

NATIONAL Assessment Centre Services

[Ref: 201005]

Date In: 19/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005119/13	SAS e-filing		
Veh No: 5J09193C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/03/18 1800	i-Motor Claim Form	MT/0986673	
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: (HUP 800N Tel: Fax:)

TP Particulars:	Veh No: 5LH3008A	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: () Date: Time: ()		
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA 801714	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	19/03/2018 17:17
Date Of Accident	10/03/2018 18:00
Exact Location Of Accident	62 UBI RD 1CARPARK EXIT GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9193C
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Insured/Policyholder

Name Of Registered Owner	SUNSHINE CAR RENTAL AND SERVICES
Co Reg No	53318074X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81122218

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093374018
Cover Note Number	

Driver

Name of Driver	LEE WEI SHENG ALSON
NRIC No	S8243048B
Date Of Birth	20/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96814103
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 330B ANCHORVALE ST #08-535 KANGKAR
Postcode	542330
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180311/2003

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	SLH3008A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TAI POH
NRIC/Passport Number	S1406869D
Contact Number	93878451
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.



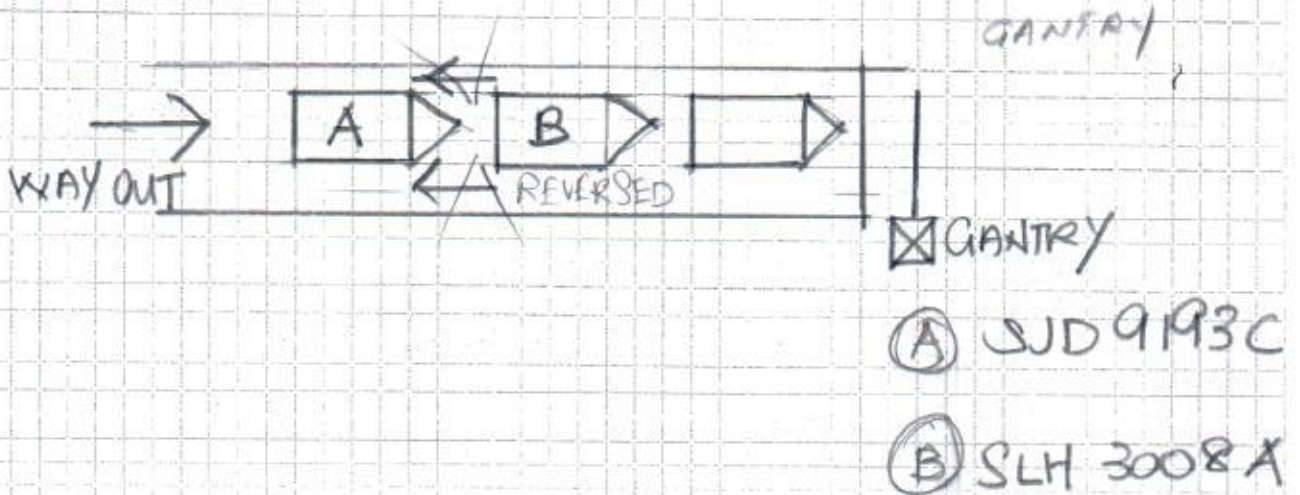
Policyholder's Signature
Date & Time:


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

 19/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

62 UBI RD 1, CARPARK EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER AS PER ATTACHED POLICE REPORT

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.:

[Signature] 17/03/18



SINGAPORE POLICE FORCE



T/20180311/2003

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180311/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2018 00:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE WEI SHENG ALSON			Address: 330B ANCHORVALE ST #08-535 HDB-KANGKAR SINGAPORE 542330		
ID Type / ID No.: NRIC NO / S8243048B			Contact No.: Home/Office: Mobile: 96814103		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 20/12/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2018 18:00	Type of Location: Car Park
Location: Along Road 1 UBI ROAD 1 62 UBI ROAD 1, CARPARK EXIT GANTRY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD9193C	Car					0
SLH3008A	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180311/2003

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180311/2003

CONTINUATION OF REPORT

Driver				
Name	LEE WEI SHENG ALSON		ID No.	S8243048B
Related Vehicle	SJD9193C (Car)		Contact No.	96814103
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	TAN TAI POH		ID No.	S1406869D
Related Vehicle	SLH3008A (Car)		Contact No.	93878451
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS THE 3RD CAR IN QUEUING TO EXIT AT THE CAR PARK IN OXLEY BIZHUB 2, SUDDENLY, THE VEHICLE INFRONT OF ME, REVERSED AND THE REAR BUMPER OF HIS CAR COLLIDED WITH THE FRONT BUMPER OF MINE. I THEN ALIGHTED FROM MY CAR. I THEN EXCHANGED PARTICULARS WITH HIM AND TOOK PICTURES OF BOTH CARS. NO INJURIES ON BOTH PARTIES AND I AM LODGING THIS REPORT FOR RECORD PURPOSES.



**SINGAPORE
POLICE FORCE**



T/20180311/2003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180311/2003

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:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

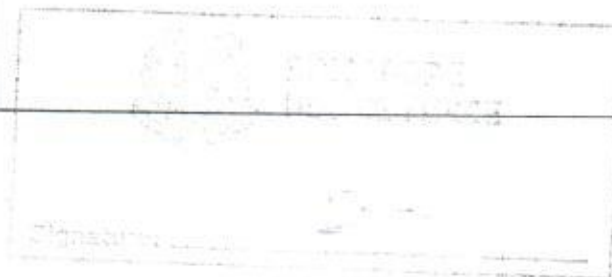
Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/03/2018 00:27

Classification Of Case:





HS AUTOMOTIVE SERVICES

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SJD 9193C MAKE/MODEL: HONDA FIT

DATE OF ACCIDENT 10/03/2018 TIME 18 HR 00 MIN AM PM
DAY/MONTH/YEAR

LOCATION OF ACCIDENT 62 UBI RD 1, CARPARK EXIT GENTRY

EXACT PURPOSE USE DURING ACCIDENT WORKING

CAR OWNER

NAME OF CAR OWNER SUNSHINE CAR RENTAL & SERVICES

CONTACT NO 811 2 2218

NRIC ROC 53318074X

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY NTUC INCOME

TYPE OF COVERAGE ☐ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO 9093374018

ACCIDENT DRIVER

NAME OF DRIVER LEE WEI SHENG ALSON ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NRIC S8243048B NO OF PASSENGER/S ☐

DATE OF BIRTH 20.12.1982

OCCUPATION ☐ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 28/03/2006 ☒ MALE ☐ FEMALE

GENDER

CONTACT NO 96814103

ADDRESS BLK 330B ANCHORVALE ST #08-535 KANGKAR S1542330

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: HIRER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER:

ROAD SURFACE ☒ DRY ☐ WET OTHER:

ANY INJURIES NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION: TP UBI

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SLH 3008A NO OF PASSENGER/S ☐

NAME TAN TAI BOH S1406869D HP 93878451

CONTACT NO

VEHICLE C NO NO OF PASSENGER/S ☐

VEHICLE D NO NO OF PASSENGER/S ☐

VEHICLE E NO NO OF PASSENGER/S ☐

VEHICLE F NO NO OF PASSENGER/S ☐

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **S8243048B**
 Name: **LEE WEI SHENG ALSON**
 Birth Date: **20 Dec 1982**
 Issue Date: **23 May 2014**

002307353C

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	25 Feb 2002
Class 2A	Motorcycles between 201 cc and 400 cc	24 Feb 2004
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	26 Mar 2006

NP 428A





Type	Country Code	Passport No
PA	SGP	E6089369N
Name		



LEE WEI SHENG ALSON

E60893691

Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
20 DEC 1982	SINGAPORE
Date of issue	Date of expiry
07 JUN 2016	03 OCT 2021
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S8243048B	

PASGPLEE<<WEI<SHENG<ALSON<<<<<<<<<<<<<<<<<<
E6089369N4SGP8212203M2110031S8243048B<<<<<28

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: 5093374018

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJD9193C**
Chassis Number : **GE61043595**
2. Name of Policyholder : **SUNSHINE CAR RENTAL AND SERVICES**
3. Effective Date of Insurance : **11 Aug 2017**
4. Expiry Date of Insurance : **08 Apr 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **INXURE NETWORK SERVICES (00000614975)**
Date of Issue : **11 Aug 2017 11:39 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0986673

Policy No.	5093374018	Vehicle No.	SJD9193C	GST Registration No.	
Policyholder Name	SUNSHINE CAR RENTAL AND SERVICES	Cover Type	Third Party	Policyholder NRIC	53318074X
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81122218	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	19/03/2018 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/03/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	62 UBI RD 1CARPARK EXIT GANTRY				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 170C #14-697	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823170
Address 4		Address Type	Singapore address	Post Code	823170
Unit No.	14-697	Related Policy Number	5098649243		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/12/1982
Unnamed driver Name	LEE WEI SHENG ALSON	Driver NRIC	S82430488	Driving Experience	11
Register Date of Driver License	28/03/2006	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	96814103	Contact No.(Office)	0	Address 3	ANCHORVALE HARVEST
Address 1	BLK 330B	Address 2	ANCHORVALE STREET	Post Code	542330
Address 4	SINGAPORE 542330	Address Type	Singapore address		
Unit No.	#08-535			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SUNSHINE CAR RENTAL AND SE	Insured NRIC	53318074X
Contact No.(Mobile)	81122218	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		Of Vehicle Number	SJD9193C	TP Vehicle Number	SLH3008A
Claim Description	SJD9193C / SLH3008A ON 10 Mar 2018			Name of Preferred Workshop	HUP SOON
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	19/03/2018 00:00
Date Registered	19/03/2018 18:29	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0986673	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2018 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:29	SAS	Normal	SAS 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:29	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:28	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:28	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:28	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:28	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:28	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:28	Photos	Normal	Photos 2018-3-19

Video List

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

Scan and uploading