

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 11/11/20 | Job description | Date & Time Completed | Done by |
| Ref No. NA/INC20012386/12 | SAS e-filing | | |
| Veh No: QBK 6178A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 10/11/20 0830 | I-Motor Claim Form | 11/11 MT/1109835-001 | |
| 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: SCZ88785 | 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: 67886616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| NA2006007 | Invoice Preparation Checklist | | Amc (\$) | Amc (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON: | | | |
| | *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 (N11) INC against INC \$20 | | | |
| | 9) N12: Idao 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 | 11/11/2020 15:51 |
| Date Of Accident | 10/11/2020 08:30 |
| Exact Location Of Accident | BALESTIER RD TWDS CTE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | GBK6178A |
| Insured/Policyholder | |
| Name Of Registered Owner | ALPHA MEDIA PTE LTD |
| Co Reg No | 1XXXXX690E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98896475 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | CITROEN |
| Model | BERLINGO |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5116966918 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | KARUPPAIAH SEVUGA KANNAN |
| Passport No/FIN | FXXXX582X |
| Date Of Birth | 02/06/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/12/2003 |
| Driving Experience | 16 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96118328 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 564B BALESTIER RD |
| Postcode | 329880 |
| 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 ON COLLISION |
| Weather Conditions | AFTER RAIN |
| 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) | 1 |

Details of Police Action

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

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SCZ8878J |
| 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 OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLQ7200L |
|-----------------------------|----------|

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

FBP9147T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SJN1196U

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

GBG7912L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 | KARUPPAIAH SEVUGA KANNAN |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | GBK6178A |
| 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 completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature

Date & Time:

K. Sengul Karim

Driver's Signature

(If driver is not policyholder)

Date & Time:

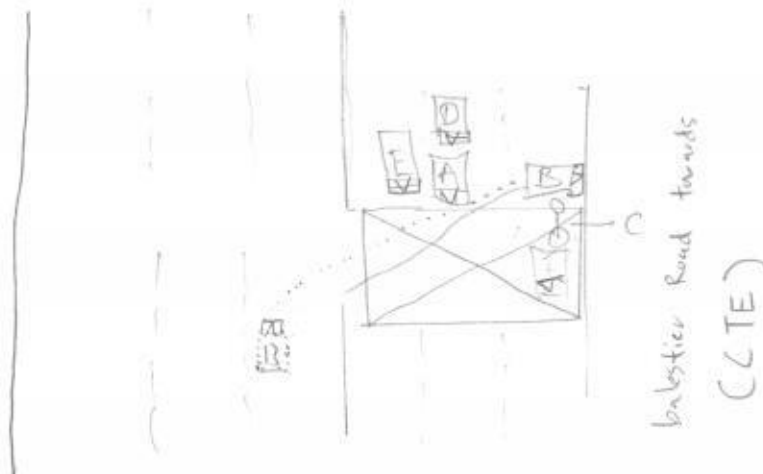
Shym 11/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



VEHICLE A: GBK 6178A
 VEHICLE B: SCZ 8878J
 VEHICLE C: FBP 9147T
 VEHICLE D: SLQ 7200L
 VEHICLE E: SJN 1196W
 VEHICLE F: GBG 7912L

On the stated date and time, I was driving my vehicle, GBK 6178A, on Balestier Road towards CTE. My vehicle was at a stop as the traffic light was red. I then realised that another vehicle, SCZ 8878J, which was coming from the opposite road, headed to my direction at a fast speed and collided with me head on.

After the accident, I went to Tan Tock Seng Hospital for a check-up and was given 2 days MC.

DECLARATION

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



Policyholder's Signature
 Date & Time:

K. Seng Kiam
 Driver's Signature
 (If driver is not policyholder)
 Date & Time:

Sym 11/11/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ FIN No:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 11 / 20 (dd/mm/yy) Time of Accident: 08 : 32 (24-HR-FORMAT)

Vehicle No.: GBK 6178A Vehicle Make & Model: CITROEN/BERLINGO 1NB 1.6L

Exact location of Accident: BALESTIER ROAD TOWARDS CTE

Policyholder's Name/ IC No.: ALPHA MEDIA PTE LTD

Driver's Name/ IC No.: KARUPPAIAH SEVUGA KANNAN (As Above) ☐

Driver's Contact No.: 9611 8328 Company Contact No.: 9889 6475

Driver's Address: 56AB BALESTIER RD 329880

Insurance Company: NTUC Email address (if any): SALES@GARAGE13.COM.SG

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: WORKER

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____ Gender: _____

Passenger Name: _____ Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☐ Raining & Wet/ ☒ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☐ Yes/ ☐ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: KARUPPAIAH SEVUGA KANNAN

Injuries Sustain: _____ Injured Person's in which vehicle: GBK 6178A

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. SCZ 8878J

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. SLQ 1200L

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

3RD VEHICLE: FBP 9147T

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

4TH VEHICLE: SJN 1196U

5TH VEHICLE: GBC 7912L

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 : 5116966918

Cover : Comprehensive

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBK6178A |
| Chassis Number | : VF77F9HF8FJ532724 |
| 2. Name of Policyholder | : ALPHA MEDIA PTE LTD |
| 3. Effective Date of Insurance | : 06 Apr 2020 |
| 4. Expiry Date of Insurance | : 05 Apr 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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| 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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)
Date of Issue : 06 Apr 2020 11:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

| | | | |
|------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="10/11/2020 08:30"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBK6178A"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|---------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5116966918 | | ALPHA MEDIA PTE LTD | 199404690E | GCV | Comprehensive | GBK6178A | GBK6178A | 06/04/2020 | 05/04/2021 |

Claim Handling

Accident MT/1109835

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | 5116966918 | Vehicle No. | GBK6178A | GST Registration No. | M201257638 |
| Certificate No. | | | | | |
| Policyholder Name | ALPHA MEDIA PTE LTD | | | Policyholder NRIC | 199404690E |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 98896475 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| 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(%) | 20 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|-----------------------|-------------------------------|-------|---------------------|---------------------|
| Report Date | 11/11/2020 18:17 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head on |
| Date of Accident | 10/11/2020 | Time of Accident hh:mm | 08:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BALESTIER RD TWDS CTE | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/01/1995 |
| GST Registration No. | M201257638 | GST Status Verified | Yes |
| Modification History | 11/11/2020 18:21:58 System changed GST Registration Date from 01/01/2015 to 01/01/1995 11/11/2020 18:21:58 System changed GST Status Verified from No to Yes | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------------|-----------|----------------|
| Address 1 | 67 UBI CRESCENT | Address 2 | #06-04 TECHNIQUES CENTRE | Address 3 | SINGAPORE 4085 |
| Address 4 | | Address Type | Singapore address | Post Code | 408560 |
| Unit No. | | Related Policy Number | 5116966918 | | |

▼ DI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | KARUPPAIAH SEVUGA KANNAN | Driver NRIC | F8305582X | Driver DOB | 02/06/1975 |
| Register Date of Driver License | 13/12/2003 | Driver Age | 45 | Driving Experience | 16 |
| Contact No.(Mobile) | 96118328 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | 564 BALESTIER ROAD | Address 2 | SINGAPORE 329880 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 329880 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | |
|--------------------|-----|-------------------------|----------------------------------|------------|----------|
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received |
| Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | | |

Date Registered

Report Taken By

☐ Print AK letter

| | | | |
|------------------------|--------------------|------------------------------------|----------------------------|
| OD-MX | Insured Name | ALPHA MEDIA PTE LTD | Insured NRIC |
| | Contact No. (Home) | | Contact No. (Office) |
| info@alphamedia.com.sg | OI | Vehicle Number | TP |
| | | GBK6178A | Vehicle Number |
| | | GBK6178A / SCZ8878J ON 10 Nov 2020 | Name of Preferred Workshop |

| | | | |
|------------------|-------------------|--|-------------------------|
| 11/11/2020 18:27 | Claim Close Date | | Date Received |
| ROSINDA | Workshop Repairer | | Total Loss but Repaired |

Save Submit

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1109835 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/11/2020 00:00

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
Message Read

Path •

[illegible]

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|------------|---|-----------------------|---|---------|----------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:26 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:26 | SAS | | Normal | SAS 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:26 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:26 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:26 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:25 | Photos | | Normal | Photos 2020-11-11 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:24 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:24 | Photos | | Normal | Photos 2020-11-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:24 | Photos | | Normal | Photos 2020-11-11 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 18:24 | Photos | | Normal | Photos 2020-11-11 |

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