

NATIONAL Assessment Centre Services

[Rev. 1.02.095]

Date In: 23/01/2018 10:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001342/KY	SAS e-filing		
Veh No: FBA9571E	E-mail (within 8hrs, A/C 2hrs)		
DOA: 18/01/2018 17:35	i-Motor Claim Form	MT/0979185	23/01/18 17:35
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:

SLK5231S

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
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:-		
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	

NA1800520

74

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	23/01/2018 10:40
Date Of Accident	18/01/2018 17:35
Exact Location Of Accident	HALTON RD NEAR TOMARANATHABIBLE PRESBYTERIANCHURCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA9571E
Insured/Policyholder	
Name Of Registered Owner	AISYA BINTE MAZALI
NRIC No	S9119759F
Email Address	AISYAMAZALI@LIVE.COM
Mobile Phone No	(LOCAL) +65-81896045
Alternative Phone No	OTHERS-81896045

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK135 M
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080756659-01
Cover Note Number	

Driver

Name of Driver	AISYA BINTE MAZALI
NRIC No	S9119759F
Date Of Birth	05/06/1991
Occupation	INDOOR
Date Of Driving Pass	04/04/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81896045
Fax Number	
Contact Number	OTHERS-81896045
Email Address	AISYAMAZALI@LIVE.COM

Address	BLK 337 TAMPINES STREET 32 #02-476
Postcode	520337
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180118/2181

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	SLK5231S
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)

DETAILS OF INJURED PERSON 1

Name	AISYA BINTE MAZALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBA9571E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

(UB17) A

Reported on 22/1/2018
@ 1330 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2018 (DD/MM/YYYY), TIME: 17:35 (HH:MM)

LOCATION: ALONG ROAD 2, HALTON ROAD (NEAR TO MARANATHA BIBLE PRESBYTERIAN CHURCH)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: TRAC 071E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
(including driver)
(1)

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passengers
(including driver)
()

- a) VEHICLE NUMBER: TRAC 071E MODEL: _____
b) DRIVER'S NAME: ALYA BINTE MAZALI
c) NRIC/FIN/PASSPORT: S9119759-F CONTACT: 81896045

9. THIRD PARTY VEHICLE

* No of passengers
(including driver)
()

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

* Take Photos properly?

email = aisyamazali@live.com

fax = aisyamazali@live.com

Waiting for Motorcycle Photo?


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.

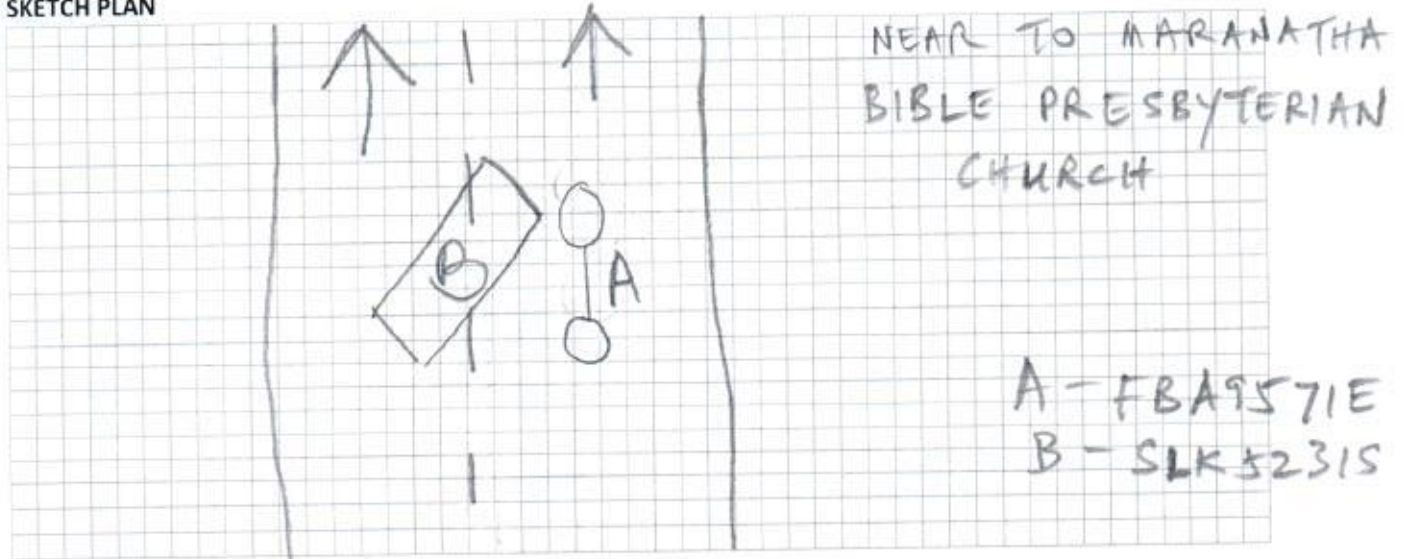

Policyholder's Signature
Date & Time:


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


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

Along Road 1, HALTON ROAD

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180118/2181

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:

 23/1/2018

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



SINGAPORE POLICE FORCE



T/20180118/2181

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180118/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 22:09	Vide Report No.: G/20180118/0155	Station Diary No.: 69
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Informant's Particulars

Name of Informant: AISYA BINTE MAZ'ALI			Address: APT BLK 337 TAMPINES STREET 32 #02-476 SINGAPORE 520337	
ID Type / ID No.: NRIC NO / S9119759F			Contact No.: Home/Office: Mobile: 81896045	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 26	Date of Birth: 05/06/1991	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: ADMIN.			Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2018 17:35	Type of Location: Straight Road
Location: Along Road 1 HALTON ROAD NEAR TO MARANATHA BIBLE PRESBYTERIAN CHURCH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9571E	Motorcycle	YAMAHA	SPARK135 M	Blue	Slightly Damaged	0
SLK5231S	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA9571E	NTUC Income Insurance Co-Operative Limited	5080756659-01	30/05/2017	16/04/2018



**SINGAPORE
POLICE FORCE**



T/20180118/2181

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180118/2181

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AISYA BINTE MAZ'ALI	ID No.	S9119759F
Related Vehicle	FBA9571E (Motorcycle)	Contact No.	81896045
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	18/01/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

ON 18/01/2018 AT ABOUT 1735HRS, ALONG LOYANG AVE, HALTON ROAD BEFORE THE JUNCTION CRANWELL ROAD, I WAS RIDING MY MOTORCYCLE FBA9571E IN THE RIGHT LANE WHEN SUDDENLY A CAR SLK5231S SWERVED INTO MY LANE FROM LANE 2. MY LANE WAS CLEARED HOWEVER LANE 2 WAS CONGESTED WITH OTHER ROAD USERS WITH THEIR VEHICLES IN STATIONARY MODE. THE SAID CAR SIDE SWIPE SAME DIRECTION AND THE COLLISION CAUSES ME TO FALL TO MY RIGHT SIDE ONTO THE ROAD SURFACE. MY MOTORCYCLE SUSTAINED SCRATCHES AND DENT ON IT'S BOTH SIDE. THE SAID CAR SUSTAINED DENT ON IT'S RIGHT SIDE PANEL NEAR TO THE FRONT WHEEL AND FRONT BUMPER MISALIGN. I SUFFERED PAIN ON MY BOTH KNEES AND ABRASSION ON MY LEFT KNEE ALSO. I WAS CONVEYED BY AMBULANCE TO CGH. I WAS GIVEN MEDICAL LEAVE FOR 14 DAYS FROM 18/01/2018 TILL 31/01/2018. I AM LODGING THIS REPORT REF. G/20180118/0155 I/C IO MARIA FROM TP.



**SINGAPORE
POLICE FORCE**



T/20180118/2181

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180118/2181

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
SI MOHAMAD NASRUL BIN ABDUL RASID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No: 65476325

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/01/2018 22:09

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9119759F



Name

AISYA BINTE MAZ'ALI

عائشة مزعالي

Race

MALAY

Date of birth

05-06-1991

Sex

F

Country/Place of birth

SINGAPORE

5512069



NRIC No. S9119759F



Date of issue

27-07-2015

Address

APT BLK 337 TAMPINES STREET 32
#02-476
SINGAPORE 520337

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9119759F

AISYA BINTE MAZ'ALI

Birth Date: 05 Jun 1991

Issue Date: 27 Jul 2015



SG
50

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

EFFECTIVE DATE

Class 2B Motorcycles < 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

04 Apr 2014
06 Oct 2017

S9119759F

S / No. 9000274361

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

18/01/2018 17:35

Vehicle No.(For Motor)

FBA9571E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080756659-01	AISYA BINTE MAZALI	S9119759F	GMC	Third Party, Fire & Theft	FBA9571E	FBA9571E	30/05/2017	16/04/2018

▼ Policy Information

Policy No.	5080756659-01	Policyholder Name	AISYA BINTE MAZALI		Policyholder NRIC	S9119759F
Address	BLK 337 #02-476 TAMPINES STREET 32 SINGAPORE 520337					
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N	
Policy issue Date	05/04/2017	Effective Date	30/05/2017 00:00	Expiry Date	16/04/2018 23:59	
Third Party Excess	0	Own damage Excess	0	Windscreen Excess		
Additional Excess		OS Premium	0			
Outside Singapore OD Excess		Outside Singapore TP Excess				
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y	
Co-Insurance Flag	No					
Open Policy Info						
Certificate Info						

▼ Policyholder Mailing Address

Address 1	BLK 337 #02-476	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520337
Address 4		Address Type	Singapore address	Post Code	520337
Unit No.	02-476	Related Policy Number	5080756659-01		

► Insured Object: FBA9571E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0979185

Policy No.	5080756659-01	Vehicle No.	FBA9571E	GST Registration No.	
Policyholder Name	AISYA BINTE MAZALI			Policyholder NRIC	S91
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81896045	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(%)	10	Private Hire	No

▼ Accident Details

Report Date	23/01/2018 17:48	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	18/01/2018	Time of Accident hh:mm	17:35	Country of Accident	Sing
Reporting Centre		Orange Force		TCM No.	
Accident Location	HALTON RD NEAR TOMARANATHABIBLE PRESBYTERIAN CHURCH				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 337 #02-476	Address 2	TAMPINES STREET 32	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	520
Unit No.	02-476	Related Policy Number	5080756659-01		

▼ OI Driver Info

Driver Name	AISYA BINTE MAZALI	Driver Type	Main Driver	Driver DOB	05/0
Unnamed driver Name		Driver NRIC	S9119759F	Driving Experience	3
Register Date of Driver License	04/04/2014	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	81896045	Contact No.(Office)	0	Address 3	
Address 1	BLK 337	Address 2	TAMPINES STREET 32	Post Code	520
Address 4		Address Type	Singapore address		
Unit No.	#02-476				
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	AISYA BINTE MAZALI	Insured NRIC	S91
Contact No.(Mobile)	81896045	Contact No.(Home)		Contact No.(Office)	
Email Address	AISYAMAZALI@LIVE.COM	OI Vehicle Number	FBA9571E	TP Vehicle Number	SLK
Claim Description	FBA9571E / SLK5231S ON 18 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	23/01/2018 17:56	Claim Close Date		Date Received	23/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

1/23/2018

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

Accident No.

MT/0979185

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

23/01/2018 17:55

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

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descript
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:56	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 17:54	Photos	Normal	Photos 20:

Video List

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