

# NATIONAL Assessment Centre Services. [Part 1 Jan'03]

Date In: 17/02/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC2100229/13	SAS e-filing		
Ych No: GBK89656	E-mail (within 3hrs, AIC 2hrs)		
UCL: 16/02/21 1440	I-Motor Claim Form	17/02 MT/1121395-001	
UCL: 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/Work		

Profund Wesp / INC Assign Wesp / QW: (		Tel: *	Fax: *
TP Particulars:	Ych No: SMF9164R	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: ( /

Removals: (INC Non-Inc: 6700/6016)	Blue Card: ( )	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	Action

NA 2101470	INC ( ) / Non-INC ( )	30
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Est. 1:	For claiming against INC Only (wef 10 Jan 2003)	
Est. 2:	6) TR: Re-inspection \$73	
Est. 3:	7) NI: Idao DA + EMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$23	
	*NB: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	17/02/2021 11:25 (SGT)
Date of Accident	16/02/2021 14:40 (SGT)
Exact Location of Accident	Chai Chee Dr, Singapore
Additional Location Information	CARPARK DRIVEWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8965G
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SING WAH ENTERPRISE PTE LTD
Company Reg No	2XXXXX215G
Email Address	yongkokchun@gmail.com
Mobile Phone No	(Phone) +65-62421393
Alternative Phone No	(Office) +65-62421393

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120446385
Cover Note Number	-

#### DRIVER

Name of Driver	YONG KOK CHUN
NRIC No	SXXXX810G
Date Of Birth	01/06/1972
Occupation	Outdoor

Date Of Driving Pass .....	15/12/2001
Driving experience .....	19 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97957371
Alt. Phone Number .....	-
Email Address .....	yongkokchun@gmail.com
Address .....	BLK 55 CHAI CHEE DRIVE
Address complement .....	#05-168
Postcode .....	460055
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210216/2072

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMF9164R
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) .....	-



## 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' 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.

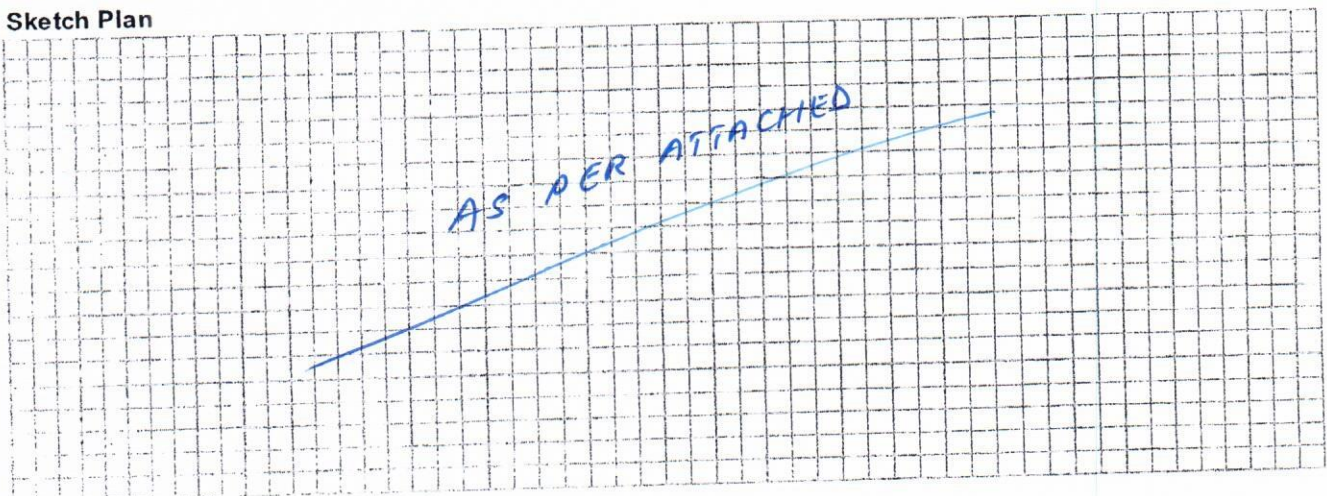


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Google Maps Singapore

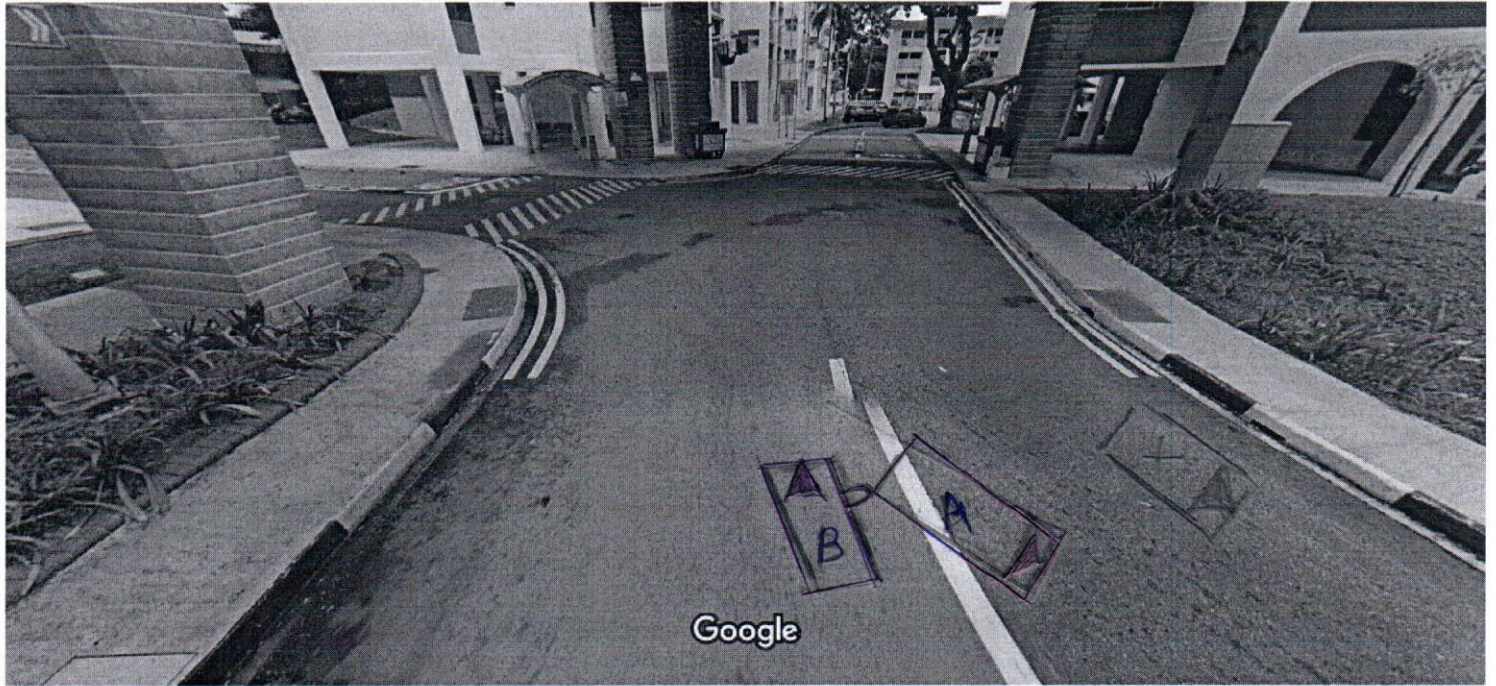
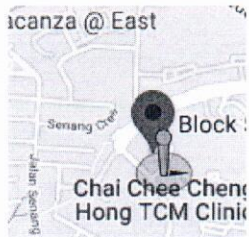


Image capture: Aug 2020 © 2021 Google

Google

Street View



CHAI CHEE DRIVE  
CARPARK DRIVEWAY

A - GBK8965G  
B - SMF9164R

**Describe Circumstances of the Accident**

*P/s refer to the police report: T/20210216/2072*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]* 17/2/2021  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

*[Signature]* 17/02/21  
Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE

Scanned



T/20210216/2072

1 of 3

Report No. T/20210216/2072

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2021 15:39	Vide Report No.:	Station Diary No.: 23
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: YONG KOK CHUN			Address: APT BLK 55 CHAI CHEE DRIVE #05-168 SINGAPORE 460055		
ID Type / ID No.: NRIC NO / S7285810G			Contact No.: Home/Office: Mobile: 97957371		
Nationality: MALAYSIAN			Email: yongkokchun@gmail.com		
Sex: Male	Age: 48	Date of Birth: 01/06/1972	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: AIRCON SERVICE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2021 14:40	Type of Location: Car Park
Location:  CHAI CHEE DRIVE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK8965G	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	No Damage	1
SMF9164R	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	Blue	Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	YONG KOK CHUN		ID No.	S7285810G
Related Vehicle	GBK8965G (Lorry)		Contact No.	97957371
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	Unknown		ID No.	NIL
Related Vehicle	SMF9164R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 16/02/2021 at about 1440hrs, I was driving my vehicle (Silver in colour Toyota Dyna lorry, registration number GBK8965G) at Blk 55 Chai Chee Drive carpark when another vehicle (Dark blue in colour, Toyota Sienta, registration number SMF9164R) coming from the opposite direction side swepted my vehicle on the right side. Both of us were alone in our vehicles. Both myself and the other driver alighted from the vehicle to make a check. There are no damages to my vehicle however, there are slight scratches on his right view mirror.

The other driver requested to claim from my insurance however when I informed him that we should go to the police station together to make a report, he refused and went back into his vehicle. Subsequently, he drove off before I could take down his particulars. I wish to state that none of us have each others' particulars.

I have an in-car camera however I am not sure if it recorded the incident. I am not sure if there are any CCTV facing the area.



**SINGAPORE  
POLICE FORCE**



T/20210216/2072

3 of 3

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20210216/2072

**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:  
G /  
Sgt 2 CHIANG XIN YI, YINITA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/02/2021 15:39

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 02 / 21) (DD/MM/YYYY), TIME: (14 : 40) (HH:MM)

LOCATION: CHAI CHEE DR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK8965G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: F440T  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA B4NA (M) 3.0  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SING WAH ENTERPRISE PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 62421393  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: YONG KOK CHUN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S72858104 CONTACT: 97957371  
 c) ADDRESS: BLK 55 CHAI CHEE DRIVE  
 #05-168 (460055)

\*d) DATE OF BIRTH: (01 / 06 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 / 12 / 2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF9164R MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
 (including driver)  
 (1)

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )

Email =

fax =

VIDEO = yes, haven't retrieved

### 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 :** 5120446385

**Cover :** Comprehensive

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBK8965G                    |
| Chassis Number  | : KDY2318046099               |
| 2. Name of Policyholder   | : SING WAH ENTERPRISE PTE LTD |
| 3. Effective Date of Insurance  | : 30 Dec 2020                 |
| 4. Expiry Date of Insurance   | : 29 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.   |                               |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                               |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ACER INSURANCE AGENCY (00000573834)  
Date of Issue : 30 Dec 2020 22:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Claim Handling

Accident MT/1121395

Policy No.	5120446385	Vehicle No.	GBK8965G	GST Registration No.	200204215G
Certificate No.					
Policyholder Name	SING WAH ENTERPRISE PTE LTD			Policyholder NRIC	200204215G
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62421393	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

## ▼ Accident Details

Report Date	17/02/2021 17:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/02/2021	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHAI CHEE DRIVE				

## ▼ 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					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	10/06/2002
GST Registration No.	200204215G	GST Status Verified	Yes
Modification History	17/02/2021 17:57:12 System changed GST Registration Date from 01/01/2015 to 10/06/2002 17/02/2021 17:57:12 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	15 CHANGI NORTH STREET 1	Address 2	#01-05 I-LOFTS @ CHANGI	Address 3	SINGAPORE 49871
Address 4		Address Type	Singapore address	Post Code	498765
Unit No.		Related Policy Number	5120446385		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YONG KOK CHUN	Driver NRIC	S7285810G	Driver DOB	01/06/1972
Register Date of Driver License	15/12/2001	Driver Age	48	Driving Experience	19
Contact No.(Mobile)	97957371	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 55	Address 2	CHAI CHEE DRIVE	Address 3	SINGAPORE 46001
Address 4		Address Type	Singapore address	Post Code	460055
Unit No.	#05-168				
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 type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SING WAH ENTERPRISE PTE LT	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GBK8965G	TP Vehicle Number	
Claim Description	GBK8965G / SMF9164R ON 16 Feb 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	17/02/2021 18:00	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1121395	Claim No.	001
--------------	------------	-----------	-----

2/17/2021

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

☒ Yes ☐ No

Upload Date

17/02/2021 00:00

Path \*

<input type="button" value="Choose File"/>	No file chosen
<input type="button" value="Choose File"/>	No file chosen
<input type="button" value="Choose File"/>	No file chosen
<input type="button" value="Choose File"/>	No file chosen
<input type="button" value="Choose File"/>	No file chosen
<input type="button" value="Choose File"/>	No file chosen
<input type="button" value="Message Read"/>	

<input type="button" value="Clear"/>
<input type="button" value="Clear"/>
<input type="button" value="Clear"/>
<input type="button" value="Clear"/>
<input type="button" value="Clear"/>
<input type="button" value="Clear"/>

Category \*

Please Select
Please Select
Please Select
Please Select
Please Select
Please Select

Confidential

NO
NO
NO
NO
NO
NO

Urgency \*

Normal
Normal
Normal
Normal
Normal
Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 18:00	SAS		Normal	SAS 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 18:00	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 18:00	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 17:59	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 17:59	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 17:59	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 17:59	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 17:59	Photos		Normal	Photos 2021-2-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 17:59	Photos		Normal	Photos 2021-2-17

## Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	