

# NATIONAL Assessment Centre Services

Date In: 02/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002080/13	SAS e-filing		
Veh No: FB85270U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/01/18 0130	i-Motor Claim Form	MS/0978080	
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: SKP4466Z

INC ( ) / Non-INC ( )

Tel: ( )

Owner / Driver: ( )

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Actions	Date & Time Completed	Done by

## 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

	Amt (\$) - 1st Bill	Amt (\$) - Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
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:-		
ON*		
*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	

NA1800721



### 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	02/02/2018 10:01
Date Of Accident	15/01/2018 21:30
Exact Location Of Accident	ALONG PUNGGOL FIELD RD TWDS TEBING LANE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5270U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD IZAM BIN SHAMSUDIN
NRIC No	S8216552E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93767496
Alternative Phone No	OTHERS-93767496

#### Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	5095648600
Cover Note Number	

#### Driver

Name of Driver	MUHD IZAM BIN SHAMSUDIN
NRIC No	S8216552E
Date Of Birth	27/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2007
Driving Experience	10-YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93767496
Fax Number	
Contact Number	OTHERS-93767496
Email Address	NOEMAIL

Address	BLK 350 ANCHORVALE ROAD #09-141
Postcode	540350
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?	YES
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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/20180121/2111

#### Attachment(s)

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

#### Details of Witness 1

Name	UNKNOWN
Phone Number	83888686
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP4466Z
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

MUHD IZAM BIN SHAMSUDIN

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FBB5270U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.

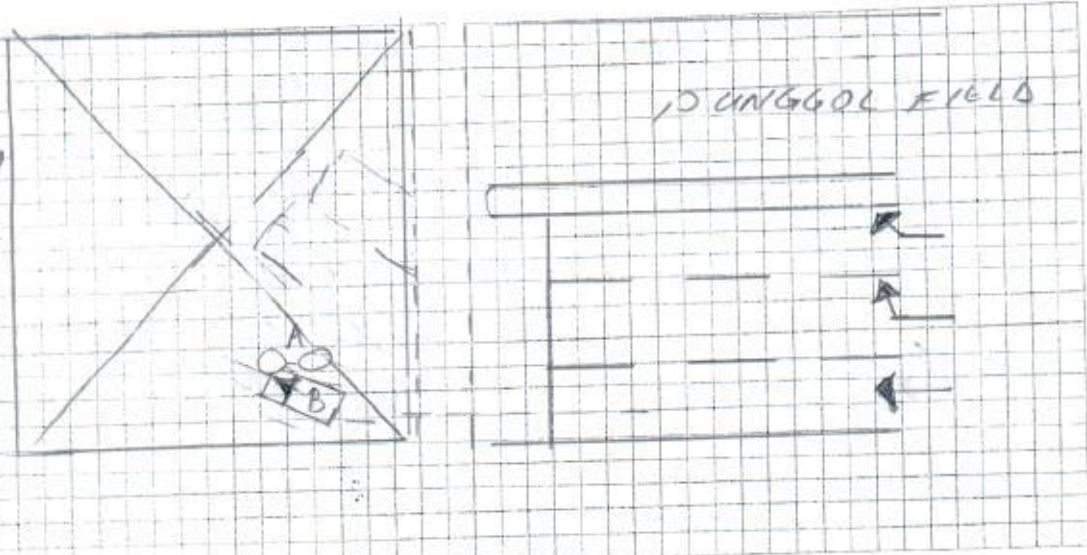
 29/01/18  
Policyholder's Signature  
Date & Time:

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

 02/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

A - FBB5270U  
B - SKP4466Z



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

*P/s refer to the police report : T/20180121/2111*

**DECLARATION**

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

*[Signature]* 29/01/18

Policyholder's Signature  
Date & Time:

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

*[Signature]* 02/02/18

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



## ACCIDENT STATEMENT

ACCIDENT DATE: (15/01/2018) (DD/MM/YYYY), TIME: (21:30) (HH:MM)

LOCATION: ALONG PUNGOL RD TWISS <sup>FIELD</sup> TERING LANE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB352704  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI DRZ  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: MUHD IZAM BIN SHAMSUDIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8216552E CONTACT: 93767496  
c) ADDRESS: BLK 350 ANCHORVALE RD  
#09-141 (540350)

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

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (27/05/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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

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

6. WAS ANYBODY INJURED (YES / NO) CONVEYED

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP4466Z MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: UNKNOWN  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

WITNESS

email =

fax =

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

29/01/18  
waiting for  
veh at  
compound





# SINGAPORE POLICE FORCE



T/20180121/2111

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20180121/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2018 20:42		Vide Report No.:		Station Diary No.: 141	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD IZAM BIN SHAMSUDIN			Address: APT BLK 350 ANCHORVALE ROAD #09-141 SINGAPORE 540350		
ID Type / ID No.: NRIC NO / S8216552E			Contact No.: Home/Office: Mobile: 93767496		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 27/05/1982	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2018 21:30	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL ROAD  Along Punggol Road towards Tebing Lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5270U	Motorcycle	SUZUKI	DRZ400SMK 7	Black	Seriously Damaged	0
SKP4466Z	Car			Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB5270U	NTUC Income Insurance Co-Operative Limited	5095648600	06/11/2017	05/11/2018





# SINGAPORE POLICE FORCE



T/20180121/2111

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20180121/2111

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD IZAM BIN SHAMSUDIN	ID No.	S8216552E
Related Vehicle	FBB5270U (Motorcycle)	Contact No.	93767496
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	15/01/2018	Date Discharge	15/01/2018
No. of Days granted Medical Leave	15	Degree of Injury	NIL

### Brief Details.

On 15/01/18 at about 9.30pm, I was riding my vehicle (FBB5270U) along Punggol Road heading towards Tebing Lane. While moving my vehicle on the lane markings between 2nd lane and third lane, I saw that the traffic light has turned green. Thus, it was in my favor to move my vehicle. Subsequently, I proceed to move ahead. While moving my vehicle, there was a vehicle (SKP4466Z) which was initially moving straight along the third lane made a sudden a lane change towards 2nd lane.

The said vehicle then bumped against the left side of my vehicle which caused me to fall off from my vehicle a few distance away along the pedestrian crossing. At that time, I was in pain and someone assisted to call for ambulance. There was also a Chinese guy (Unknown name) who claimed to be a witness gave me his contact number: 83888686 as he has a footage of the incident. We then exchanged contact numbers. Subsequently, I was then conveyed to the hospital. Due to the collision, I sustained a fracture on my left feet and suspected that there could be a crack in my left ribcage as I felt pain. As such, I am required to attend further review for my injuries. I was given medical leave from 15/01/18 till 29/01/18 under medical certificate number: EMD201810468. After the incident, I have also received several footages sent via "WhatsApp" from the witness of the footages. Thus, I will saved the footages for the Traffic Police investigation.



**SINGAPORE  
POLICE FORCE**



T/20180121/2111

3 of 3

Report No. T/20180121/2111

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**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:

F /  
Staff Sgt JULIANA BINTE JUMARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/01/2018 20:42

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Classification Of Case:



SN 085

Authentication Stamp

NP168

Signature: \_\_\_\_\_

Singapore Police Force



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8216552E**

Name: **MUHAMMAD IZAM BIN SHAMSUDIN**

Birth Date: **27 May 1982**

Issue Date: **04 Nov 2017**

002740368D

cos no one else

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8216552E**

Name: **MUHAMMAD IZAM BIN SHAMSUDIN**

Race: **MALAY**

Date of birth: **27-05-1982** Sex: **M**

Country of birth: **SINGAPORE**

潘發展私人有限公司 A.S. PHOON PTE LTD

GROUP ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles < 200 cc

Class 2A 399 Motorcycles > 200 cc

Ubi Blk 3007 #01-436 Ubi Road 1, Spore 408701. Tel: (65) 6742 0770 Fax: (65) 6841 1263

Toh Guan Blk 36 Toh Guan Road East #01-35 Spore 608580 Tel: (65) 6744 0770 Fax: (65) 6742 0250

Website: [www.asphoon.com](http://www.asphoon.com) Email: [Enquiry@asphoon.com](mailto:Enquiry@asphoon.com)

EFFECTIVE DATE

08 Dec 2005

06 Mar 2007

Licence No: S8216552E

NP 428A

3958227

NRIC No. **S8216552E**

Date of issue: **15-01-2007**

APT BLK 350 ANCHORVALE ROAD #09-141

SINGAPORE 540350

NRIC No: S8216552E Date: 06/06/2015

Hello, NAC\_PAYA\_UBT\_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"/>	5095648600	MUHD IZAM BIN SHAMSUDIN	S8216552E	GMC	Third Party	FBB5270U	FBB5270U	06/11/2017	05/11/2018



## Claim Handling

Accident MT/0978080

Policy No.	5095648600	Vehicle No.	FBB5270U	GST Registration No.	
Policyholder Name	MUHD IZAM BIN SHAMSUDIN			Policyholder NRIC	S82
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	16/01/2018 14:24	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	15/01/2018	Time of Accident hh:mm	20:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL FIELD JUNCTION TOWARDS TEBING LANE				

## ▼ 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 350 #09-141	Address 2	ANCHORVALE ROAD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	540
Unit No.	09-141	Related Policy Number	5095648600		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHD IZAM BIN SHAMSUDIN	Insured NRIC	S82
Contact No.(Mobile)	93749426	Contact No.(Home)	63123483	Contact No.(Office)	
Email Address		OI Vehicle Number	FBB5270U	TP Vehicle Number	SKP
Claim Description	FBB5270U / SKP4466Z ON 15 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	02/0
Date Registered	02/02/2018 10:29	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0978080	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/02/2018 00:00
Path *		Category *	Confidential
		Urgency *	

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

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	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:29	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 10:28	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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