |
| Certificate No. | | | | | |
| Policyholder Name | FIRE VISIONARIES LLP | | | Policyholder NRIC | T05L0930K |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 91096244 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| KFK | <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(%) | 10 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 28/07/2020 15:17 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 27/07/2020 | Time of Accident hh:mm | 20:25 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNG JLN BESAR & ROWELL RD | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | | |
| VED OD Excess | 0.00 | VED TP Excess | | Driver is Covered? | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|--|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 19/03/2007 |
| GST Registration No. | M90356728A | GST Status Verified | Yes |
| Modification History | 28/07/2020 15:18:29 System changed GST Registration No. from NA to M90356728A 28/07/2020 15:18:29 System changed GST Registration Date from 01/01/2015 to 19/03/2007 28/07/2020 15:18:29 System changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|------------------------|-----------|------------------|
| Address 1 | 21 TOH GUAN ROAD EAST | Address 2 | #05-22 TOH GUAN CENTRE | Address 3 | SINGAPORE 608609 |
| Address 4 | | Address Type | Singapore address | Post Code | 608609 |
| Unit No. | | Related Policy Number | 5115014068 | | |

Q1 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 18/12/1991 |
| Unnamed driver Name | GAJENDRAN DAMODHARAN | Driver NRIC | G2265469L | Driving Experience | 6 |
| Register Date of Driver License | 17/06/2014 | Driver Age | 28 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 84656414 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | 21 TOH GUAN ROAD EAST | Address 2 | TOH GUAN CENTRE | Address 3 | SINGAPORE 608609 |
| Address 4 | | Address Type | Singapore address | Post Code | 608609 |
| Unit No. | 05-22 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | FIRE VISIONARIES LLP | Insured NRIC | T05L0930K |
| Contact No.(Mobile) | 92315866 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | Q1 Vehicle Number | GW99865 | TP Vehicle Number | SMK37552 |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GW99865 / SMK37552 ON 27 Jul 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 | 28/07/2020 15:19 | Claim Close Date | | Date Received | 28/07/2020 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |












Save Submit

Attachment

| | | | | | |
|--------------------|---|---------------|---|-----------|---------------|
| Accident No. | MT/1098179 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 28/07/2020 15:20 | | |
| Path * | | Category * | Confidential | Urgency * | Description * |
| | Browse... Clear | Please Select | <input type="radio"/> Yes <input checked="" type="radio"/> No | Normal | |
| | Browse... Clear | Please Select | <input type="radio"/> Yes <input checked="" type="radio"/> No | Normal | |
| | Browse... Clear | Please Select | <input type="radio"/> Yes <input checked="" type="radio"/> No | Normal | |
| | Browse... Clear | Please Select | <input type="radio"/> Yes <input checked="" type="radio"/> No | Normal | |
| | Browse... Clear | Please Select | <input type="radio"/> Yes <input checked="" type="radio"/> No | Normal | |
| | Browse... Clear | Please Select | <input type="radio"/> Yes <input checked="" type="radio"/> No | Normal | |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|---|---|-----------------------|---------|---------------------------------|----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | NRIC/ Driving License | Y | NRIC/ Driving License 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | SAS | | SAS 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:20 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:19 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:19 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:19 | Photos | | Photos 2020-7-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Jul 2020 15:19 | Photos | | Photos 2020-7-28 | |

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