

NATIONAL Assessment Centre Services.

[wef 1 Jan'06]

IN092C300E

Date In: 31/12-14:45	Job description	Date & Time Completed	Done by
Ref No: 11/14C2013331/74	SAS e-filing		
Veh No: 5MM73045	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 31/12-08:50	i-Motor Claim Form	31/12/2005	31/12/2005 17:37
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: 822 17647

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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

IN092C300E	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors Comments:-	TP (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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 Submission	03/12/2020 14:45 (SGT)
Date of Accident	02/12/2020 08:50 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TWDS CTE BEFORE MANDAI RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7309S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANCARZ PTE LTD
Company Reg No	2XXXXX410D
Email Address	mohd.hazeeq@gmail.com
Mobile Phone No	(Phone) +65-89999999
Alternative Phone No	+65-89999999

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109201653-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED HAZEEQ BIN SAMSURI
NRIC No	SXXXX396Z
Date Of Birth	15/08/1989
Occupation	Outdoor

Date Of Driving Pass	10/06/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82887458
Alt. Phone Number	-
Email Address	mohd.hazeeq@gmail.com
Address	BLK 540 WOODLANDS DRIVE 16
Address complement	#10-75
Postcode	730540
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR LIYANA BINTE RAMNATAS MOHD
Gender	Female

PASSENGER 2

Name	HYDER HAZLY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ1764T
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	MOHAMED HAZEEQ BIN SAMSURI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMM7309S
Were seat belts worn?	Yes
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 **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

SLE
Towards CTE

A
B

(A) SMM 7309S
(B) SLZ 1764T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02.12.2020 at about 08:50hrs, I was travelling along SLE Towards CTE before Mandai Rd Exit. The traffic was on slow moved. Ahead of me, there's a vehicle slow down & stop. I follow suit. All of a sudden, I felt an hard impact from the rear. Then I realised, a vehicle SLZ 1764T had collided onto my rear. That's all

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.:

SNO920C3000E

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()

DATE OF ACCIDENT : 02.12.2020 TIME : 08:50hrs
LOCATION : SLE Trnd CTE bA mandu Rd exit (LP470)

VEHICLE NUMBER : SMM 73095 MAKE / MODEL Honda Fit Hybrid 1.5 Auto
OWNER INSURED : Sancar2 Pte Ltd
NRIC NO. : 204304100 CONTACT NUMBER: _____
INSURANCE COMP: NTUC POLICY NUMBER: 5109201653-01-000008
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : Mohammed Hazaq Bin Samsuri NRIC NO.: S89273968
ADDRESS: 540 Woodlands Drive 16 #10-75 POSTAL: 730540
CONTACT: 82887458 EMAIL: mohd.hazeeq@gmail.com GENDER: _____
DOB: 15-08-1989 DATE OF PASS: 10-06-2013

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES (☒) NO

IF NO, RELATION OF DRIVER WITH INSURED:

() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING (☒) OTHERS (☒)

WEATHER CONDITION: () CLEAR () RAINING (☒) DRIZZLING

ROAD SURFACE: () DRY (☒) WET () SLIPPERY

WAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : _____

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____

() YES () NO POLICE REPORT NUMBER: _____

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: 3 pax include driver

PARTICULAR OF PASSENGER : Nur Liyana Binte Ramnatas Mohd () MALE (☒) FEMALE
Hyder Hazly (☒) MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B	SLZ17647	NAME /NRIC:	CONTACT:
VEHICLE C		NAME /NRIC:	CONTACT:
VEHICLE D		NAME /NRIC:	CONTACT:
VEHICLE E		NAME /NRIC:	CONTACT:
VEHICLE F		NAME /NRIC:	CONTACT:
VEHICLE G		NAME /NRIC:	CONTACT:

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*





COMPANY REGISTRATION NO: 201430717D

Showroom: 159 Sin Ming Road, #01-03, Amtech Building, Singapore 575625 Tel: 6385 1484 Fax: 6385 1357

www.globalcarz.com.sg

AGREEMENT NO: **CN-GC-2020**

0	6	1	2
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DATE: 30/6/2020 (EXTENSION - 0010)PERSON IN NUR
CHARGE: _____**Schedule**

This is a Rental Agreement made between us, GLOBAL CARZ PTE LTD (hereinafter referred to as "THE COMPANY" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 159 Sin Ming Road, #01-03, Amtech Building, Singapore 575625 AND YOU, the person(s) identified as the hirer below include (which shall include your successors-in-title and assigns):

NAME OF HIRER	MOHAMMED HAZEEQ BIN SAMSURI
NRIC/PASSPORT/RCB/RB NO	S8927396Z
ADDRESS	BLK 540 WOODLANDS DRIVE 16 #10-75 S(730540)
DATE OF BIRTH	
CONTACT NO	(H) _____ (HP) 8288 7458
EMAIL ADDRESS	_____
NAME OF RELIEF	_____
NRIC/PASSPORT/RCB/RB NO	_____
ADDRESS	_____
CONTACT NO	(H) _____ (HP) _____
EMAIL ADDRESS	_____

1. **DESCRIPTION OF VEHICLE ("THE VEHICLE")**

Registration No	SMM7309S				
Make/Model	HONDA FIT HYBRID				
Colour	BLACK				
Engine No	LEB1449763				
Chassis No	GP51340970				
Type	Passenger / Commercial*				
Date Out	Time Out			Mileage Out	
Date In	Time In			Mileage In	
Fuel Out	E	¼	½	¾	F* Vehicle must be returned with same level of fuel

2. **PERIOD OF LEASE ("LEASE PERIOD")**

Daily / Weekly / Monthly / Annually* Basis *
From 12/07/2019 ("Commencement Date") to 11/01/2021 ("End Date").

3. **LEASE CHARGES**

Amount S\$ 360 per ~~day~~ / week / month / ~~year~~* inclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the 1ST day of each day / week / month / year* ("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. Time of payment shall be of the essence.

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: 5109201653-01-000008

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMM7309S**
 Chassis Number : GP51340970
2. Name of Policyholder : SANCARZ PTE. LTD.
3. Effective Date of Insurance : 29 Apr 2020
4. Expiry Date of Insurance : 28 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
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 : AETNA INSURANCE BROKERS PTE LTD (00000690740)

Date of Issue : 22 Apr 2020 17:42 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.	<input type="text"/>	Date of Accident	<input type="text" value="02/12/2020 08:50"/>
Vehicle No. (For Motor)	<input type="text" value="SMM7309S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109201653-01	5109201653-01-000008	SANCARZ PTE. LTD.	201430410D	GFM	drivo CLASSIC	SMM7309S	SMM7309S	29/04/2020	28/04/2021

 Policy Information


Policy No.	5109201653-01	Policyholder Name	SANCARZ PTE. LTD.	Policyholder NRIC	201430410D
Certificate No.	5109201653-01-000008				
Address	159 SIN MING ROAD #01-03 AMTECH BUILDING SINGAPORE 575625				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/04/2020	Effective Date	29/04/2020 00:00	Expiry Date	28/04/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	22009.48		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	AETNA INSURANCE BROKERS P	Agent Tel.	62237267	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	159 SIN MING ROAD	Address 2	#01-03 AMTECH BUILDING	Address 3	SINGAPORE 575625
Address 4		Address Type	Singapore address	Post Code	575625
Unit No.	05-59	Related Policy Number	5119803356		

 Insured Object: 5109201653-01-000008

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
 Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1112294

Policy No.	5109201653-01	Vehicle No.	SMM7309S	GST Registration No.	201430410D
Certificate No.	5109201653-01-000008				
Policyholder Name	SANCARZ PTE. LTD.			Policyholder NRIC	201430410D
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	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(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	03/12/2020 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/12/2020	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver Is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

▼ GST Registered Information			
GST Registered	Yes	GST Registration Date	14/06/2015
GST Registration No.	201430410D	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address			
Address 1	159 SIN MING ROAD	Address 2	#01-03 AMTECH BUILDING
Address 4		Address Type	Singapore address
Unit No.	05-59	Related Policy Number	5119803356
Address 3	SINGAPORE 575625		
Post Code	575625		

▼ OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	MOHAMED HAZEEQ BIN SAMSU	Driver NRIC	S8927396Z
Register Date of Driver License	10/06/2013	Driver Age	31
Contact No.(Mobile)	82887458	Contact No.(Office)	0
Address 1	BLK 540	Address 2	WOODLANDS DRIVE 16
Address 4		Address Type	Singapore address
Unit No.	10-75	Post Code	730540
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 **New**

Claim Type *	OD-MX	Insured Name	SANCARZ PTE. LTD.	Insured NRIC	201430410D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SMM7309S	TP Vehicle Number	SLZ1764T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SMM7309S / SLZ1764T ON 2 Dec 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	03/12/2020 17:57	Claim Close Date		Date Received	03/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					















Save Submit

Attachment

Accident No. MT/1112294		Claim No. 001	
Last Doc. Received <input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date 03/12/2020 18:00	
Path *	Category *	Confidential	Urgency *
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

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:58	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:58	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:58	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:58	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:58	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:57	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:57	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:57	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:57	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:57	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Dec 2020 17:57	Photos		Normal	Photos 2020-12-3		

Video List

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