

# NATIONAL Assessment Centre Services

[ver: 1 Jan 09]

|                          |  |                       |              |
|--------------------------|--|-----------------------|--------------|
| Date In 04/04/2018 13:26 | Job description                          | Date & Time Completed | Done by      |
| Ref No NA/INC18006163/K4 | SAS e-filing                             |                       |              |
| Veh No FBE8577A          | E-mail (within 8hrs, AIC 2hrs)           |                       |              |
| D.O.A 04/04/2018 09:35   | i-Motor Claim Form                       | MT/0989051            | 4/4/18 18:01 |
| OD TP Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |              |
|                          | i-Photo Uploaded                         |                       |              |
|                          | Assessment/Survey Report                 |                       |              |
| TP Insurer:              | Ass't Report by Fax / Hand to Owner/Wksp |                       |              |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: UNKNOWN

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( % ) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

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

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

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

| Remarks:-   | 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

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| NA1802087                       | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>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              |                      |                      |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|                                 | 6) TR: Re-inspection \$75                       |                      |                      |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | ON*   |                      |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                      |                      |
|                                 | 9) N12: Idac Mobile 30                          |                      |                      |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged          |                      |
| Auditors' Comments:-            | Invoice dated                                   | Fee Charged          |                      |
| Cat. 1:                         |   |                      |                      |
| Cat. 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 04/04/2018 13:26  
 Date Of Accident 04/04/2018 09:35  
 Exact Location Of Accident KALLANG AVE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE8577A  
**Insured/Policyholder**  
 Name Of Registered Owner BABU NAVANEETHAKRISHNAN  
 NRIC No S7464742A  
 Email Address NAVANEETHNUS@YAHOO.COM.SG  
 Mobile Phone No (LOCAL) +65-83326155  
 Alternative Phone No OTHERS-83326155

### Vehicle Particulars

Manufacturer BAJAJ  
 Model PULSAR 200 DTS-I  
 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 MOTORCYCLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number 5098135048  
 Cover Note Number

### Driver

Name of Driver BABU NAVANEETHAKRISHNAN  
 NRIC No S7464742A  
 Date Of Birth 25/03/1974  
 Occupation INDOOR  
 Date Of Driving Pass 17/05/2006  
 Driving Experience 11 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-83326155  
 Fax Number  
 Contact Number OTHERS-83326155  
 Email Address NAVANEETHNUS@YAHOO.COM.SG

|   |  |
|---|--|
| Address   | BLK 162C RIVERVALE CRESCENT<br>#07-224 |
| Postcode  | 543162                                 |
| 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   | 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)   | 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

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         | UNKNOWN            |
| Vehicle Make/Model/Colour           | 9399K              |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| 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 | BABU NAVANEETHAKRISHNAN |
|------|-------------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHEST PAIN & SWOLLEN

FBE8577A



## 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



A - FBE 8577A  
B - Unknown  
(9399K)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle A was driving along Kallang Avenue. When the vehicle B turns into right Kallang Ave (opposite Picobuilding) the driver without any notification (indicator) turns right, so when he turns right the vehicle B hits my motor bike A.

my vehicle A handle bar got damaged and the handle bar hit on my chest and I went to ~~be~~ nearby clinic for severe chest pain and took X-ray ~~got~~ My left side chest is swollen and painful. Doctor gave me 2 days MC and the pain killer.

please take on the further proceedings.

## 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.:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7464742A



Name

BABU NAVANEETHAKRISHNAN

Race

INDIAN

Date of birth

25-03-1974

Sex

M

Country of birth

INDIA

8829749



NRIC No. S7464742A



Nationality

INDIAN

Date of issue

05-02-2007

APT BLK 162C RIVERVALE CRESCENT #07-224  
SINGAPORE 543162

NRIC No: S7464742A

Date: 09/09/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7464742A

Name

BABU NAVANEETHAKRISHNAN



Birth Date: 25 Mar 1974

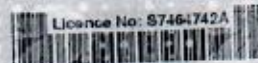
Issue Date: 21 May 2011



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 17 May 2006  
Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 17 May 2006



Licence No: S7464742A

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** : 5098135048

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle  
Chassis Number

: **FBE8577A**  
: MD2DHJCZZSCE45176

2. Name of Policyholder

: **BABU NAVANEETHAKRISHNAN**

3. Effective Date of Insurance

: **14 Feb 2018**

4. Expiry Date of Insurance

: **13 Feb 2019**

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)    | : N/A                     |
| EXCESS (SECTION 2)    | : N/A                     |
| INSURE WITH COE       | : N/A                     |
| NAMED DRIVER (1)      | : BABU NAVANEETHAKRISHNAN |
| NAMED DRIVER (2)      | : N/A                     |
| HIRE PURCHASE COMPANY | : A.S. PHOON PTE LTD      |
| 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 : A S PHOON PTE LTD (00000571911)

Date of Issue : 14 Feb 2018 18:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

04/04/2018 09:35

Vehicle No. (For Motor)

FBE8577A

| Select                | Policy No. | Policyholder Name          | Policyholder<br>NRIC | Product | Cover Type  | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|-----------------------|------------|----------------------------|----------------------|---------|-------------|----------------|-------------------|------------------|-------------|
| <input type="radio"/> | 5098135048 | BABU<br>NAVANEETHAKRISHNAN | S7464742A            | GMC     | Third Party | FBE8577A       | FBE8577A          | 14/02/2018       | 13/02/2019  |

## ▼ Policy Information

|                             |  |                             |                         |                   |                  |
|-----------------------------|--|-----------------------------|-------------------------|-------------------|------------------|
| Policy No.                  | 5098135048   | Policyholder Name           | BABU NAVANEETHAKRISHNAN | Policyholder NRIC | S7464742A        |
| Address                     | BLK 162C #07-224 RIVERVALE CRESCENT RIVERVALE DELTA SINGAPORE 543162 |                             |                         |                   |                  |
| Product Name                | MOTORCYCLE INSURANCE   | Plan                        |                         | Group Policy Flag | N                |
| Policy issue Date           | 14/02/2018   | Effective Date              | 14/02/2018 00:00        | Expiry Date       | 13/02/2019 23:59 |
| Third Party Excess          | 0  | Own damage Excess           | 0                       | Windscreen Excess |                  |
| Additional Excess           |  | OS Premium                  | 0                       |                   |                  |
| Outside Singapore OD Excess |  | Outside Singapore TP Excess |                         |                   |                  |
| Agent                       | A S PHOON PTE LTD  | Agent Tel.                  | 67470770                | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                         |                   |                  |
| Open Policy Info            |  |                             |                         |                   |                  |
| Certificate Info            |  |                             |                         |                   |                  |

## ▼ Policyholder Mailing Address

|           |                  |                       |                    |           |                 |
|-----------|------------------|-----------------------|--------------------|-----------|-----------------|
| Address 1 | BLK 162C #07-224 | Address 2             | RIVERVALE CRESCENT | Address 3 | RIVERVALE DELTA |
| Address 4 | SINGAPORE 543162 | Address Type          | Singapore address  | Post Code | 543162          |
| Unit No.  | 07-224           | Related Policy Number | 5098135048         |           |                 |

## ► Insured Object: FBE8577A

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel



## Claim Handling

Accident MT/0989051

|                     |  |                     |   |                      |     |
|---------------------|--|---------------------|---|----------------------|-----|
| Policy No.          | 5098135048   | Vehicle No.         | FBE8577A  | GST Registration No. |     |
| Policyholder Name   | BABU NAVANEETHAKRISHNAN                            |                     |   | Policyholder NRIC    | S74 |
| Product Code        | MOTORCYCLE INSURANCE                               | Cover Type          | Third Party   | Loading              | 0   |
| Contact No.(Mobile) | 83326155   | Contact No.(Office) | 0   | Contact No.(Home)    | 0   |
| Email Address       |  | Special Remark      |   | eCode                | No  |
| KFK                 | <input 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         | No  |

## ▼ Accident Details

|                   |                  |                               |       |                     |      |
|-------------------|------------------|-------------------------------|-------|---------------------|------|
| Report Date       | 04/04/2018 17:54 | Accident Report Within 24 hrs | Yes   | Accident Type       | Coll |
| Date of Accident  | 04/04/2018       | Time of Accident hh:mm        | 09:35 | Country of Accident | Sing |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |      |
| Accident Location | KALLANG AVE      |                               |       |                     |      |

## ▼ Benefits

## ▼ Excess

|                       |      |                             |  |                   |  |
|-----------------------|------|-----------------------------|--|-------------------|--|
| Own damage Excess     | 0.00 | Additional Excess           |  | Windscreen Excess |  |
| Unnamed Driver Excess |      | Outside Singapore OD Excess |  |                   |  |
| Third Party Excess    | 0.00 | Outside Singapore TP Excess |  |                   |  |

## ▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

## ▼ Policyholder Mailing Address

|           |                  |                       |                    |           |     |
|-----------|------------------|-----------------------|--------------------|-----------|-----|
| Address 1 | BLK 162C #07-224 | Address 2             | RIVERVALE CRESCENT | Address 3 | RIV |
| Address 4 | SINGAPORE 543162 | Address Type          | Singapore address  | Post Code | 543 |
| Unit No.  | 07-224           | Related Policy Number | 5098135048         |           |     |

## ▼ OI Driver Info

|   |   |                     |                    |                        |      |
|---|---|---------------------|--------------------|------------------------|------|
| Driver Name                             | BABU NAVANEETHAKRISHNAN                                       | Driver Type         | Main Driver        |                        |      |
| Unnamed driver Name                     |   | Driver NRIC         | S7464742A          | Driver DOB             | 25/1 |
| Register Date of Driver License         | 17/05/2006  | Driver Age          | 44                 | Driving Experience     | 11   |
| Contact No.(Mobile)                     | 83326155  | Contact No.(Office) | 0                  | Contact No.(Home)      | 0    |
| Address 1                               | BLK 162C  | Address 2           | RIVERVALE CRESCENT | Address 3              |      |
| Address 4                               |   | Address Type        | Singapore address  | Post Code              | 543  |
| Unit No.                                | #07-224   |                     |                    |                        |      |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  |                    | Driver Insurer Company |      |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 OD-MX

New

|                                |                                  |                         |                                  |                            |      |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type *                   | OD-MX                            | Insured Name            | BABU NAVANEETHAKRISHNAN          | Insured NRIC               | S74  |
| Contact No.(Mobile)            | 83326155                         | Contact No.(Home)       |                                  | Contact No.(Office)        |      |
| Email Address                  |                                  | OI Vehicle Number       | FBE8577A                         | TP Vehicle Number          | UNK  |
| Claim Description              | FBE8577A / UNKNOWN ON 4 Apr 2018 |                         |                                  | Name of Preferred Workshop |      |
| Preferred Workshop Contact No. |                                  | Insured Liability *     | Partially at Fault               | GIA report                 | Rec  |
| Require Finalisation           | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              | 04/1 |
| Date Registered                | 04/04/2018 18:01                 | Claim Close Date        |                                  | Total Loss but Repaired    |      |
| Report Taken By                | KRISHNASAMY                      | Workshop Repairer       |                                  |                            |      |

☒ Print AK letter

Save Submit

## Attachment

4/4/2018

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

Accident No. MT/0989051

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

04/04/2018 18:00

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

|       |                 |      |          |
|-------|-----------------|------|----------|
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |
| Clear | Please Select ▼ | NO ▼ | Normal ▼ |

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Descrip           |
|---|--|-----------------------|---------|-------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:01 | NRIC/ Driving License | Normal  | NRIC/ Driving Lic |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:59 | SAS                   | Normal  | SAS 201           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:59 | Photos                | Normal  | Photos 20         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:59 | Photos                | Normal  | Photos 20         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:59 | Photos                | Normal  | Photos 20         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:59 | Photos                | Normal  | Photos 20         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:58 | Photos                | Normal  | Photos 20         |

## Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading