

# NATIONAL Assessment Centre Services

Date In: 04/03/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002954/13	SAS e-filing		
Veh No: SLE4729L	E-mail (w/In: 8hrs, AIC 2hrs)		
D.O.A 04/03/21 1540	i-Motor Claim Form 04/03, MT/1123223-001		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMY1157P	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%; F: 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

NA20 NA2101990	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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:-		
	9) N12: Idac Mobile		
<b>Driver/Owner:</b>	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
<b>Contact No:</b>	TP (N11) : TP (Non INC) against INC	\$20	
<b>Damaged Portion:</b>			
<b>QC Checked by (Engr-In-Charge):</b>			
<b>Auditors' Comments :-</b>			
<b>Cat. 1:</b>	Invoice dated	Fee Charged	
<b>Cat. 2 / 3:</b>	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	04/03/2021 18:01 (SGT)
Date of Accident	04/03/2021 15:40 (SGT)
Exact Location of Accident	Marina Boulevard, Singapore
Additional Location Information	JUNC OF MARINA WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4729L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SU CHING CHUN
NRIC No	SXXXX214I
Email Address	JAYJAYGAL88@YAHOO.COM
Mobile Phone No	(Phone) +65-93668444
Alternative Phone No	+65-93668444

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezei
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	5082447037-04
Cover Note Number	-

### DRIVER

Name of Driver	SU CHING CHUN
NRIC No	SXXXX214I
Date Of Birth	14/05/1980
Occupation	Outdoor

Date Of Driving Pass	19/04/2002
Driving experience	18 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93668444
Alt. Phone Number	+65-93668444
Email Address	JAYJAYGAL88@YAHOO.COM
Address	BLK 335A ANCHORVALE CRESCENT
Address complement	#10-94
Postcode	541335
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	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?	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

PLS REFER TO THE ATTACHED 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	SMY1157P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI JINBO
NRIC No	SXXXX182E

Contact Number	(Phone) +65-97282006
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	SU CHING CHUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SLE4729L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	LI JINBO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMY1157P
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' 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

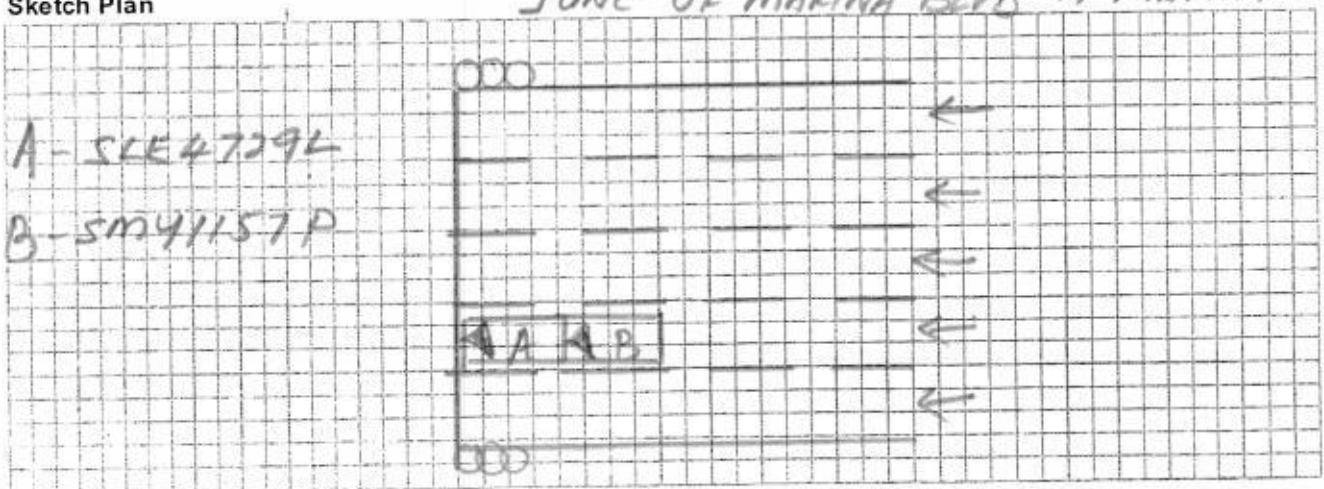
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time 4/3/2021

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan






**Describe Circumstances of the Accident**


I was travelling along marina boulevard heading towards Shearers Ave toward East coast. At the junction when the light is changing Amber, I stop my car. Suddenly vehicle 8 came from behind and hit onto my rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 4/3/2021

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

 04/03/21  
Witnessed by Reporting Centre  
Personnel

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0921340000      Vehicle Registration No: SLC4729L  
 Name (as shown in NRIC): SU CHING CHUN      NRIC/FIN/Passport No: SXXXXX214L  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 335A ANCHORAGE CRESCENT #10-94      Singapore ( 541333 )  
 Contact (Tel): \_\_\_\_\_      Mobile No.: 93668444  
 Email Address: \_\_\_\_\_  
 Date of Accident: 04/03/21      Time of Accident: 15:40  
 Place of Accident: MARINA BLVD JUNE OF MARINA WAY  
 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:

ADD INJURY

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

shun 04/03/21  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN092134000E-01 Vehicle Registration No: 5LE4729L  
Name (as shown in NRIC): SU CHING CHUN NRIC/FIN/Passport No: SXXXX2145  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 333A ANCHORVALE CRESCENT #10-94 Singapore ( 541335 )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 93668444  
Email Address: \_\_\_\_\_  
Date of Accident: 04/03/21 Time of Accident: 15:40  
Place of Accident: MARINA BLVD  
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:

ADD IN POLICE REPORT

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

2/1/21 03/03/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:





# SINGAPORE POLICE FORCE



T/20210305/7019

1 of 3

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

Report No. T/20210305/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2021 14:56	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SU CHING CHUN			Address: 335A ANCHORVALE CRESCENT #10-94 SINGAPORE 541335		
ID Type / ID No.: NRIC NO / S80772141			Contact No.: Home/Office:		Mobile: 93668444
Nationality: TAIWANESE			Email: jayjaygal88@yahoo.com		
Sex: Female	Age: 40	Date of Birth: 14/05/1980	Type of Informant: Vehicle Owner		Institution / School Name:
Race: Chinese			Language: English		
Occupation: Real estate agent			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2021 15:40	Type of Location: T-Junction
Location:  MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE4729L	Car	HONDA	Veze1.5X CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	1
SMY1157P	Car	HONDA	VEZEL	Black	Slightly Damaged	1



# SINGAPORE POLICE FORCE



T/20210305/7019

2 of 3

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

Report No. T/20210305/7019

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE4729L	NTUC Income Insurance Co-Operative Limited	5082447037-04	21/07/2020	20/07/2021

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Vehicle Owner			
Name	SU CHING CHUN	ID No.	S8077214I
Related Vehicle	SLE4729L (Car)	Contact No.	93668444
Hospital/Clinic	ISLAND GROUP CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Vehicle Owner			
Name	LI JINBO	ID No.	S7985182E
Related Vehicle	SMY1157P (Car)	Contact No.	97282006
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

**Brief Details.**

I have taken photos.

I was travelling along Marina Boulevard towards Sheares Ave going to East Coast direction. At the T-junction with a pedestrian crossing, the traffic light turns amber and I stop my car.

Suddenly the car from behind hit onto the rear portion of my car.

This report is for the purpose of recording and insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20210305/7019

3 of 3

Report No. T/20210305/7019

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
05/03/2021 14:56

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 04/03/21 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: JING BLVD MARINA WAY & MARINA WAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE4729L  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA VEZEL (A) 1.5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SU CHING CHUN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: SU CHING CHUN (SU JINGJUN) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80772141 CONTACT: 93668444  
 c) ADDRESS: BCE 335A ANCHORVALE CRESCENT  
#04-#10-94 (541335)

\* d) DATE OF BIRTH: 14/05/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/04/2002

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

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: SMY1157P MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: ZI JINBO  
 c) NRIC/FIN/PASSPORT: S7985182E CONTACT: 97282006

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = jayjaygal88@yahoo.com

fax =

video = NO

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"/>	5082447037-04		SU CHING CHUN	S8077214I	GPC	drive CLASSIC	SLE4729L	SLE4729L	22/07/2020	21/07/2021

## Claim Handling

Accident MT/1123223

Policy No.	5082447037-04	Vehicle No.	SLE4729L	GST Registration No.	
Certificate No.					
Policyholder Name	SU CHING CHUN			Policyholder NRIC	S80772141
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93668444	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	04/03/2021 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - >
Date of Accident	04/03/2021	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA BLVD JUNC OF MARINA WAY				
<b>Total Excess Applicable</b>					
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	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 335A #10-94	Address 2	ANCHORVALE CRESCENT	Address 3	ANCHORVA
Address 4	SINGAPORE S41335	Address Type	Singapore address	Post Code	S41335
Unit No.	10-94	Related Policy Number	5082447037-04		
<b>OI Driver Info</b>					
Driver Name	SU CHING CHUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S80772141	Driver DOB	14/05/1981
Register Date of Driver License	19/04/2002	Driver Age	40	Driving Experience	18
Contact No.(Mobile)	93668444	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 335A	Address 2	ANCHORVALE CRESCENT	Address 3	ANCHORVA
Address 4	SINGAPORE S41335	Address Type	Singapore address	Post Code	S41335
Unit No.	#10-94				
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?	Yes <input type="radio"/> No <input checked="" type="radio"/>		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SU CHING CHUN	In: NP
Contact No.(Mobile)	93668444	Contact No. (Home)	65025412	Co Nc (O
Email Address	JAYJAYGAL88@YAHOO.COM	Vehicle Number	SLE4729L	TP Ve Nc
Claim Description	SLE4729L / SMY1157P ON 4 Mar 2021			
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault	Na Pr
Repair Option	Preferred Workshop, Name unknown	GIA report	Received	Wi
Date Registered	04/03/2021 18:21	Claim Close Date		De Re
Report Taken By	ROSJINDA	Workshop Repairer		To bu Re
<input type="checkbox"/> Print AK letter				

Save Submit

## Attachment

Accident No.	MT/1123223	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2021 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
		Urgency *	Normal
		Please Select	Normal
		Please Select	Normal



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen


Percentage 0.0%

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:21	SAS		Normal	SAS 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:12	Photos		Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:12	Photos		Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:12	Photos		Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:12	Photos		Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:12	Photos		Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:12	Photos		Normal	Photos 2021-3-4

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