

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 11800121

Date In: 2/1/18-19:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000067/24	SAS e-filing		
Veh No: SP2956C	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 30/12/17-20:30	i-Motor Claim Form	M7/0975986	2/1/18 2013
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 444196	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

NA1800055

Invoice Preparation Checklist

Am't (\$)
Est Bill

- | | |
|---|--|
| 1) AR: Accident Reporting (\$30); | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | |
| 3) TP: 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:- | |
| 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 (N-in INC) against INC \$20 | |
| 9) N12: Idac Mobile 30 | |

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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 ability.
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 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 Report	02/01/2018 19:25
Date Of Accident	30/12/2017 20:30
Exact Location Of Accident	TPE BEFORE ELIAS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2956C
Insured/Policyholder	
Name Of Registered Owner	KOI PUAY CHOO
NRIC No	S6936882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81005523
Alternative Phone No	OFFICE-81005523

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091226706
Cover Note Number	

Driver

Name of Driver	TAN CHOON WEE
NRIC No	S1817602E
Date Of Birth	06/12/1967
Occupation	INDOOR
Date Of Driving Pass	18/02/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81005523
Fax Number	
Contact Number	OFFICE-81005523
EMail Address	NOEMAIL

Address	BLK 766 PASIR RIS STREET 71 #11-310
Postcode	510766
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180102/7007

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	YN419G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN CHOON WEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLP2956C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

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

Refer to attached sketch plan.

Refer to police report - T/20180102/7007.

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

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

K500



TEST DRIVE AT
YOUR DOORSTEP! >>

KIA

streetdirectory.com

Tampines Expressway (TPE) Exit 4 From PIE (Changi Airport) Towards:

Tampines Expressway (TPE)
Exit 4 From PIE
(Changi Airport)
Towards SLE

Map Directions

Map

Building Directory

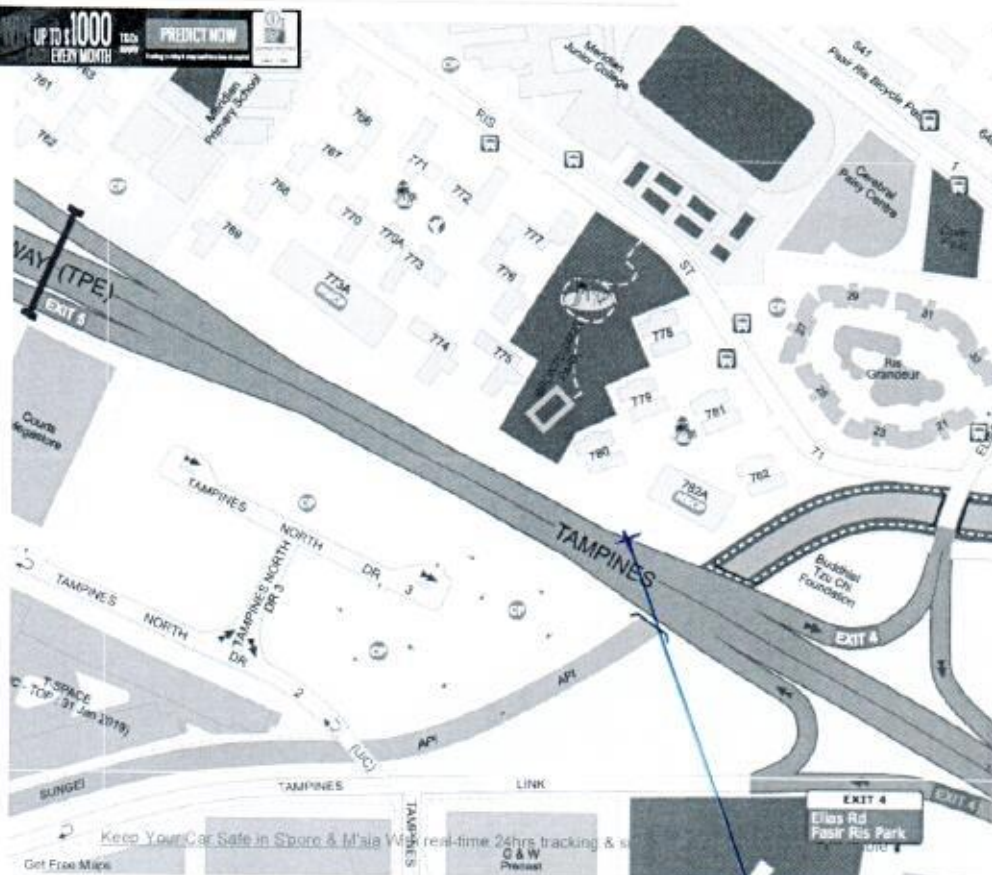
Photos

What's Nearby

Get Tips

Getting Here

5 Things You Shouldnt Do
If Hes Cheating On You



Accident site

A-SLP2956C

B-YN419G

Tampines Expressway (TPE)

Exit 4



[Signature]

Tan Choon Wee

2/1/2018

Accident Statement

On 30th Dec 2017 around 2030Hrs, I was driving my vehicle (SLP2956C) along Tampines Expressway. Suddenly, a vehicle (YN419G) hit onto the rear of my vehicle. I am making a claim against third party.

A handwritten signature in blue ink, consisting of a stylized 'T' and 'C' followed by a checkmark-like flourish, positioned above a horizontal line.

Name: Tan Choon Wee

NRIC: S1817602E



**SINGAPORE
POLICE FORCE**



T/20180102/7007

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

1 of 3

Report No. T/20180102/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 15:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHOON WEE			Address: APT BLK 766 PASIR RIS STREET 71 #11-310 SINGAPORE 510766		
ID Type / ID No.: NRIC NO / S1817602E			Contact No.: Home/Office: Mobile: 81005523		
Nationality: SINGAPORE CITIZEN			Email: canny.koi@hotmail.com		
Sex: Male	Age: 50	Date of Birth: 06/12/1967	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: STORE KEEPER		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: 30/12/2017 20:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY ALONG TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP2956C	Car	HONDA	SHUTTLE	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP2956C	NTUC Income Insurance Co-Operative Limited	5091226706	31/05/2017	30/05/2018



**SINGAPORE
POLICE FORCE**



T/20180102/7007

2 of 3

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

Report No. T/20180102/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHOON WEE	ID No.	S1817602E
Related Vehicle	SLP2956C (Car)	Contact No.	81005523
Hospital/Clinic	PASIR RIS CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2017	Date Discharge	30/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30th Dec 2017 at around 2030 Hrs, I was driving my vehicle (SLP2956C) along Tampines Expressway. Suddenly, a vehicle (YN419G) hit onto the rear of my vehicle. I am making claim against third party.



**SINGAPORE
POLICE FORCE**



T/20180102/7007

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

3 of 3

Report No. T/20180102/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE SOON LYE
Contact No.: 65476239

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:
02/01/2018 15:10

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number: **S1817602E**
 Name: **TAN CHOON WEE**
 Birth Date: **06 Dec 1967**
 Issue Date: **18 Feb 2010**


001832324E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1817602E**


 Name: **TAN CHOON WEE**
 Race: **CHINESE**
 Date of Birth: **06-12-1967** Sex: **M**
 Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **18 Feb 2010**

Licence No: **S1817602E**

NP 428A

2116204



NRIC No: **S1817602E**


 Blood Group: **B+** Date of issue: **10-06-1994**

APT BLK 766 PASIR RIS STREET 71 #11-31U
 SINGAPORE 510768
S1817602E

Date: **04-06-2002**
 No: **4185022**

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5091226706

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLP2956C**
Chassis Number : GK81004495
2. Name of Policyholder : KOI PUAY CHOO
3. Effective Date of Insurance : 31 May 2017
4. Expiry Date of Insurance : 30 May 2018
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOI PUAY CHOO
NAMED DRIVER (1)	: TAN CHOON WEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUP LONG AUTOMOBILE PTE 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 : HO SEET PENG (00000573621)
Date of Issue : 30 May 2017 16:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091226706	KOI PUAY CHOO	S6936882D	GPC	drivo CLASSIC	SLP2956C	SLP2956C	31/05/2017	30/05/2018

▼ Policy Information

Policy No.	5091226706	Policyholder Name	KOI PUAY CHOO	Policyholder NRIC	S6936882D
Address	BLK 766 #11-310 PASIR RIS STREET 71 SINGAPORE 510766				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/05/2017	Effective Date	31/05/2017 00:00	Expiry Date	30/05/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	HO SEET PENG	Agent Tel.	90089510	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 766 #11-310	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510766
Address 4		Address Type	Singapore address	Post Code	510766
Unit No.		Related Policy Number	5091226706		

▶ Insured Object: SLP2956C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	31/05/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 31 May 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLP2956C

Continue

Cancel

Claim Handling

Accident MT/0975986

Policy No.	S091226706	Vehicle No.	SLP2956C	GST Registration No.	
Policyholder Name	KOI PUAY CHOO			Policyholder NRIC	S69
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81005523	Contact No.(Office)	0	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	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	02/01/2018 20:07	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	30/12/2017	Time of Accident hh:mm	20:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE BEFORE ELIAS RD EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 766 #11-310	Address 2	PASIR RIS STREET 71	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	510
Unit No.		Related Policy Number	5091226706		

▼ OI Driver Info

Driver Name	TAN CHOON WEE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1817602E	Driver DOB	06/1
Register Date of Driver License	18/02/2010	Driver Age	60	Driving Experience	7
Contact No.(Mobile)	81005523	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 766	Address 2	PASIR RIS STREET 71	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	510
Unit No.	11-310				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KOI PUAY CHOO	Insured NRIC	S69
Contact No.(Mobile)		Contact No.(Home)	65848940	Contact No.(Office)	
Email Address	canny.koi@hotmail.com	OI Vehicle Number	SLP2956C	TP Vehicle Number	YN4
Claim Description	SLP2956C / YN419G ON 30 Dec 2017			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	Rec
Date Registered	02/01/2018 20:10	Claim Close Date		Date Received	02/1
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

1/2/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0975986

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2018 20:11

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:11	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:11	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:11	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:10	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading