

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA18032615

Date In: 8/3/18-15:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004495/24	SAS e-filing		
Veh No: SKB 6784R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/3/18-14:00	i-Motor Claim Form	M710985286	8/3/18 16:03
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SB23251L	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% P: 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

NA1801511

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	In 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) NI: 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		

## Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	08/03/2018 15:03
Date Of Accident	08/03/2018 14:00
Exact Location Of Accident	UBI AVE 1 OUTSIDE OF 53 PAYA UBI IND PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6784R
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#### Insured/Policyholder

Name Of Registered Owner	MOHAMMAD FIRDAUS BIN SURIADY
NRIC No	S9220336J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91772224
Alternative Phone No	OFFICE-91772224

#### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098462380
Cover Note Number	

#### Driver

Name of Driver	MOHAMMAD FIRDAUS BIN SURIADY
NRIC No	S9220336J
Date Of Birth	13/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91772224
Fax Number	
Contact Number	OFFICE-91772224
Email Address	NOEMAIL

Address	BLK 110 TAMPINES STREET 11 #05-257
Postcode	521110
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SBZ3251L
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	MOHAMMAD FIRDAUS BIN SURIADY
------	------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SKB6784R

YES

NO



## 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:

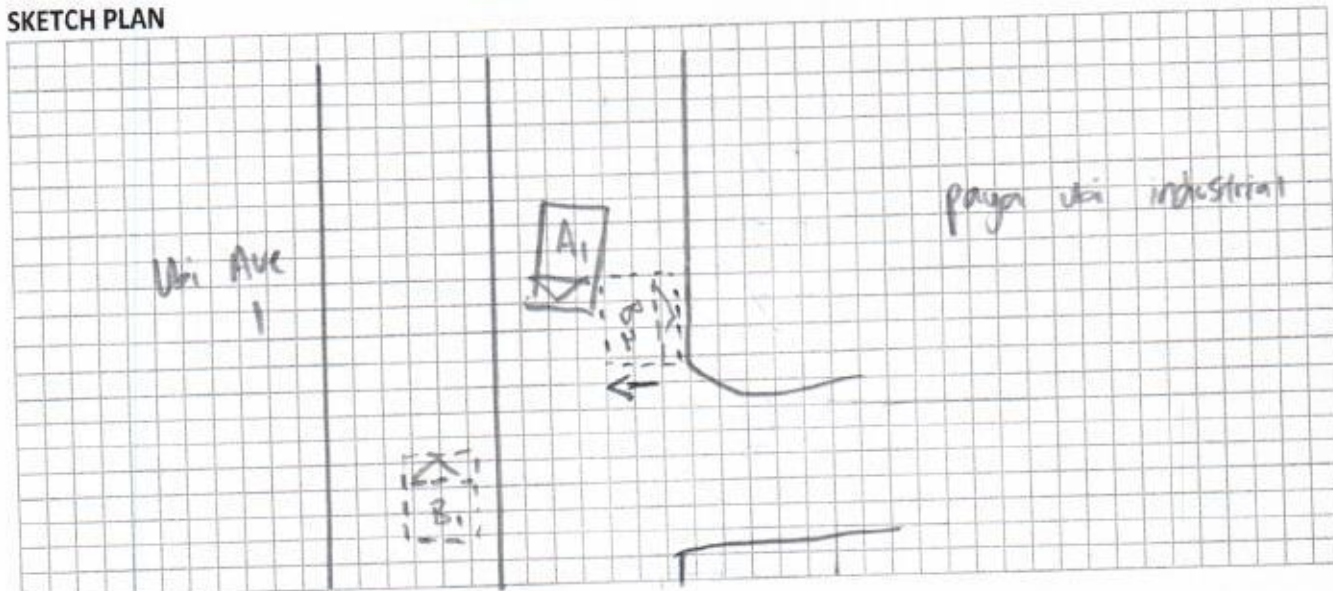
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I was travelling straight along ubi Ave I from far I saw vehicle B turning into paya ubi industrial park, as he misjudge and make a wide turn. As I was passing by vehicle B, vehicle B make a reversed and hit onto my front left door and wing mirror.

## 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:

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



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	08032018	(DD/MM/YY)
Time of accident	14:00	(HH:MM)
Exact location of accident	UBI AVE 1 outside of 53 Paya Ubi Industrial Park	

## DETAILS OF VEHICLE

Vehicle registration number	SK0678R		
Vehicle make and model	HONDA CIVIC		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	PRIVATE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	MOHAMMAD FIRDANS BIN SURADY		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S92203365			
Contact	9177 2224			
Address	APT BLK 110 TAMPINES ST11 #05-257 5521110			

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name			Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number				
Contact				
Address				
Email address	FIRDANS - BIBI @ HOTMAIL . COM			
Date of birth	13061992			
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>		
Driving date pass	- 15062015			



**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	1 (Inclusive of driver)

**PASSENGER 1**

Name	MOHAMMAD FIRDAUS BIN SURIAHY
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 2**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 3**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**OTHER INFORMATION**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**DETAILS OF POLICE ACTION**

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

**WITNESS 1**

Name	
------	--

**WITNESS 2**

Name	
------	--



**THIRD PARTY VEHICLE 1**

Vehicle registration number	SB 3251 L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 2**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 3**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 4**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 5**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 6**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 7**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	MOHAMMAD FIRDANS BIN SYRIADY.
Injuries sustained	NECK
Which vehicle person in?	SK 86784R
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9220336J



Name

MOHAMMAD FIRDAUS BIN  
SURIADY

محمد فیرداوس بن سوریا دی

Race

MALAY

Date of birth

13-06-1992

Sex

M

Country/Place of birth

SINGAPORE

License Number: S9220336J

MOHAMMAD FIRDAUS BIN  
SURIADY

Birth Date: 13 Jun 1992  
Issue Date: 01 Mar 2018

002776027J



NRIC No. S9220336J



Date of issue  
10-01-2018

Address  
APT BLK 110 TAMPINES STREET 11  
#05-257  
SINGAPORE 521110

EFFECTIVE 1

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  15 J  
passengers, exclusive of driver; and other motor  
vehicles with unladen weight  $\leq 2500\text{kg}$



NP 428A

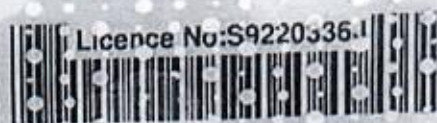


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 15 Jun 2015

NP 428A



Licence No: S9220336J

4058069



NRIC No. S9220336J

Date of Issue  
15-06-2007

Address

APT BLK 110 TAMPINES STREET 11  
#05-257  
SINGAPORE 521110

K  
229

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

08/03/2018 14:00

Vehicle No. (For Motor)

SKB6784R

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098462380	MOHAMMAD FIRDAUS BIN SURJADY	S9220336J	GPC	drivo CLASSIC	SKB6784R	SKB6784R	02/03/2018	01/03/2019

Continue



## ▼ Policy Information

Policy No.	5098462380	Policyholder Name	MOHAMMAD FIRDAUS BIN SURI	Policyholder NRIC	S9220336J
Address	BLK 110 #05-257 TAMPINES STREET 11 SINGAPORE 521110				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/03/2018	Effective Date	02/03/2018 00:00	Expiry Date	01/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 110 #05-257	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521110
Address 4		Address Type	Singapore address	Post Code	521110
Unit No.		Related Policy Number	5098462380		

## ► Insured Object: SKB6784R

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Exit

## Claim Handling

Accident MT/0985288

Policy No.	5098462380	Vehicle No.	SKB6784R	GST Registration No.	
Policyholder Name	MOHAMMAD FIRDAUS BIN SURJADY	Cover Type	drive CLASSIC	Policyholder NRIC	S92203363
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91772224	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="11"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	08/03/2018 16:01	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/03/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE 1 OUTSIDE OF 53 PAYA UBI IND PARK				
<b>Benefits</b>					
<b>Excess</b>					
Dwn Damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore GD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 110 #05-257	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521110
Address 4		Address Type	Singapore address	Post Code	521110
Unit No.		Related Policy Number	5098462380		
<b>01 Driver Info</b>					
Driver Name	MOHAMMAD FIRDAUS BIN SURJADY	Driver Type	Main Driver	Driver DOB	13/06/1992
Unnamed driver Name		Driver NRIC	S92203363	Driving Experience	2
Register Date of Driver License	15/06/2015	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	91772224	Contact No.(Office)	0	Address 3	SINGAPORE 521110
Address 1	BLK 110	Address 2	TAMPINES STREET 11	Post Code	521110
Address 4		Address Type	Singapore address		
Unit No.	05-257			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	GD-MX	Insured Name	MOHAMMAD FIRDAUS BIN SURJADY	Insured NRIC	S92203363
Contact No.(Mobile)	95563494	Contact No.(Home)	67817842	Contact No.(Office)	
Email Address	firdaus_bibi@hotmail.com	Q1 Vehicle Number	SKB6784R	TP Vehicle Number	SRZ3251L
Claim Description	SKB6784R / SRZ3251L ON 8 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/03/2018 16:03	Claim Close Date		Date Received	08/03/2018 00:00
Report Taken By	Jackson				
Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/0985288	Claim No.	001																																			
Last Doc. Retrieved	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2018 16:04																																			
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<input type="button" value="New Attachment"/> <input type="button" value="Send Message"/> <input type="button" value="upload"/>																																						
Attachment List																																						



Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 16:04	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 16:04	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 16:04	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 16:04	SAS		Normal	SAS 2018-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 16:03	Photos		Normal	Photos 2018-3-8		<a href="#">Edit</a>
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 Video List							
Uploaded By/Date		Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>							