

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 20/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005176/13	SAS e-filing		
Veh No: 50B9938C	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A: 19/03/18 0635	i-Motor Claim Form	MT/0986872	
OD: (TR) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**TWINCAR**) Tel: Fax:)

TP Particulars: Veh No: **SHC3999M** 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/801737	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	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	20/03/2018 12:34
Date Of Accident	19/03/2018 06:35
Exact Location Of Accident	DRIVEWAY BESIDE BLK 566 HOUGANG ST 51 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB9938C
Insured/Policyholder	
Name Of Registered Owner	LI KIN KWOK
NRIC No	S2592700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94883833
Alternative Phone No	OFFICE-94883833

Vehicle Particulars

Manufacturer	SUZUKI
Model	BALENO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5093095656
Cover Note Number	

Driver

Name of Driver	LI KIN KWOK
NRIC No	S2592700A
Date Of Birth	25/10/1958
Occupation	INDOOR
Date Of Driving Pass	25/11/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883833
Fax Number	
Contact Number	OFFICE-94883833
EMail Address	NOEMAIL

Address	BLK 565 HOUGANG ST 51 #03-476
Postcode	530565
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	COLLIDED INTO PARKED VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , 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/20180319/2181

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3999M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	


SKETCH PLAN


IMPORTANT NOTICE

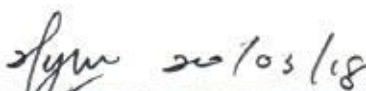
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

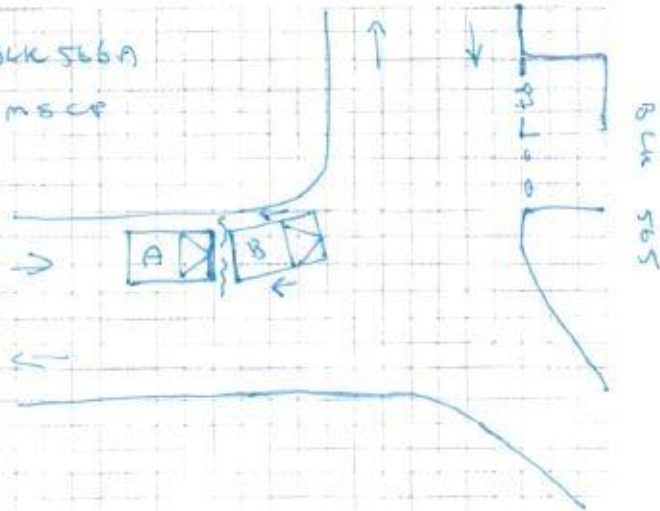

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A - SOB 99386
Vehicle B - SMC 3997M

BLK 566A
MSCF



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report

REPORT NO.

T/20180319/2181

VEHICLE A - SD39938C

VEHICLE B - 3HE 3999M

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: _____

 20/03/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180319/2181

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180319/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 21:34	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars

Name of Informant: LI KIN KWOK			Address: APT BLK 565 HOUGANG STREET 51 #03-476 SINGAPORE 530565		
ID Type / ID No.: NRIC NO / S2592700A			Contact No.: Home/Office: Mobile: 94883833		
Nationality: BRITISH NATIONAL OVERSEAS			Email:		
Sex: Male	Age: 59	Date of Birth: 25/10/1958	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Jewellery worker (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/03/2018 06:35	Type of Location: Straight Road
Location: Along Road 1 HOUGANG STREET 51				
Road beside Blk 565 Hougang Street 51 MSCP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDB9938C	Car	SUZUKI	BALENO 1.2XG A	Silver	Slightly Damaged	0
SHC3999M	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue		0



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDB9938C	NTUC Income Insurance Co-Operative Limited	5093095656	05/09/2017	04/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LI KIN KWOK	ID No.	S2592700A
Related Vehicle	SDB9938C (Car)	Contact No.	94883833
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/03/2018 at about 0200hrs, I parked my vehicle (SDB9938C) at the roadside beside the MSCP of Blk 565 Hougang St 51 #03-476 before heading home. Prior to leaving for home, my vehicle was seen to be intact with no damages.

On 19/03/2018 at about 0830hrs, I proceeded down to retrieve my vehicle. However, I discovered that there was a dent at the front bottom bumper of my vehicle. As such, I made a check on the footages of the dashcam installed in my vehicle and noticed that on 19/03/2018 at about 0633hrs, another vehicle (Blue Comfort Taxi SHC 3999M) dropped off a passenger at the location and subsequently, the driver made a reverse and during the attempt, the rear of his vehicle knocked into the head of my vehicle. The driver then drove off without stopping to made a check or to leave any contact particulars behind.

I wish to inform that I am lodging this report for insurance claiming against the driver.



SINGAPORE
POLICE FORCE



T/20180319/2181

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180319/2181

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:

F /

Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Signature:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

19/03/2018 21:34

Classification Of Case:

Vehicle No.	SD 993TC	Model / Make	SUZUKI BALENO
Date of Accident	19/03/18		
Time of Accident	0635	HRS	
Location of Accident	DRIVE WAY. BESIDE BLK 56A MSCP		
Exact purpose use during accident	STATIONARY PARKED		
Name of Owner	LI KIN KWOK		
Telephone No.	H/P : 94883833	Home :	Office :
NRIC	S2592700A		
Address	BLK 565 HOUGANH ST 51 #03-476 S(530565)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5093095656		
Name of Driver	As Above If No,		
NRIC	S2592700A	Any Passengers :	NIL
Date of birth	25 OCT 1958		
Occupation	Outdoor / Indoor		
Driving License Pass Date	25 NOV 1983		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	OWNER	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?	HOUGANH NPC	
Vehicle B No.	SHC 3999M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT PORTION		
Camera Recorder	Yes/ No		
Email Address			
PARTICULAR WORKSHOP	THIRACAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2592700A**
 Name: **LI KIN KWOK**

Birth Date: **25 Oct 1958**
 Issue Date: **20 Dec 2002**

000050893D




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S2592700A**



Name: **LI KIN KWOK**
李建国

Race: **CHINESE**
 Date of Birth: **25-10-1958** Sex: **M**
 Country of Birth: **HONG KONG**





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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Nov 1983

NP 428A

Licence No: **S2592700A**



829376

NRIC No: **S2592700A**

Nationality: **BR NAT. OVERSEAS**
 Blood Group: **B+** Date of issue: **19-06-1998**

APT BLK 565 HOUGANG STREET 51 #03-476
SINGAPORE 530565

NRIC No: **S2592700A** Date: **17/07/2009** No: **6222708**




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: 5093095656

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SDB9938C |
| Chassis Number | : MA3EWB32S00129245 |
| 2. Name of Policyholder | : LI KIN KWOK |
| 3. Effective Date of Insurance | : 05 Sep 2017 |
| 4. Expiry Date of Insurance | : 04 Sep 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LI KIN KWOK
NAMED DRIVER (1)	: LI QI LIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

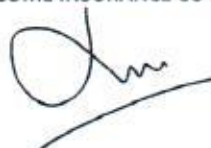
Agency : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 11 Aug 2017 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0986872

Policy No.	5093095656	Vehicle No.	50B9938C	GST Registration No.	
Policyholder Name	LI KIN KWOK			Policyholder NRIC	S2592700A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	94883833	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	20/03/2018 15:58	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	19/03/2018	Time of Accident hh:mm	06:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DRIVEWAY BESIDE BLK 566 HOUGANG ST 51 MSCP				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 565 #03-476	Address 2	HOUGANG STREET 51	Address 3	SINGAPORE 530565
Address 4		Address Type	Singapore address	Post Code	530565
Unit No.		Related Policy Number	5093095656		
OI Driver Info					
Driver Name	LI Kin Kwok	Driver Type	Main Driver	Driver DOB	25/10/1958
Unnamed driver Name		Driver NRIC	S2592700A	Driving Experience	34
Register Date of Driver License	25/11/1983	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 530565
Address 1	BLK 565	Address 2	HOUGANG STREET 51	Post Code	530565
Address 4		Address Type	Singapore address		
Unit No.	#03-476			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LI KIN KWOK	Insured NRIC	S2592700A
Contact No.(Mobile)	94883833	Contact No.(Home)	67283487	Contact No.(Office)	
Email Address	lkk3833@gmail.com	OI Vehicle Number	50B9938C	TP Vehicle Number	SHC3999M
Claim Description	50B9938C / SHC3999M ON 19 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	20/03/2018 16:15	Claim Close Date		Date Received	20/03/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0986872	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

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NO

Normal

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NO

Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	SAS	Normal	SAS 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:15	Photos	Normal	Photos 2018-3-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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