

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN0920030005

Date In: 3/12/2012 12:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013333/24	SAS e-filing		
Veh No: 86M95823	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/12/2012 12:00	i-Motor Claim Form	07/11/2003-001	3/12/2012 18:15
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: 093219P

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date/Time	Actions

NA2006564	Invoice Preparation Checklist	Amt (\$) Int Bill	Amt (\$) 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Pat. 1:	TP (N11): TP (Non INC) against INC \$20		
Pat. 2 / 3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date of Submission	03/12/2020 12:42 (SGT)
Date of Accident	02/12/2020 10:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TWDS CITY BEFORE AIRPORT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9582S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOTORMAXX PTE LTD
Company Reg No	2XXXXX556D
Email Address	jasontan241167@gmail.com
Mobile Phone No	(Phone) +65-97939339
Alternative Phone No	+65-97939339

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	No
Policy Number	5119991566
Cover Note Number	-

DRIVER

Name of Driver	TAN CHUAN HOCK
NRIC No	SXXXX743C
Date Of Birth	24/11/1967
Occupation	Outdoor

Date Of Driving Pass	21/07/1988
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96850909
Alt. Phone Number	-
Email Address	jasontan241167@gmail.com
Address	BLK 498M TAMPINES STREET 45
Address complement	#08-502
Postcode	529498
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

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	SJP3219P
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMS4052U
 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 TAN CHUAN HOCK
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK & BACK
 Injured person in which vehicle? SLM9582S
 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

KPE
Towards City
Before Airport
rd

C

A

B

(A) SLM 9582S
(B) SJP 3219P
(C) SMS 4052U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02.12.2020 at about 10:00hrs, I was travelling along KPE Towards City Before Airport rd. 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 SJP 3219P had collided onto my rear. Due to the impact, my vehicle had moved forward and collided with SMS 4052U. Total 3 vehicle involved.

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.:

S N0920C3000B

SINGAPORE ACCIDENT STATEMENT

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

DATE OF ACCIDENT : 02.12.2020 TIME : 10:00hrs

LOCATION : KPE Tanjong Pagar Rd

VEHICLE NUMBER : SLM 95828 MAKE / MODEL Hyundai Elantra AD 1-6 GLS AT

OWNER INSURED : MotorMaxx Pte Ltd

NRIC NO. : 2015345560 CONTACT NUMBER: 9793 9339

INSURANCE COMP: NTUC POLICY NUMBER: 5119991566

TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : Tan Chuan Hock NRIC NO.: S1827743C

ADDRESS: 498m Tampines St 45 #08-502 POSTAL: 529498

CONTACT: 96950909 EMAIL: jason-tan241167@gmail.com GENDER: M

DOB: 24.11.1967 DATE OF PASS: 21.07.1988

(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 Htrv

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

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

WAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : Neck Back Pain

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: 2pax include driver

PARTICULAR OF PASSENGER : unknown () MALE (☒) FEMALE

() MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B SJP 3219P NAME /NRIC: _____ CONTACT: _____

VEHICLE C Sms4052u 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*

Car Rental Contract

This Car Rental Contract ("Contract") is made and entered into on this 26th day of November, 2020, by and between MOTORMAXX PTE LTD, Company Registration No. 201534556D, hereafter designated as the Owner, and Tan Chuan Hock, Identity No. S1827743C, hereafter designated as the Renter.

Owner and Renter may also be referred to as "Party" in the singular and "Parties" in the plural. This Contract is subject to the following terms and conditions:

Rental Vehicle

Owner hereby agrees to rent to Renter the following vehicle (hereafter referred to as "Vehicle"):

Vehicle No. : SLM9582S
Make & Model : HYUNDAI ELANTRA AD 1.6GLS AT
Chassis No. : KMHD841CMHU365723
Engine No. : G4FGGU041599

Rental Period

Owner agrees to rent Vehicle to Renter for the following period:

Start Date : 26 NOVEMBER 2020 Start Time : 1205
End Date : 17 APRIL 2027

Rental Fees

The Renter hereby agrees to pay the Owner for the use of the Vehicle as follows:

Commencement Date : 26 NOVEMBER 2020
Weekly Rental Fee : SGD 385
Security Deposit : SGD 1.000 (Transfer from HONDA SJR6246E)

In the event of loss or damage to the Vehicle during the term of this Contract, the Deposit shall be forfeited to defray fully or partially the cost of necessary repairs or replacement.

The RENTER acknowledges that the VEHICLE is the sole and exclusive property of the Owner and that the Vehicle is in good working condition.



Owner Signature

[Handwritten Signature]

[Handwritten Signature]

Renter Signature

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: 5119991566

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM9582S**
Chassis Number : KMHD841CMHU365723
2. Name of Policyholder : MOTORMAXX PTE LTD
3. Effective Date of Insurance : 24 Nov 2020
4. Expiry Date of Insurance : 23 Nov 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	: NO
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	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 23 Nov 2020 17:41 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 10:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLM9582S"/>	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"/>	5119991566		MOTORMAXX PTE LTD	2015345556D	GPC	drivo CLASSIC	SLM9582S	SLM9582S	24/11/2020	23/11/2021

 Policy Information

Policy No.	5119991566	Policyholder Name	MOTORMAXX PTE LTD	Policyholder NRIC	201534556D
Certificate No.					
Address	BLK 126C #15-306 EDGEDALE PLAINS SINGAPORE 823126				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/11/2020	Effective Date	24/11/2020 00:00	Expiry Date	23/11/2021 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	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 126C #15-306	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 823126
Address 4		Address Type	Singapore address	Post Code	823126
Unit No.	#06-03	Related Policy Number	5119991566		

 Insured Object: SLM9582S

 Endorsements

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

Claim Handling

Accident MT/1112300

Policy No.	5119991566	Vehicle No.	SLM9582S	GST Registration No.	
Certificate No.					
Policyholder Name	MOTORMAXX PTE LTD	Cover Type	drivo CLASSIC	Policyholder NRIC	201534556D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97939339	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	NC
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	Yes

▼ Accident Details

Report Date	03/12/2020 18:13	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/12/2020	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE				

▼ 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			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	03/12/2020 18:14:51 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 126C #15-306	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE 823126
Address 4		Address Type	Singapore address	Post Code	823126
Unit No.	#06-03	Related Policy Number	5119991566		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/11/1967
Unnamed driver Name	TAN CHUAN HOCK	Driver NRIC	S1827743C	Driving Experience	32
Register Date of Driver License	21/07/1988	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	96850909	Contact No.(Office)	0	Address 3	SINGAPORE 529498
Address 1	BLK 498M	Address 2	TAMPINES STREET 45	Post Code	529498
Address 4		Address Type	Singapore address		
Unit No.	08-502				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOTORMAXX PTE LTD	Insured NRIC	201534556D
Contact No.(Mobile)	97676542	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLM9582S	TP Vehicle Number	SJP3219P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLM9582S / SJP3219P 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 18:15	Claim Close Date		Date Received	03/12/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1112300	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/12/2020 18:17

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	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:17	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:16	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:16	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:16	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:16	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:16	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:16	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:15	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:15	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:15	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:15	Photos		Normal	Photos 2020-12-3		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 18:15	Photos		Normal	Photos 2020-12-3		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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Scan and uploading