

NATIONAL Assessment Centre Services

Date In: 22/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18001246/13	SAS e-filing		
Veh No: 51628865	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/01/18 1155	i-Motor Claim Form	MT/0978945	
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: JNM 7639	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 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	22/01/2018 11:20
Date Of Accident	21/01/2018 11:55
Exact Location Of Accident	WOODLANDS CHECKPOINT CAR ARRIVAL B4 IMMIGRATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2886S
Insured/Policyholder	
Name Of Registered Owner	MASURI BIN MASHUL
NRIC No	S1800249C
Email Address	SURI_HDNH67@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97910289
Alternative Phone No	OTHERS-97910289

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	REPORTING ONLY
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	5044296554-07
Cover Note Number	

Driver

Name of Driver	MASURI BIN MASHUL
NRIC No	S1800249C
Date Of Birth	26/03/1967
Occupation	INDOOR
Date Of Driving Pass	03/02/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97910289
Fax Number	
Contact Number	OTHERS-97910289
Email Address	SURI_HDNH67@YAHOO.COM.SG

Address	BLK 199A PUNGGOL FIELD #02-407
Postcode	821199
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNM7639 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : HASNAH BINTE MINHAT GENDER: : FEMALE
Passenger 2	NAME: : NUR DIYANA BINTE MASURI GENDER: : FEMALE
Passenger 3	NAME: : NUR NIZZAH BINTE MASURI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180121/2046

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	JNM7639
Vehicle Make/Model/Colour	KIA FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

THONG LAI KUAN

NRIC/Passport Number

860605-38-5928

Contact Number

92244575

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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)**

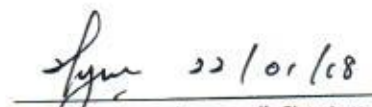
I understand, acknowledge, agree and consent that:

- (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.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the police report T/20180121/2046

DECLARATION

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


Policyholder's Signature
Date & Time:

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

 22/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Station Of Origin : Bukit Panjang
North MP

Serial No. F 07443

Report No. T-20180121-2046

IP No.

IO In-charge: GOH GEOK LYE



REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 21/1/2018	Vide Report No.:	Station Diary No.:
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Informant's Particulars		
Name of Informant: Masari Bin Mashul		Address: Apt B16 199A Punggol Field #02-407 Postal Code: 821199
ID Type/No: S1800241C	Date of Birth: 3/5/1993	Contact No.:- Home: - Mobile: 97910287 Office: - Driving Licence Information:- Class: 2B, 2A Date of Expiry: -
Race: Malay	Age: 25	Sex: Male
Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)		
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Aircraft technician		

General Information on the Accident		
Type of Accident:	<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Non-Injury	Date of Accident: 21/01/2018
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 12:11SS
		Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)
Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) Woodlands Checkpoint (on arrival, before Immigration)		

Type of Collision:		Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)	(ii) Moving Vehicle Against: <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)	
Traffic Flow: <input type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled	Drink Drive: Yes/No
Traffic Volume: <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Anyone conveyed by ambulance: Yes/No
	Road Speed Limit:km/h	

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
SJG 2886S	Mitsubishi Lancer Ex	Slight	Masari Bin Mashul S1800241C	2B, 2A, 3	97910287	-	Alfaic Insurance		
JNM 763n	Kia Forte	Slight	Apt 2 Anbee		9224458	-			

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

Police Station Of Origin : Substation Kajang North



Report No.

IP No.

IO In-charge :

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: <u>Yes / No</u>		
No. of Pedestrians Injured: <u>—</u>	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available : <u>Yes / No</u>		Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)

Brief Details. This report shall be signed by the Informant.

On 21/11/18 @ 11:55hrs, I was driving my car vehicle registration number SJG 288651 along Woodlands Checkpoint car arrival. While I was waiting to enter the immigration booth there was a Malaysian car, JNM 7660 who was on my left and had suddenly cut into my lane. As a result, my front left portion had hit onto the other party driver side door.

We then stopped our vehicle and exchanged our particulars. The damage sustained on my car were front left portion had scratches and dents. No one was hurt and no government property damaged.

Instructions

1. Number each vehicle and show direction of travel by arrow.
2. Number each pedestrian and show direction by arrow.
3. Use solid line to show path of vehicle before accident

 dotted line
 after accident.
4. Show distance and direction to landmarks, identify by name.
5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: <u>SS Izwan T35400</u>
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: <u>SS 127</u>

Signature Of Informant: <u>[Signature]</u>
Date: <u>21/11/18</u>
Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S1800249C

MASURI BIN MASHUJ

Birth Date: 26 Mar 1967

Valid Until: 14 Oct 2009

000919335K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1800249C

MASURI BIN MASHUJ

ماسوري بن مسهول

Male

MALAY

Date of Birth: 26-03-1967

Country of Birth: SINGAPORE

DRIVING LICENCE AND DRIVEN VEHICLE IN THE FOLLOWING CLASSES

Class 20: Motorcycles with engine capacity 200 cc or less

Class 2A: Motorcycles with engine capacity 201 cc and above

Class 3: Motor Cars and Motor Trucks of the weight of which the motor does not exceed 2000 kg

03/02/1993

0931426

Barcode

NRIC No: S1800249C

Fingerprint

Blood Group: AB+

Date of Issue: 03-05-1993

APT BLK 199A PUNGGOL FIELD #02-407

SINGAPORE 821199

NRIC No: S1800249C

Date: 29/08/2015

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: 5044296554-07

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJG2886S |
| Chassis Number | : JMYSRCY2A8U006859 |
| 2. Name of Policyholder | : MASURI BIN MASHUL |
| 3. Effective Date of Insurance | : 26 Jun 2017 |
| 4. Expiry Date of Insurance | : 25 Jun 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	: S\$1,500
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	: MASURI B MASHUL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : DIRECT SALES (00000609540)
Date of Issue : 19 Jun 2017 14:15 hrs
Reprint : 19 Jun 2017 14:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0978945

Policy No.	5044296554-07	Vehicle No.	SJG2886S	GST Registration No.	
Policyholder Name	MASURI BIN MASHUL			Policyholder NRIC	S18
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97910289	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	22/01/2018 19:37	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	21/01/2018	Time of Accident hh:mm	11:55	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT CAR ARRIVAL B4 IMMIGRATION				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	1,500.00	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 199A #02-407	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	821
Unit No.		Related Policy Number	5044296554-07		

▼ OI Driver Info

Driver Name	MASURI B MASHUL	Driver Type	Main Driver	Driver DOB	26/1
Unnamed driver Name		Driver NRIC	S1800249C	Driving Experience	25
Register Date of Driver License	01/01/1993	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	97910289	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 199A	Address 2	PUNGGOL FIELD	Post Code	821
Address 4		Address Type	Singapore address		
Unit No.	#02-407				
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	MASURI BIN MASHUL	Insured NRIC	S18
Contact No.(Mobile)	97910287	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJG2886S	TP Vehicle Number	DNM
Claim Description	SJG2886S / JNM7639 ON 21 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/1
Date Registered	22/01/2018 19:40	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

1/22/2018

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

Accident No.

MT/0978945

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

22/01/2018 00:00

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 22 Jan 2018 19:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 19:40	Photos	Normal	Photos 20:

Video List

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

Scan and uploading