

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **5209 M12000F**

Date In: 14/1/11-09:04	Job description	Date & Time Completed	Done by
Ref No: HA/INC 4000655/24	SAS e-filing		
Veh No: GSD3025P.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/1/11-17:00	i-Motor Claim Form	17/1/11 17:05-001	14/1/11 09:13
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **Y41308D.** 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:	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

Claimant's Particulars:-	Invoice Preparation Checklist:		Amt (\$)	Amt (\$)
			Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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 14/01/2021 09:04 (SGT)
Date of Accident 11/01/2021 17:00 (SGT)
Exact Location of Accident Pioneer Rd, Singapore
Additional Location Information twds pioneer sector
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3025P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HIMALAY TRADING (S) PTE LTD
Company Reg No 2XXXXX840Z
Email Address mark.gregory.ambose@gmail.com
Mobile Phone No (Phone) +65-83000041
Alternative Phone No +--

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112315362-01
Cover Note Number -

DRIVER

Name of Driver ALUM SYED MORSHED
Passport No/FIN GXXXX922P
Date Of Birth 01/12/1983
Occupation Outdoor

Date Of Driving Pass	22/01/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-90040246
Alt. Phone Number	-
Email Address	mark.gregory.ambrose@gmail.com
Address	1 BUKIT BATOK CRESCENT
Address complement	#06-60 WCEGA PLAZA
Postcode	658064
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Clear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210112/2074.

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	YN3618D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 GZ5405M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 ALUM SYED MORSHED
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? GBD3025P
 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 **completely by the Policyholder and/ or the Authorised Driver**.
- 3) Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material fact may allow insurance companies to **repudiate policy liability**.
- 4) The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) **Any false reporting may be referred to the Police as investigation.**
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - i. Processing, handling and/or dealing with my claims including settlement of the claims and any necessary investigations relating to the claims;
 - ii. Investigating the accident and/ or my claims;
 - iii. Carrying out and/ or dealing with my instructions or responding to any enquiries by me;
 - iv. Administering my claims (including the mailing or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - v. Complying with applicable law in administering, processing, handling and/ or dealing with my claims. (Collectively the "Purposes")
- b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes; and
- c) my Personal Information may/ can be disclosed by any of the insurers and/ or GIA to their third party service providers or agents (including their lawyer/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- d) My Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- e) The information so collected under (d) above may be shared/ disclosed:
 - i. To all insurers and/ or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time: 12/1/21
1700hrs



Driver's Signature

(If driver is not policyholder)

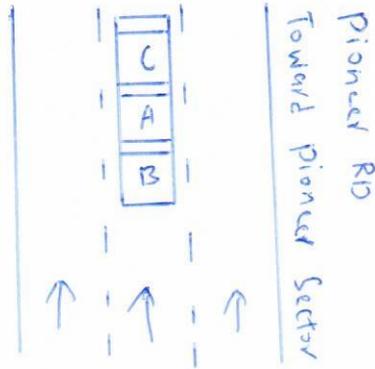
Date & Time: 12/1/21
1700hrs

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



Vehicle A: GRD302SP
Vehicle B: GZ5405M
Vehicle C: YN3618D

Refer to police report
T20210112/2074

DECLARATION

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



Policyholder's Signature
Date & Time: 12/1/21
1700hrs

Driver's Signature
(If driver is not policyholder)
Date & Time: 12/1/21
1700hrs

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

Date of Accident : 11/1/2021 Accident Time: 1700 (24-HR-Format)
 Accident Place : Pioneer RD toward Pioneer Sector
 Vehicle No. (Car Plate No.) : GBD302SP Make/Model: Nissan Cabstar
 Insurance Company : NTUC Policy No: 5112315362-01
 Owner or Company Name /IC No. : Himalay Trading (S) PTE. LTD
 Owner or Company Contact No. : 83000041 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Alum Syed Morshef [G5395922P
 DRIVER'S Date Of Birth : 01/12/1983 DRIVER'S License Pass Date 06/9/2019
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 25 ST bukit batok Blk 289E #10-154
 DRIVER'S Contact No./ Alt No. : 1) 90040246 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Mark.Gregory.Ambrose@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>YN361SD</u>	Vehicle. No: <u>GZ5405M</u>
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**



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

Report No. T/20210112/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2021 15:58	Vide Report No.: J/20210111/0164	Station Diary No.:
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Informant's Particulars			
Name of Informant: ALUM SYED MORSHED		Address: 1 BUKIT BATOK CRESCENT #06-60 WCEGA PLAZA SINGAPORE 658064	
ID Type / ID No.: FIN NO / G5395922P		Contact No.: Home/Office: Mobile: 90040246	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 37	Date of Birth: 01/12/1983	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: Sales and marketing manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/01/2021 17:00	Type of Location:
Location: PIONEER SECTOR 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3025P	Lorry					0
GZ5405M	Van					0
YN3618D	Lorry					0



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

Report No. T/20210112/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALUM SYED MORSHED	ID No.	G5395922P
Related Vehicle	GBD3025P (Lorry)	Contact No.	90040246
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS AT PIONEER SECTOR LANE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. AS I WAS WAITING, A VAN (GZ5405M) OUT OF THE SUDDEN COLLIDED MY VEHICLE FROM BEHIND. IT COLLIDED MY VEHICLE TO THE POINT WHERE IT PUSHES MY VEHICLE THAT CAUSED IT TO HIT A LORRY (YN3618D) INFRONT OF ME. A PASSER-BY CALLED THE AMBULANCE AS I WAS INJURED. AMBULANCE WAS AT SCENE AND I WAS CONVAIED TO NG TENG FONG GENERAL HOSPITAL. THATS ALL.



SINGAPORE
POLICE FORCE



T/20210112/2074

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

3 of 3

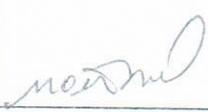
Report No. T/20210112/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / SC SAIFUL ILHAM BIN ZAHARI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2021 15:58
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="885 1960 1029 2094" data-label="Image"></div> <div data-bbox="1037 1982 1268 2072" data-label="Text"><p>SINGAPORE POLICE FORCE</p></div> Signature: 

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number : 5112315362-01
The Policyholder : HIMALAY TRADING (S) PTE. LTD.
1 BUKIT BATOK CRESCENT
#06-60 WCEGA PLAZA
SINGAPORE 658064

Period of Insurance : 01 Sep 2020 To 31 Aug 2021
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$1,429.10

Interest Insured

Cover Type	: Comprehensive		
Make/Model	: NISSAN/CABSTAR		
Capacity	: 1.72 ton(s)	Number of Seater	: 2
Registration Number	: GBD3025P	Registration Date	: 29 Aug 2014
Chassis Number	: JN1SC2F24Z0856299	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : N/A

Agency : I INSURANCE AGENCY (00000572538)
Date of Issue : 28 Aug 2020 16:22 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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"/>	5112315362-01		HIMALAY TRADING (S) PTE. LTD.	200718840Z	GCV	Comprehensive	GBD3025P	GBD3025P	01/09/2020	31/08/2021

Policy Information

Policy No.	5112315362-01	Policyholder Name	HIMALAY TRADING (S) PTE. LTD	Policyholder NRIC	200718840Z
Certificate No.					
Address	1 BUKIT BATOK CRESCENT #06-60 WCEGA PLAZA SINGAPORE 658064				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	28/08/2020	Effective Date	01/09/2020 00:00	Expiry Date	31/08/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	I INSURANCE AGENCY	Agent Tel.	66411407	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 BUKIT BATOK CRESCENT	Address 2	#06-60 WCEGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.		Related Policy Number	5112315362-01		

Insured Object: GBD3025P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1117305

Policy No.	5112315362-01	Vehicle No.	GBD3025P	GST Registration No.	
Certificate No.					
Policyholder Name	HIMALAY TRADING (S) PTE. LTD.			Policyholder NRIC	200718840Z
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83000041	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	14/01/2021 09:11	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/01/2021	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Pioneer Rd				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	14/01/2021 09:12:50 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	1 BUKIT BATOK CRESCENT	Address 2	#06-60 WCEGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.		Related Policy Number	5112315362-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ALUM SYED MORSHED	Driver NRIC	G5395922P	Driver DOB	01/12/1983
Register Date of Driver License	22/01/2020	Driver Age	37	Driving Experience	0
Contact No.(Mobile)	90040246	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	1 BUKIT BATOK CRESCENT	Address 2	WCEGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.	06-60				
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	HIMALAY TRADING (S) PTE. LTD	Insured NRIC	200718840Z
Contact No.(Mobile)	90040246	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBD3025P	TP Vehicle Number	YN3618D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD3025P / YN3618D ON 11 Jan 2021		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2021 09:13	Claim Close Date		Date Received	14/01/2021 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1117305	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2021 09:15

Path *	Category *	Confidential	Urgency *	Description *
Browse...	<input type="button" value="Clear"/> Please Select	NO	Normal	
Browse...	<input type="button" value="Clear"/> Please Select	NO	Normal	
Browse...	<input type="button" value="Clear"/> Please Select	NO	Normal	
Browse...	<input type="button" value="Clear"/> Please Select	NO	Normal	
Browse...	<input type="button" value="Clear"/> Please Select	NO	Normal	
Browse...	<input type="button" value="Clear"/> Please Select	NO	Normal	

Message History

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:15	SAS		Normal	SAS 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:14	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:14	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:14	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:13	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:13	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:13	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:13	Photos		Normal	Photos 2021-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Jan 2021 09:13	Photos		Normal	Photos 2021-1-14	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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