

NATIONAL Assessment Centre Services. (wef 1 Jan 05) **MHA12006588**

Date In: <b>7/8/20 15:09</b>	Job description	Date & Time Completed	Done by
Ref No: <b>119/1462228189/24</b>	SAS e-filing		
Veh No: <b>JMR23453</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>7/8/20-10:15</b>	i-Motor Claim Form	<b>17/10/2009-201</b>	<b>7/8/20 15:17</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 <u>Fax / Hand</u> to Owner/Wksp		

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

TP Particulars: Veh No: **JK A3056** 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%. 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:- (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 :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est. Bill	Add. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est. 2 / 3:	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 (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	07/08/2020 15:09
Date Of Accident	07/08/2020 10:15
Exact Location Of Accident	HENDERSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7415S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN ENG LEE
NRIC No	SXXXX968B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91136968
Alternative Phone No	OFFICE-91136968

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	NO
Policy Number	5115544454
Cover Note Number	

### Driver

Name of Driver	TAN ENG LEE
NRIC No	SXXXX968B
Date Of Birth	11/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1986
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91136968
Fax Number	
Contact Number	OFFICE-91136968
EMail Address	NOEMAIL

Address	BLK 139B LORONG 1A TOA PAYOH #05-58
Postcode	312139
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200807/2033.

#### 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	SKA3005G
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)

1

## SKETCH PLAN

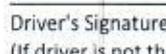
### IMPORTANT NOTICE

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:

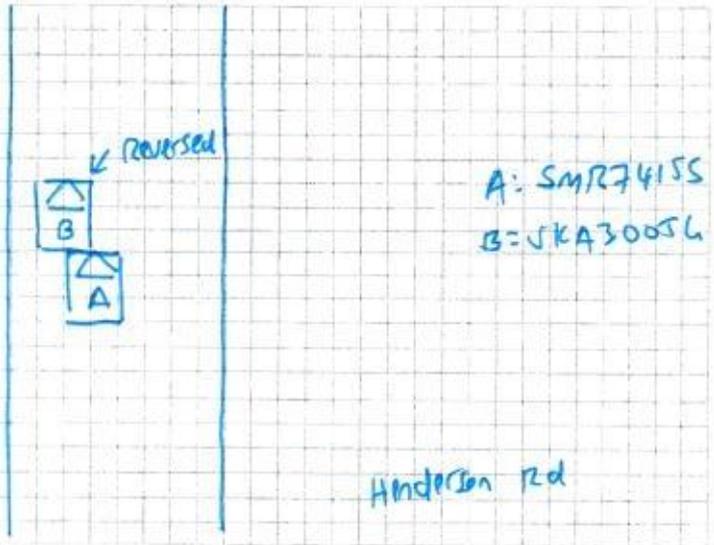
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2220807/233.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7/8/20 ) (DD/MM/YYYY), TIME: ( 6:15 ) (HH:MM)

LOCATION: Henderson Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR2V155  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
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: Tom Eng Lee (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91136968  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (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: owner

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: SKA30056 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)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

Email = Dennis@worldgrip.com.sg

fax =

video =



**SINGAPORE  
POLICE FORCE**



T/20200807/2033

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No: T/20200807/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/08/2020 12:30	Vide Report No.:	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: TAN ENG LEE		Address: APT BLK 139B LORONG 1A TOA PAYOH #05-58 SINGAPORE 312139	
ID Type / ID No.: NRIC NO / S1586968B		Contact No.: Home/Office: Mobile: 91136968	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 11/07/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/08/2020 10:15	Type of Location: Straight Road
Location: Along Road 1 HENDERSON ROAD			
Near to the round about at Henderson industrial estate			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA3005G	Car	MERCEDES BENZ	SLK200ML	Silver	No Damage	0
SMR7415S	Car	HONDA	VEZEL 1.5X CVT	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR7415S	NTUC Income Insurance Co-Operative Limited	5115544454	20/01/2020	19/01/2021



**SINGAPORE  
POLICE FORCE**



T/20200807/2033

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20200807/2033

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN ENG LEE	ID No.	S1586968B
Related Vehicle	SMR7415S (Car)	Contact No.	91136968
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/08/2020 at about 1017hrs, I stopped my car (SMR7415S) along the road side of Henderson industrial estate to wait for Grab calls. Another car (SKA3005G) which was in front started to reverse in this one way road. The reversing car's right rear then collided onto the left front of my car. I immediately sounded a long horn to alert the driver of the accident. However, the said car (SKA3005G) immediately drove off. The driver did not stop or come down to make a check. There is a in-car camera installed in my car and the whole incident was captured. I made a check at my car and discovered some scratches caused by the collision at the left front area of my car.



**SINGAPORE  
POLICE FORCE**



T/20200807/2033

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No. T/20200807/2033

**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: G / Sgt 3 PU SONGHUI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 12:30
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

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"/>	5115544454		TAN ENG LEE	S15869688	GPC	drive CLASSIC	SMR74155	SMR74155	20/01/2020	19/01/2021

Policy Information

Policy No.	5115544454	Policyholder Name	TAN ENG LEE	Policyholder NRIC	51586968B
Certificate No.					
Address	BLK 139B #05-58 LORONG 1A TOA PAYOH THE PEAK @ TOA PAYOH SINGAPORE 312139				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/01/2020	Effective Date	20/01/2020 00:00	Expiry Date	19/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1000	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 139B #05-58	Address 2	LORONG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Address 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
Unit No.	05-58	Related Policy Number	5115544454		

Insured Object: SMR74155

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/01/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 20 Jan 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI CREDIT PTE LTD CHASSIS NUMBER: RU11328801 ENGINE NUMBER: L15B5578841 VEHICLE REGISTRATION NUMBER: SMR74155 ORIGINAL REGISTRATION DATE: 20 Jan 2020
2	20/01/2020 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 20 Jan 2020 TO 19 Jan 2021

Continue Cancel

**Claim Handling**

Accident MT/1099209

Policy No.	S11584454	Vehicle No.	SMR74155	GST Registration No.	
Certificate No.					
Policyholder Name	TAN ENG LEE			Policyholder NRIC	S1586968B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91136968	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(%)	0	Private Hire	Yes
<b>↳ Accident Details</b>					
Report Date	07/08/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	07/08/2020	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HENDERSON RD				
<b>↳ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
CO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED CO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1000				
Total CO Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00		

**↳ GST Registered Information**

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

**↳ Policyholder Mailing Address**

Address 1	BLK 139B #05-58	Address 2	LORDNG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Address 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
Unit No.	05-58	Related Policy Number	S11584454		

**↳ OI Driver Info**

Driver Name	TAN ENG LEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1586968B	Driver DOB	11/07/1963
Register Date of Driver License	27/11/1986	Driver Age	57	Driving Experience	33
Contact No.(Mobile)	91136968	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 139B	Address 2	LORDNG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Address 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
Unit No.	05-58				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

**Claim 001** New

Claim Type *	CO-RX	Injured Name	TAN ENG LEE	Injured NRIC	S1586968B
Contact No.(Mobile)	91136968	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SMR74155	TP Vehicle Number	SKA3005G
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMR74155 / SKA3005G ON 7 Aug 2020				
Preferred Workshop Contact No.		Injured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/08/2020 15:17	Claim Close Date		Date Received	07/08/2020 00:00
Report Taken by	JACKSON				
<input checked="" type="checkbox"/> Print AK letter					

**Save** **Submit**

**Attachment**

Accident No.	MT/1099209	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/08/2020 15:19

Path *	Category *	Confidential	Urgency *	Description *
Browse... <input type="button" value="Clear"/>	Please Select	NO	Normal	
Browse... <input type="button" value="Clear"/>	Please Select	NO	Normal	
Browse... <input type="button" value="Clear"/>	Please Select	NO	Normal	
Browse... <input type="button" value="Clear"/>	Please Select	NO	Normal	
Browse... <input type="button" value="Clear"/>	Please Select	NO	Normal	
Browse... <input type="button" value="Clear"/>	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 07 Aug 2020 15:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 07 Aug 2020 15:19	SAS	Normal	SAS 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 07 Aug 2020 15:19	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 07 Aug 2020 15:18	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 07 Aug 2020 15:18	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 07 Aug 2020 15:18	Photos	Normal	Photos 2020-8-7	
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	