NATIONAL Assessment Centre Services (wef 1 Jan'05) IN 0920C2000M

	Job description	Date & Time Completed	Done by
Date In: 2/11/20 - 15:47			
Ref No: NA/INC2013268/24	SAS e-filing		
Veh No: FBU1167	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 1/11/20 - 23:55	i-Motor Claim Form	M7/1112114-001	2/11/20 15:51
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: SMC1246G 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

NA20065K

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		Amt ($) 1st Bill	Amt ($) 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 (Non 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 witholding 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 Submission	02/12/2020 15:47 (SGT)
Date of Accident	01/12/2020 23:55 (SGT)
Exact Location of Accident	Hougang Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1164T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH ZIJIE NICHOLAS
NRIC No	SXXXX107H
Email Address	nick_cozz@hotmail.com
Mobile Phone No	(Phone) +65-83892980
Alternative Phone No	+65-83892980

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5120025260
Cover Note Number	-

DRIVER

Name of Driver	SOH ZIJIE NICHOLAS
NRIC No	SXXXX107H
Date Of Birth	09/05/1995
Occupation	Outdoor

Date Of Driving Pass	12/11/2020
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83892980
Alt. Phone Number	+65-83892980
Email Address	nick_cozz@hotmail.com
Address	BLK 225A COMPASSVALE WALK
Address complement	#02-335
Postcode	541225
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/7004.

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	SMC1246G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOH ZIJIE NICHOLAS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBG1164T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

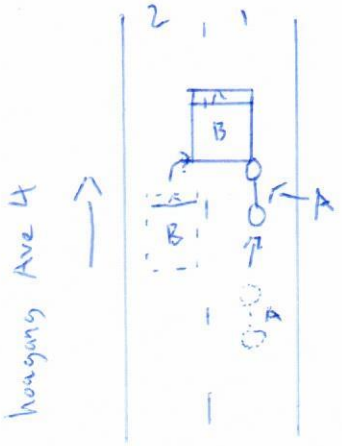
SKETCH PLAN

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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not policyholder)	Name:
	Date & Time:	NRIC/ FIN No:

SKETCH PLAN



Veh A : FBG1164T
Veh B : SMC1246G

Refer to police report T/20201202/7004

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not policyholder)	Name:
	Date & Time:	NRIC/ FIN No:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01 / 12 / 2020 (dd/mm/yy) Time of Accident: 23 : 55 (24-HR-FORMAT)

Vehicle No.: FBG 1164 T Vehicle Make & Model: Yamaha FZ16

Exact location of Accident: Hougang Avenue 4

Policyholder's Name/ IC No.: Nicholas soh zi jie (S9515107H)

Driver's Name/ IC No.: _____ (As Above) ☑

Driver's Contact No.: 8389 2980 Company Contact No.: —

Driver's Address: BIK 225A compassvale walk # 02-335 S(541225)

Insurance Company: NTUC Email address (if any): NICK_C022@Hotmail.com

Relationship between Owner & Driver:
(Owner) / Spouse / Children / Friend / Parent / or Others specify: _____

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: Nicholas soh zi jie

Injuries Sustain: _____ Injured Person's in which vehicle: FBG 1164T

Police Report filed: ☑ Yes/ ☐ No **(If YES)** Which Police Station: online traffic report

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. SMC1246G
   Driver's Contact No.: _____ Insurance Company (If any): _____
2. Driver's Name/ IC No.: _____ Vehicle No. _____
   Driver's Contact No.: _____ Insurance Company (If any): _____

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

Preferred Workshop Name: _____ Contact No.: _____

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

SINGAPORE POLICE FORCE

T/20201202/7004

Report No. T/20201202/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/12/2020 02:56		

Informant's Particulars

Name of Informant: NICHOLAS SOH ZI JIE			Address: 225A COMPASSVALE WALK #02-335 SINGAPORE 541225	
ID Type / ID No.: NRIC NO / S9515107H			Contact No.: Home/Office:	Mobile: 83892980
Nationality: SINGAPORE CITIZEN			Email: NICK_COZZ@HOTMAIL.COM	
Sex: Male	Age: 25	Date of Birth: 09/05/1995	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Delivery rider			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2020 23:55	Type of Location: Bend
Location: HOUGANG AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG1164T	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SMC1246G	Car	TOYOTA			Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20201202/7004

Report No. T/20201202/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1164T	NTUC Income Insurance Co-Operative Limited	5120025260	26/11/2020	25/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NICHOLAS SOH ZI JIE	ID No.	S9515107H
Related Vehicle	FBG1164T (Motorcycle)	Contact No.	83892980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 1st December 2020 , at about 2355Hrs. I was riding my motorcycle (FBG1164T) along hougang Avenue 4. While I was in the bend travelling straight on the right lane , Suddenly a vehicle SMC1246G swerve into my lane and collided onto my motorcycle.

I sustained injuries from the above mentioned accident and was given 3 days of medical leave.

SINGAPORE POLICE FORCE

T/20201202/7004

Report No. T/20201202/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2020 02:56
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

Authentication Stamp

NP168

income
made different

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 : 5120025260 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **FBG1164T**
   Chassis Number : ME121C071C2025573
2. Name of Policyholder : SOH ZIJIE NICHOLAS
3. Effective Date of Insurance : 26 Nov 2020
4. Expiry Date of Insurance : 25 Nov 2021
5. Persons or Classes of Persons entitled to drive#
   (a) Named Driver(s) Only.
   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.

This Policy does not cover
(a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	:	N/A
EXCESS (SECTION 2)	:	N/A
INSURE WITH COE	:	N/A
NAMED DRIVER (1)	:	NICHOLAS SOH ZI JIE
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	N/A

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 : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 25 Nov 2020 16:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5120025260

Date of Accident 01/12/2020 23:55

Vehicle No.(For Motor) FBG1164T

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5120025260		SOH ZIJIE NICHOLAS	S9515107H	GMC	Third Party	FBG1164T	FBG1164T	26/11/2020	25/11/2021

Continue

Policy Information

Policy No.	5120025260	Policyholder Name	SOH ZIJIE NICHOLAS	Policyholder NRIC	S9515107H
Certificate No.					
Address	BLK 225A #02-335 COMPASSVALE WALK COMPASSVALE VISTA SINGAPORE 541225				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/11/2020	Effective Date	26/11/2020 00:00	Expiry Date	25/11/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 225A #02-335	Address 2	COMPASSVALE WALK	Address 3	COMPASSVALE VISTA
Address 4	SINGAPORE 541225	Address Type	Singapore address	Post Code	541225
Unit No.	02-335	Related Policy Number	5120025260		

Insured Object: FBG1164T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1112114

Policy No.	5120025260	Vehicle No.	FBG1164T	GST Registration No.	
Certificate No.					
Policyholder Name	SOH ZIJIE NICHOLAS			Policyholder NRIC	S9515107H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83892980	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	◉ No ◯ Yes	TCA	◉ No ◯ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	02/12/2020 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	01/12/2020	Time of Accident hh:mm	23:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Hougang Ave 4				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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 225A #02-335	Address 2	COMPASSVALE WALK	Address 3	COMPASSVALE VISTA
Address 4	SINGAPORE 541225	Address Type	Singapore address	Post Code	541225
Unit No.	02-335	Related Policy Number	5120025260		

OI Driver Info

Driver Name	Nicholas Soh zi jie	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9515107H	Driver DOB	09/05/1995
Register Date of Driver License	22/11/2020	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	83892980	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 225A	Address 2	COMPASSVALE WALK	Address 3	COMPASSVALE VISTA
Address 4	SINGAPORE 541225	Address Type	Singapore address	Post Code	541225
Unit No.	02-335				
Does he own a Singapore Registered car?	◯ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ◯ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SOH ZIJIE NICHOLAS	Insured NRIC	S9515107H
Contact No.(Mobile)	83892980	Contact No.(Home)		Contact No.(Office)	
Email Address	NICK_COZZ@HOTMAIL.COM	OI Vehicle Number	FBG1164T	TP Vehicle Number	SMC1246G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	FBG1164T / SMC1246G ON 1 Dec 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/12/2020 15:51	Claim Close Date		Date Received	02/12/2020 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1112114	Claim No.	001
Last Doc. Received	◉ Yes ◯ No	Upload Date	02/12/2020 15:56

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Message Send

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:56	SAS		Normal	SAS 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:53	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:53	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:53	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:53	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:53	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:52	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:52	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:52	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 15:52	Photos		Normal	Photos 2020-12-2	
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