

# NATIONAL Assessment Centre Services

(Ref: 1.24.002)

Date In: 24/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005531/13	SAS e-filing		
Veh No: SJE4245P	E-mail (within 8hrs, AIC 2hrs)		
DOA: 24/03/18 1000	i-Motor Claim Form	MT/0987515	
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( NEW HOCK TECK Tel: Fax: )

TP Particulars:	Veh No: SGZ5435	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

NA1801883

## 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:-		
	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	



## 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	24/03/2018 16:25
Date Of Accident	24/03/2018 10:00
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE RD EXIT OF SPEED CAMERA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4245P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEEDS CARS
Co Reg No	53360290D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90678767

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5091731828
Cover Note Number	

### Driver

Name of Driver	CHONG LEE VOON
NRIC No	S7660524F
Date Of Birth	15/10/1976
Occupation	INDOOR
Date Of Driving Pass	08/03/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82080811
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 646 ANG MO KIO AVE 6 #04-4921
Postcode	560646
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?	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)	3
Passenger 1	NAME: : APRIL WAINWRIGHT KOH MEI JIN GENDER: : FEMALE
Passenger 2	NAME: : ANDY LIM TZU WEI GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED 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	SGZ5432J
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	CHONG LEE VOON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJE4245P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	APRIL WAINWRIGHT KOH MEI JIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJE4245P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	ANDY LIM TZU WEI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJE4245P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

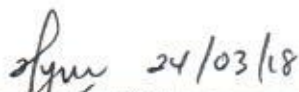
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature  
Date & Time:

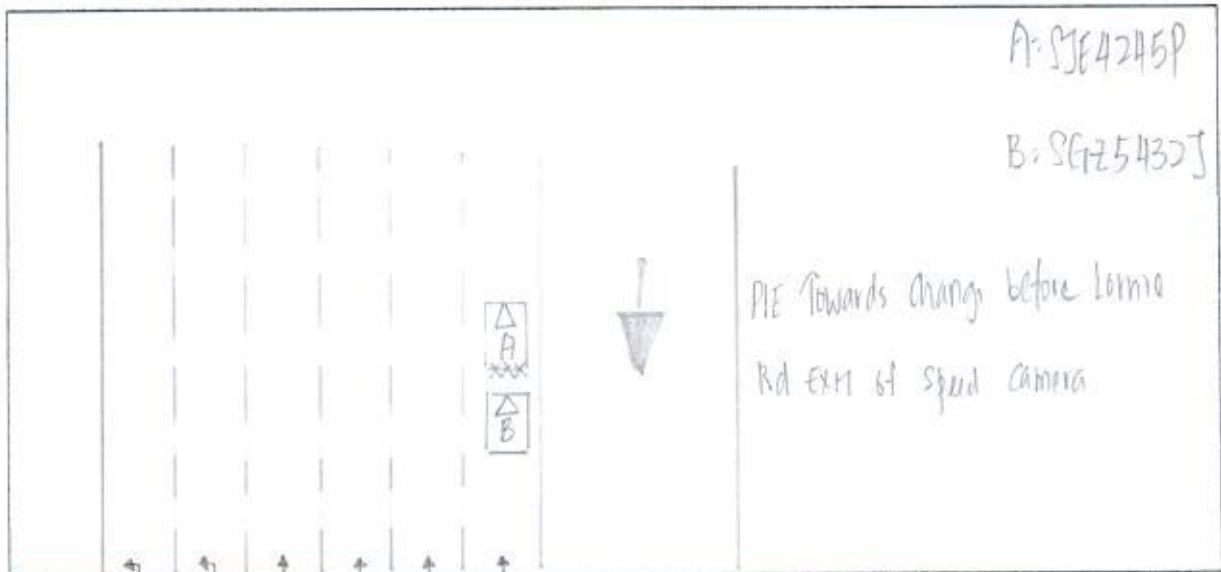


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE Towards Changi before Lornie Rd exit of Speed Camera at extreme RH lane of 8ix Lanes.

Heavy traffic, all vehicle move slowly. I followed suite.

Suddenly, I felt an impact. Vth "B" collided onto rear portion of my vehicle and caused damaged.

I wish lodge the report for claim against vth "B".

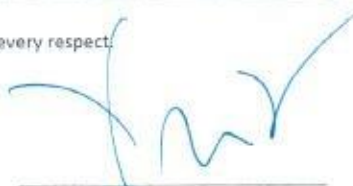
After the accident, I & my passenger feel discomfort.

## DECLARATION

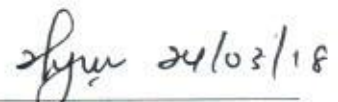
I/We declare the foregoing particulars are true in every respect.

  
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.:



VEHICLE NO:	SJE4245P		MAKE & MODEL:	Toyota Altis	
DATE OF ACCIDENT	24 / 03 / 18				
TIME OF ACCIDENT	1000			AM/PM	
LOCATION OF ACCIDENT	NE Towards Changi before Lorail Rd Exit of Speed Camera.				
EXACT PURPOSE USE DURING ACCIDENT					
<b>NAME OF OWNER</b>	Needs Cars				
TEL NO	9067-8767				
NRIC	533602900				
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
INSURANCE CO	MTC				
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft				
POLICY NO.	5091731828				
<b>NAME OF DRIVER</b>	As Above / If No: Chong Lee Voon				
NRIC	S7666524F				
DATE OF BIRTH	18 / 10 / 1976				
OCCUPATION	Outdoor / <u>Indoor</u>				
DATE OF DRIVING PASS	08 / 03 / 2016				
GENDER	Male / <u>Female</u>				
CONTACT NO.	8208-0811				
ADDRESS	Blk 646 Ang Mo Kio Ave 6 #04-4921 Singapore 566646				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No: <u>Leasee</u>				
WEATHER CONDITION	<u>Clear</u> / Raining / Other:				
ROAD SURFACE	<u>Dry</u> / Wet / Other:				
ANY INJURIEES	No / If yes: Who? ① April Wainwright Koh Mei Jm (F)				
CONTACT NO.	② Andy Lim Tzu wei (M)				
POLICE REPORT	No / If yes: Where? ③ Chong Lee Voon (F)				
VEHICLE B NO.	SJE5432J				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				



# Needs Cars

1 Starlight Road, Singapore 217754

Tel:63966672 Fax:63966673

## RENTAL AGREEMENT

Hirer's Name <b>Chong Lee Voon</b>		Date of Birth <b>15 Oct 1976</b>	NRIC / Passport No. <b>S7660524F</b>	Nationality <b>Mission P/R</b>
Address <b>131k 646 Ang Mo Kio Ave 6</b>		Occupation	Driving License No. <b>S7660524F</b>	Next of Kin Name
<b>#06-4421</b>	Postal Code <b>S60646</b>	Home Contact No.	Mobile Phone No. <b>8208 0811</b>	Next of Kin Contact No. <b>016 232752</b>
Joint Hirer / Guarantor's Name		Date of Birth	NRIC / Passport No.	Nationality
Address		Occupation	Driving License No.	Next of Kin Name
Postal Code		Home Contact No.	Mobile Phone No.	Next of Kin Contact No.

Vehicle No. <b>ST64245P</b>	Make & Model <b>Toyota Altis</b>
Check Out Date <b>14/01/18</b> Time <b>12.30 pm</b>	Signature of Hirer when return
Check In Date _____ Time _____	E 1/4 1/2 3/4 F Remarks

### Important Notes:

- No refund of deposit will be given for vehicle that returns before end of contract.
- Own Damage Liability - Full liability for damage / \$2000 insurance excess\* to vehicle plus loss of earnings while the damaged vehicle is under repair.
- Third Party Liability - \$2000 insurance excess for any Third-Party Accident Claim.
- Hirer is responsible for all parking fines and traffic summons.
- Vehicle should be returned before 12pm, failure to return the vehicle shall be charged at \$20.00 per hour.
- As preventive maintenance, please check the radiator water and engine oil daily.
- Joint hirer / relief driver surcharge applies.
- Deposit will be refunded two weeks after hirer returned the car, and if there's no outstanding summons and uncompleted accident insurance claims.
- Extension or Returning: One-week notice is required.

### Rental Charges

Daily / Weekly / Monthly* Rate	\$S 320/-
Joint Hirer Surcharge	\$S -
Deposit (refundable)	\$S 300/-

### Contract Duration

Months / Weeks \*

From:

To:

**14/01/18**

**18/04/18**

D - Dent  
S - Scratch  
C - Crack  
A - Accident



For Official Use

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.  
I/We declare that all information given on this is true and accurate.

Hirer's Signature  
Name: **Chong Lee Voon**  
NRIC: **S7660524F**

Joint Hirer's / Guarantor's Signature  
Name:  
NRIC:

### Needs Cars

No: 1 Starlight Round S(217754)  
H/P: 90678767 Fax 63966673  
ACRA No: 53360290D  
Needs Cars



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7660524F



Name

CHONG LEE VOON

張 惠 叠

Race

CHINESE

Date of birth

15-10-1976

Sex

F

S7660524F

Country of birth

MALAYSIA

8712586



NRIC No. S7660524F



Nationality

MALAYSIAN

Date of issue

17-06-2005

APT BLK 646 ANG MO KIO AVENUE 6 #04-4921  
SINGAPORE 560646

NRIC No: S7660524F

Date: 08/06/2010

No: 6517334

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7660524F**

Name:

**CHONG LEE VOON**

Birth Date: **15 Oct 1976**

Issue Date: **08 Mar 2010**



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

**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg  
with =< 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals =< 2500kg

PASS DATE

**08 Mar 2010**

NP 428A





## 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:** 5091731828

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJE4245P**  
Chassis Number : **MR053ZEE106104073**
2. Name of Policyholder : **NEEDS CARS**
3. Effective Date of Insurance : **03 Oct 2017**
4. Expiry Date of Insurance : **02 Oct 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 : DICKSON AUTO AGENCY (00000614645)  
Date of Issue : 07 Jun 2017 09:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/0987515

Policy No.	5091731820	Vehicle No.	SJE4245P	GST Registration No.	
Policyholder Name	NEEDS CARS			Policyholder NRIC	53360290D
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90678767	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(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	24/03/2018 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/03/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 LORNE RD EXIT OF SPEED CAMERA				
<b>Benefits</b>					
<b>Excess</b>					
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		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	15 VEERAGOO CLOSE	Address 2	SINGAPORE 534436	Address 3	
Address 4		Address Type	Singapore address	Post Code	534436
Unit No.		Related Policy Number	5093613903		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/10/1976
Unnamed driver Name	CHONG LEE VOON	Driver NRIC	S7660524F	Driving Experience	8
Register Date of Driver License	08/03/2010	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	82080811	Contact No.(Office)	0	Address 3	ANG MO KIO 51
Address 1	BLK 646	Address 2	ANG MO KIO AVENUE 6	Post Code	560646
Address 4	SINGAPORE 560646	Address Type	Singapore address		
Unit No.	#04-4921				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<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 OD-MX

New

Claim Type *	OD-MX ▾	Insured Name	NEEDS CARS	Insured NRIC	53360290D
Contact No.(Mobile)	90678767	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJE4245P	TP Vehicle Number	SGZ5432J
Claim Description	SJE4245P / SGZ5432J ON 24 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▾	Name of Preferred Workshop	NEW HOCK TECK
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop (refer below) ▾	GIA report	Received
Date Registered	24/03/2018 17:27	Claim Close Date		Date Received	24/03/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0987515	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2018 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		



3/24/2018

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

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 24 Mar 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:27	SAS	Normal	SAS 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:27	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:26	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:26	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:26	Photos	Normal	Photos 2018-3-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:26	Photos	Normal	Photos 2018-3-24
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