

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **SN920CJ000F**

Date In: 19/12/14:12	Job description	Date & Time Completed	Done by
Ref No: 101/14C12014139/24	SAS e-filing		
Veh No: 5JW3468A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 18/12/14-08:35	i-Motor Claim Form	17/11/1439-201	19/12/14 11:18
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5LX3953L	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

NA100191 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Pat. 1: Pat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Int Bill	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:-				
Q1*				
*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 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	19/12/2020 14:12 (SGT)
Date of Accident	18/12/2020 08:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	twds city before pie (tuas) exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3468A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG YANQING TANIA
NRIC No	SXXXX612C
Email Address	danieldarrenz91@gmail.com
Mobile Phone No	(Phone) +65-98352678
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Sx4
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	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120104720
Cover Note Number	-

DRIVER

Name of Driver	DANIEL DARREN NG WAI LUN (HUANG WEILUN)
NRIC No	SXXXX462B
Date Of Birth	12/06/1991
Occupation	Indoor

Date Of Driving Pass	10/01/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98735622
Alt. Phone Number	-
Email Address	danieldareng91@gmail.com
Address	BLK 223 YISHUN STREET 21
Address complement	#10-465
Postcode	760223
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	4
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?	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	SLX3953L
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	SHB2183L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 3

Vehicle Registration Number	SJT3812E
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	DANIEL DARREN NG WAI LUN (HUANG WEILUN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJW3468A
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

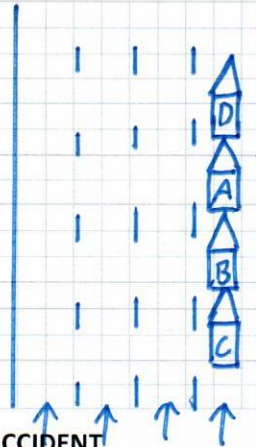
CTE(CITY) BEFORE PIE(TUAS) EXIT.

VEH. A-SJW3468A

VEH. B-SLX3953L

VEH. C-SHB2183L

VEH. D-SJT381ZE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEH. 'A'
 WAS TRAVELLING AT THE STATED VENUE. AS
 THE FRONT VEHICLE STOPPED. I FOLLOW SUIT.
 SUDDENLY, VEH. 'B' BANG ONTO MY VEHICLE
 REAR PORTION CAUSING MY VEHICLE TO
 PROPEL FORWARD AND BANG ONTO VEHICLE
 'D'. I THEN REALISED THIS IS A CHAIN
 COLLISION INVOLVING 4 VEHICLES.

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.:

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()DATE OF ACCIDENT : 18/12/2020 TIME : 0837
LOCATION : CTE(CITY) BEFORE PIE(TUAS) EXIT.VEHICLE NUMBER : SJW3468A MAKE / MODEL : SUZUKI SX4 Sedan 1.6 AT
OWNER INSURED : ONG YANQING TANIA
NRIC NO. : S9108612C CONTACT NUMBER: 98352678
INSURANCE COMP: NTUC POLICY NUMBER: 5120104720
TYPE OF INSURANCE: COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ()DRIVER NAME : DANIEL DARREN NG WAI LUN NRIC NO.: S9120482BADDRESS: BLK 223 YISHUN ST. 21 #10-465 POSTAL: 760223CONTACT: 98735622 EMAIL: DANIELDARRENG91@GMAIL.COM GENDER: MALEDOB: 12/06/1991 DATE OF PASS: 10/01/2020**(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 () OTHERSWEATHER CONDITION: () CLEAR (☒) RAINING () DRIZZLINGROAD SURFACE: () DRY (☒) WET () SLIPPERYWAS 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 (☒) NONUMBER OF PASSENGER INCLUDE DRIVER: 01 Driver onlyPARTICULAR OF PASSENGER : _____ () MALE () FEMALE

_____ () MALE () FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B SLX3953L NAME /NRIC: _____ CONTACT: _____
VEHICLE C SHB2183L NAME /NRIC: _____ CONTACT: _____
VEHICLE D SJT3812E 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*

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0920CJ000F Vehicle Registration No: SJW3468A
Name(as shown in NRIC) : DANIEL DARREN NG WAI LUN (HUANG WEILUN) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98735622
Email Address : _____
Date of Accident : 18/12/2020 Time of Accident : 08:35
Place of Accident : CTE
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend owner name

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

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: 5120104720

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJW3468A

Chassis Number

: JSAGYC21S00330380

2. Name of Policyholder

: ONG YANQING TANIA

3. Effective Date of Insurance

: 05 Dec 2020

4. Expiry Date of Insurance

: 04 Dec 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.

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)

: S\$600

EXCESS (SECTION 2)

: N/A

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

: ONG YANQING TANIA

NAMED DRIVER (1)

: DANIEL DARREN NG WAI LUN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

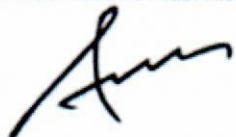
: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : JG MOTOR AGENCY (00000613374)

Date of Issue : 04 Dec 2020 17:25 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. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5120104720		ONG YANQING TANIA	S9108612C	GPC	drivo CLASSIC	SJW3468A	SJW3468A	05/12/2020	04/12/2021

▼ Policy Information

Policy No.	5120104720	Policyholder Name	ONG YANQING TANIA	Policyholder NRIC	S9108612C
Certificate No.					
Address	2 MARINE VISTA #16-71 NEPTUNE COURT SINGAPORE 449026				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/12/2020	Effective Date	05/12/2020 00:00	Expiry Date	04/12/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	1633.58		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	2 MARINE VISTA	Address 2	#16-71 NEPTUNE COURT	Address 3	SINGAPORE 449026
Address 4		Address Type	Singapore address	Post Code	449026
Unit No.	16-71	Related Policy Number	5120104720		

▶ Insured Object: SJW3468A

▼ Endorsements

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

Claim Handling

The premium on this policy has not been collected.

Accident MT/1114309

Policy No.	5120104720	Vehicle No.	SJW3468A	GST Registration No.	
Certificate No.					
Policyholder Name	ONG YANQING TANIA			Policyholder NRIC	S9108612C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98352678	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
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	No
▼ Accident Details					
Report Date	19/12/2020 14:15	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/12/2020	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	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	0				
Total OD Excess Applicable	600.00	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	2 MARINE VISTA	Address 2	#16-71 NEPTUNE COURT	Address 3	SINGAPORE 449026
Address 4		Address Type	Singapore address	Post Code	449026
Unit No.	16-71	Related Policy Number	5120104720		
▼ OI Driver Info					
Driver Name	DANIEL DARREN NG WA1 LUN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9120462B	Driver DOB	12/06/1991
Register Date of Driver License	10/01/2020	Driver Age	29	Driving Experience	0
Contact No.(Mobile)	98735622	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 223	Address 2	YISHUN STREET 21	Address 3	YISHUN GARDENS
Address 4	SINGAPORE 760223	Address Type	Singapore address	Post Code	760223
Unit No.	10-465				
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	ONG YANQING TANIA	Insured NRIC	S9108612C
Contact No.(Mobile)	98352678	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJW3468A	TP Vehicle Number	SLX3953L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW3468A / SLX3953L ON 18 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	19/12/2020 14:18	Claim Close Date		Date Received	19/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1114309	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2020 14:21		
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 19 Dec 2020 14:21	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:21	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:20	SAS	Normal	SAS 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:19	Photos	Normal	Photos 2020-12-19	

Video List

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

Scan and uploading