SN09211B0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/01/2021 11:30 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (11/01/2021 11:30 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 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
- 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 11/01/2021 11:30 (SGT) Date of Accident 10/01/2021 23:15 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information twds sle before jln bahagia exit Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Private hire

Vehicle Registration Number SMN2655U

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIANG CHAY HONG NRIC No SXXXX295F Email Address jayenliang@gmail.com Mobile Phone No (Phone) +65-91012855 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant .....

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

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 Policy Number 5112054097 Cover Note Number

#### DRIVER

Name of Driver LIANG CHAY HONG NRIC No SXXXX295F Date Of Birth 05/05/1988 Occupation Outdoor

Date Of Driving Pass 19/03/2008 Driving experience 12 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91012855 Alt. Phone Number .... Email Address jayenliang@gmail.com Address BLK 342A YISHUN RING ROAD Address complement #05-1904 Postcode 761342 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 - Head to Rear Weather Conditions Raining 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Female 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210111/7002. 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	FU2883Z
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	
Vehicle Colour	-
	==
Vehicle Category	Motorcycle
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)	
3 - 1. 3.	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Address	LIANG CHAY HONG
Address Complement	ā.
Post Code	-
Approximate Age Years Old	
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMN2655U
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 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.
- 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

FU2883Z

SI4N 2655

	of the Accident		
<del>\</del>			
			CONTRACTOR (SEASON
	`		
	Refer to police	Report.	
		1	
		_	
aration			
eclare the foregoing particula	rs are true in every respect.		
LI	16		
AN T	No.		
/ / IN	////		Y

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

<b>化主义工作的</b> 经合金银金额	ACCIDENT DETAILS	
Date of accident	10-01-2020	(DD/MM/YY)
Time of accident	2315 HRS	(HH:MM)
Exact location of accident	CTE Towards SLE Bef. Julian Bahagia Exit.	

DETAILS OF VEHICLE						
Vehicle registration number	SMN 2665 U					
Vehicle make and model	Toyota Wish					
Type of vehicle	Saloon   MPV   CRV   Van   U					
	Lorry   Bus   Motorcycle   Others:					
Vehicle category	Private   Commercial   Motorcycle					
Purpose of using at said time	Driving Grab					
Are you claiming under your	Yes   No   if no, please select:					
own insurance company?	Third part claim 🗹 Reporting only 🗆					

INSURANCE INFORMATION					
Insurance company	NTUC				
Policy number	4.				
Type of policy	Comprehensive,	Third party fire & theft $\square$	TP only		

Name	Liang Chay Hong	Male	Female
NRIC / Fin / Passport number	58815295F		
Contact	91612855		
Address	Blk 342A Vishun King Road #05 -1904		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male □	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address	Jayenliang @ amail. com	
Date of birth	05-05-1938	
Occupation	Indoor  Outdoor	
Driving date pass	19-03-2008	

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes □	Noø		
the insured's company?			driver and insured: Owner	
Accident captured by camera?	Yes 🗆	No 🗷		
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet 🗷		
No of passenger	63			(Inclusive of driver)
100000000000000000000000000000000000000				
		PASSENGE	R1	
Name				
Gender	Male	Female		
		PASSENGE	R 2	
Name				
Gender	Male 🗆	Female		
		PASSENGE	₹3	
Name				
Gender	Male	Female 🗆		
		PASSENGE	R 4	Decided Same and the same and
Name				
Gender	Male 🗆	Female 🗷		
		PASSENGE	₹5	
Name				
Gender	Male 🗆	Female		
	Name of the Name o			
All the local management are processed	A lensing the	PASSENGE	₹6	Cabana Carata Language and Assault Carata
Name		Farala -		
Gender	Male 🗆	Female		
			ATION	
	V	OTHER INFORM	AHUN	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
		corporate ct	TION ACTION	SELECTION OF THE CONTRACTOR
	THE REAL PROPERTY.	S OF POLICE STA	s, please state which police s	tation
Reported to police?	Yes 🗗	No □ If ye	s, please state which police s	tation.
Police station name				
	AND MALE	WITNESS		
		VVIIIVESS		
Name				
		WITNESS		(4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		WITNESS	<b>6</b>	
Name				

And the second s	THIRD PARTY VEHICLE 1
Vehicle registration number	FU 2883Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A Commission of the Commission	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	/ '
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
and the same are	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The second secon	
and the state of t	THIRD PARTY VEHICLE 5
Vehicle registration number	/
Vehicle make model	/
Name	/
NRIC / Fin / Passport number	/
Contact	/
	THEO PARTY VEHICLE C
	THIRD PARTY VEHICLE 6
Vehicle registration number  Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	TUDO BADTY VITUELE 7
Vahiala variativa	THIRD PARTY VEHICLE 7
Vehicle registration number  Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
Contact	

		INJURED PERSON 1
Name	Liang Chan	Hone
Injuries sustained	back and	neck
Which vehicle person in?	54W2655U	
Were seat belts worn?	Yes 🗹 🛚 N	No 🗆
Was injured conveyed to	Yes 🗆 🗈 N	No 🗹
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 🛚 N	No 🗆
Was injured conveyed to	Yes 🗆 🕦	No 🗆
hospital by ambulance?		
2000年,中国的1866年,1866年的1866年的		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 🕦	No 🗆
Was injured conveyed to	Yes 🗆 🗈	No 🗆
hospital by ambulance?		
and the second s		
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?		No 🗆 /
Was injured conveyed to	Yes 🗆 🗈	No 🗆 /
hospital by ambulance?		
		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?	1	
Were seat belts worn?		No 🗆
Was injured conveyed to	Yes 🗆 📗	No 🗆
hospital by ambulance?		
The second secon		INJURED PERSON 6
Name /		
Injuries sustained		
Which yehicle person in?		
Were seat belts worn?		No 🗆
Was injured conveyed to	Yes 🗆 📑	No 🗆
hospital by ambulance?	Lucia	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20210111/7002

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 11/01/2021		ade:	Vide Report No.:		Station Diary No.:
Informant'	s Particul	ars			
Name of Informant: LIANG CHAY HONG			Address: 342A YISHUN RING ROAD #05-1904 SINGAPORE 76134		
ID Type / ID No.: NRIC NO / S8815295F			Contact No.: Home/Office:	Mobile: 91012855	
Nationality: SINGAPORE CITIZEN			Email: jayenliang@gmail.com		
Sex: Male	Age: 32	Date of Birth: 05/05/1988	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nar English		School Name:
Occupation: Chauffeur			Driving Licence Information: Class: Date of Expiry:		piry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 10/01/2021 23:15	Type of Location: Straight Road
Location:				
CENTRAL EX	(PRESSWAY			
Weather:		Road Surface:	Ro	oad Speed Limit:
Drizzling		Wet		
Traffic Flow:		Traffic Control:	Tr	affic Volume:
One Way		Not Controlled	Lig	ght
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear	The state of the s	nyone conveyed by inbulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
FU2883Z	Motorcycle					0	
SMN2655U	Car	тоуота	WISH 1.8 CVT	Grey		0	

Details of Ve	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective I	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210111/7002

### CONTINUATION OF REPORT

Details of Ve	nicle insurance			
Vehicle No.	Insurance Company	Insurance No 💀 🦠	Effective	Expiry Date
SMN2655U	NTUC Income Insurance Co-Operative	5112054097	26/08/2019	12/01/2021
	Limited			

Details of Perso Any Pedestrian I	Constitution and constitution of the constitut					
No. of Pedestrian			Use of Peo	destrian	Cross	ing: NA
Driver	National Control					garage and the second
Name	LIANG CHAY HONG	3		ID No.		S8815295F
Related Vehicle	SMN2655U (Car)			Conta	ct No.	91012855
Hospital/Clinic	NIL	Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL		
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

## Brief Details.

On the 10th January 2021, about 2315Hrs, I was travelling straight along CTE towards SLE before Jalan Bahagia Exit. I noticed that there was Traffic accident ahead of me hence I slowed down and eventually became stationary. Suddenly I felt a collision on the rear of my vehicle and caused me to thrust forward while stationary, I then saw from my side mirror that there was something on fire and burning.

I immediately shifted to vehicle ahead to prevent any explosion between the fire and my vehicle as there was 2 passengers in my vehicle sitting on the passenger's seat at the back.

Upon shifting my vehicle ahead, I then alighted to check on the other party who collided on to me and I realized it was a motorcycle: FU2883Z who collided on to the rear of my vehicle.

When I wanted to check on the safety of the rider, I witnessed that the rider ran towards the bushes located in the middle of the highway to avoid the fire that was burning on his bike.

Shortly after, an ambulance arrived and immediately put out the fire with their fire extinguisher and attended to the rider of FU2883Z.

Upon putting out the fire of the bike, I spoke to the rider to check on him and find out what happened, he then mentioned that he lost control of his motorcycle and self skidded hence the motorcycle collided on to my vehicle.

I have sustained injuries from the above mentioned accident and I am making this report for investigation and insurance claim purposes.



T/20210111/7002

3 of 4

Report No. T/20210111/7002

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

**CONTINUATION OF REPORT** 





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210111/7002

**CONTINUATION OF REPORT** 

Sketch Plan

**Authentication Stamp** 

NP168

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: 11/01/2021 02:25
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

<b>eBao</b> Tech			<b>eBao</b> Tech							Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chan	ge Languag	e • Chan	ge Password	› Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date of Accident			10/01/2021 23:15		
	Vehicle	No.(For Motor)	SMN26	55U		Certif	ficate Number	r	-		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112054097		LIANG CHAY HONG	S8815295F	GPC	drivo CLASSIC	SMN2655U	SMN2655U	26/08/2019	12/01/2021
	-					Continue		- Washington			

Policy No.	5112054097	Policyholde Name	LIANG CHA	Y HONG	Policyholder NRIC	S8815295F	
Certificate No.		and the same of th					
Address	BLK 342A #05-1904 YISHUN RI	NG ROAD SI	NGAPORE 761	342			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/08/2019	Effective Date	26/08/2019	00:00		12/01/2021	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			Your	g/Inexperience Driver Excess
Agent	NG YEOK KOON RICHARD	Agent Tel.	66559822		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 342A #05-1904	Addre	ess 2	YISHUN RING ROA	D ,	Address 3	SINGAPORE 761342
Address 4		Addre	ess Type	Singapore address		Post Code	761342
Unit No.		Relat Numb	ed Policy per	5112054097-01			
▶ Insured	d Object: SMN2655U						
▼ Endorse	ements	All the second control of the second	COMPANY OF THE PASS OF PASS OF THE PASS OF				
Sequen	ce Date of Endorsemen	<b>t</b>	Endorsement	Туре	Endorsement	Status	Endorsement Content Thank you for giving us the
	10/06/2022 22 22						opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Aug 2019 TO 12 Jan 2021 In view of this amendment, an additional premium of \$1,006.51 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since
	18/06/2020 00:00	POI E	xtension/Shor	ten Endorse	ement Take Eff	ective	made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the
							reverse of the cheque.  Alternatively, you could also make

Continue Cancel

Claim Handling					
Accident MT/1116777	Figure terms				
Policy No.	5112054097	Vehicle No.	SMN2655U	GST Registration No.	planting system express
Certificate No.				3	
Policyholder Name	LIANG CHAY HONG			Policyholder NDTC	C00/F00FF
Product Code	PRIVATE CAR INSURANCE	Cours Tune	144 0 1000	Policyholder NRIC	S8815295F
Contact No.(Mobile)	91012855	Cover Type	drivo CLASSIC	Loading	0
a elemente de la companya del la companya de la com	91012855	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	Concentrate Rosers	Special Remark		eCode	Nc 🗸
KFK	No ○ Yes	TCA	No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
Accident Details					
Report Date	11/01/2021 11:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/01/2021	Time of Accident hh:mm	23:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE				
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
			100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0			Direct is covered?	Covered
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1 500 00		
<b>▽</b> Benefits	2000.00	. o.u Excess Applicable	1,500.00		
GST Registered Informa	ation				
ST Registered	No		GST Decision Co.		
ST Registration No.			GST Registration Date GST Status Verified	Yes	
odification History			551 Status Vermeu	res	
Policyholder Malling Ad	dress				
ddress 1	BLK 342A #05-1904	Address 2	YISHUN RING ROAD	Address 3	CINCAPORE 344242
ddress 4	PARTY AND THE PLANTING TO	Address Type			SINGAPORE 761342
nit No.			Singapore address	Post Code	761342
OI Driver Info		Related Policy Number	5112054097-01		
river Name	LIANG CHAY HONG	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S8815295F	Driver DOB	05/05/1988
egister Date of Driver License		Driver Age	32	Driving Experience	12
ontact No.(Mobile)	91012855	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 342A	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 761342
ddress 4		Address Type	Singapore address	Post Code	761342
Init No.	05-1904				
oes he own a Singapore egistered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
egistered carr		V-5011-51-1-501-51-10-51		Driver Insurer Company	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	Yes ○ No		
eading?	Nade(20. ♥ 1	,,	9.030,10		
odification History					
Claim 001 New					
2 M M					
aim Type *	OD-MX	Insured Name	LIANG CHAY HONG	Insured NRIC	S8815295F
entact No.(Mobile)	91012855	Contact No.(Home)	64549398	Contact No.(Office)	
nail Address	JAYENLIANG@GMAIL.COM	OI Vehicle Number	SMN2655U	TP Vehicle Number	FU2883Z
	Please Select	Type of Benefit *	Please Select	ir venicie number	r020032
aimant Name *		Claimant NRIC *	I rease select		
aimant Address	22	Crammant MRIC *		****	
	CMN 245511 / FU20027 ON 42				
aim Description eferred Workshop Contact	SMN2655U / FU2883Z ON 10 Jan 2021			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	11/01/2021 11:33	Claim Close Date		Date Received	11/01/2021 00:00
port Taken By	Jackson				
Print AK letter					
and the second s					
		8	Save Submit		
Attachment			- All Control of the		
7					
cident No.	MT/1116777	Claim No.	001		
st Doc. Received					
. Doc. Neceived	● Yes ○ No	Upload Date	11/01/2021 11:34		
	Path *		Category *	Confidential Urgen	cy • Descriptio
		Browse	Clear Please Select	NO V Normal	<b>V</b>
		Browse	Clear Please Select	NO V Normal	<u> </u>
		Browse	Clear Please Select	NO V Normal	
		Browse	Clear Please Select		The state of the s
		Browse	Clear Please Select	NO V Normal	▼
		Browse	Clear Please Select	NO V Normal	

Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent?
SANCE SANCE	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11	(co)
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:34	SAS		Normal	SAS 2021-1-11	
7-7	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:34	Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:33	Photos		Normal	Photos 2021-1-11	
5	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:33	Photos		Normal	Photos 2021-1-11	
T.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:33	Photos		Normal	Photos 2021-1-11	
o	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:33	Photos		Normai	Photos 2021-1-11	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Jan 2021 11:33	Photos		Normal	Photos 2021-1-11	
Video List						