

NATIONAL Assessment Centre Services [Ref: 1.2a (2)]

Date In: 13/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000807/13	SAS e-filing		
Veh No: SLP31794	E-mail (w/ thin 8hrs, AIC 2hrs)		
D.O.A: 12/01/18 0920	i-Motor Claim Form	12/0977660	
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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SLS80137	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

NA 1800331	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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 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	13/01/2018 10:58
Date Of Accident	12/01/2018 09:20
Exact Location Of Accident	BLK 872 OPEN CARPARK YISHUN ST 81
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3179Y
Insured/Policyholder	
Name Of Registered Owner	CHIAN POH KHIM
NRIC No	S1594005J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81273369
Alternative Phone No	OTHERS-81273369

Vehicle Particulars

Manufacturer	SUBARU
Model	XV
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5093272126
Cover Note Number	

Driver

Name of Driver	CHIAN POH KHIM
NRIC No	S1594005J
Date Of Birth	02/11/1963
Occupation	INDOOR
Date Of Driving Pass	29/06/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81273369
Fax Number	
Contact Number	OTHERS-81273369
Email Address	NOEMAIL

Address	BLK 872 YISHUN ST 81 #04-133
Postcode	760872
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180112/2084

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS8013T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

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 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:



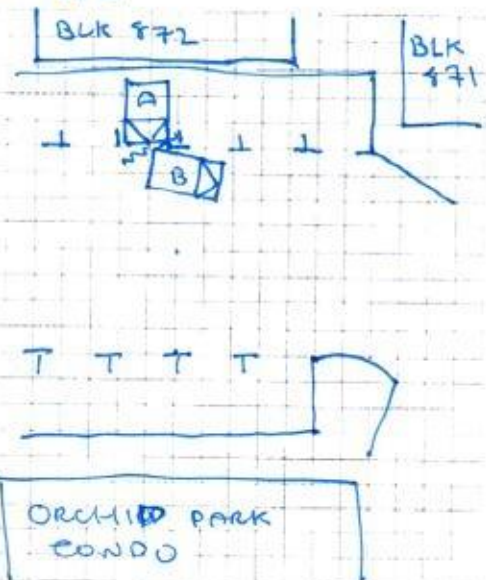
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 13/01/18

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

OPEN CARPARK OF INFRONT BLK 872

VERI CUE B - SLS 8013 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

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

 13/01/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180112/2084

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180112/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2018 14:16	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars				
Name of Informant: CHIAN POH KHIM			Address: APT BLK 872 YISHUN STREET 81 #04-133 SINGAPORE 760872	
ID Type / ID No.: NRIC NO / S1594005J			Contact No.: Home/Office: Mobile: 81273369	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 54	Date of Birth: 02/11/1963	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/01/2018 09:20	Type of Location: Car Park
Location: YISHUN STREET 81				
Open carpark at the foot of block 872 Yishun Street 81				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP3179Y	Car	SUBARU	SUBARU XV 1.6i AWD CVT	Blue	Slightly Damaged	0
SLS8013T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0



**SINGAPORE
POLICE FORCE**



T/20180112/2084

2 of 3

Report No. T/20180112/2084

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Brief Details.

On 12/01/2018 at about 1000, I was parking my car (SLP3179Y) at my office when another motorist informed me that my car was missing its number plate. I made a check and found that my number plate was bent and that the numbers on the number plate were missing. I also realized that the front bumper of my car had been dented. I then reviewed my car's video recording and found that earlier at about 0910 hrs, while my car was parked at the open air car park at the foot of block 872 Yishun Street 81, a car (SLS8013T) had reversed into my car, denting the front bumper and car plate in the process.

I am making this report for record purposes and to facilitate insurance claims.



**SINGAPORE
POLICE FORCE**



T/20180112/2084

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180112/2084

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:

E /

ASP ESTHER KOH QING EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/01/2018 14:16

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 168

Authentication Stamp

NP168

SIGNATURE

Vehicle No.	SUP 3179 Y	Model / Make	SUBARU XV
Date of Accident	12 / 01 / 2018		
Time of Accident	0918	HRS	
Location of Accident	BLK 872 OPEN CARPARK YISHUN ST 81		
Exact purpose use during accident	STATIONARY PARK (WITHOUT DRIVER)		
Name of Owner	CHIAN POH KHIM		
Telephone No.	H/P : 81273369	Home :	Office :
NRIC	S1594005J		
Address	BLK 872 YISHUN ST 81 #04-133 S(760872)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5093272126		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NA		
Date of birth	02/11/1963		
Occupation	Outdoor / Indoor		
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state OWNER		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where? TOA PAYOH NPC		
Vehicle B No.	SLS 8013 T	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT PORTION		
Camera Recorder	Yes / No		
Email Address	Kymshao@yahoo.com.sg / JennyChiao@Yesmotoring.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP E-MAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1594005J



Name

CHIAN POH KHIM



詹保琴

Race

CHINESE

Date of Birth

02-11-1963

Sex

F

Country of Birth

SINGAPORE

S1594005J

2313070



NRIC No. S1594005J



Blood Group Date of issue

A+ 25-08-1994

APT BLK 872 YISHUN STREET 81 #04-133
SINGAPORE 760872

NRIC No: S1594005J

Date: 25/11/2007

No: 5750362

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a woman with dark hair.

Licence Number: **S1594005J**
Name: **CHIAN POH KHIM**

Birth Date: **02 Nov 1963**
Issue Date: **12 May 2004**

Barcode: **001216767E**

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jun 1981

NP 428A

Licence No: **S1594005J**

Barcode

Certificate of Insurance

12312

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: 5093272126

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLP3179Y**
Chassis Number : JF1GP3KC5EG146532
2. Name of Policyholder : **CHIAN POH KHIM**
3. Effective Date of Insurance : **08 Aug 2017**
4. Expiry Date of Insurance : **12 Nov 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIAN POH KHIM
NAMED DRIVER (1)	: AMANDA ANG SZE SHAO
NAMED DRIVER (2)	: VERONICA ANG SEE LYNN
HIRE PURCHASE COMPANY	: YES MOTORING & CREDIT 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 08 Aug 2017 13:13 hrs

LQ INSURANCE AGENCY PTE LTD

180B BENCOOLEN STREET

#04-01 THE BENCOOLEN

SINGAPORE 119643

TEL: 6-334-0733 FAX: 6-334-0624

Co. Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

24 HOURS
SERVICE
6444-2555

Claim Handling

Accident MT/0977660

Policy No.	5093272126	Vehicle No.	SLP3179Y	GST Registration No.	
Policyholder Name	CHIAN POH KHIM			Policyholder NRIC	S15
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81273369	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	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	13/01/2018 11:24	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	12/01/2018	Time of Accident hh:mm	09:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 872 OPEN CARPARK YISHUN ST 81				

▼ 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 872 #04-133	Address 2	YISHUN STREET 81	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7601
Unit No.		Related Policy Number	5093272126		

▼ OI Driver Info

Driver Name	CHIAN POH KHIM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S15940053	Driver DOB	02/1
Register Date of Driver License	29/08/1981	Driver Age	54	Driving Experience	36
Contact No.(Mobile)	81273369	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 872	Address 2	YISHUN STREET 81	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7601
Unit No.	#04-133				
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHIAN POH KHIM	Insured NRIC	S15
Contact No.(Mobile)	81273369	Contact No.(Home)	67579650	Contact No.(Office)	
Email Address	KYMSHAO@YAHOO.COM.SG	OI Vehicle Number	SLP3179Y	TP Vehicle Number	SLS
Claim Description	SLP3179Y / SLS8013T ON 12 Jan 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	13/01/2018 11:29	Claim Close Date		Date Received	13/0
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment



1/13/2018

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

Accident No.

MT/0977660

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

13/01/2018 00:00

Path *

[Choose File](#) No file chosen

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[Choose File](#) No file chosen

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[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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:28	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2018 11:27	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)[Scan and uploading](#)