

NATIONAL Assessment Centre Services

Form 1 (08/09)

MWA 118050723

Done by

Date In: 17/4/18 10:42

Ref No: MWA/INC 18007309164

Veh No: SLN 89208

D.O.A: 14/4/18 09:42

TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, A/C 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

M/10991100-001 19/4/18 17:42

Tel: 68442475

Fax:

Preferred Wksp / INC Assign Wksp / GW: (Teamwork garage

INC () / Non-INC ()

TP Particulars:

Veh No:

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: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$40)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$15		
7) N1: Idan 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: Idan Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 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 17/04/2018 10:42
 Date Of Accident 14/04/2018 09:40
 Exact Location Of Accident IN BETWEEN OF 39 AND 37 KEPPEL RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN8920B
Insured/Policyholder
 Name Of Registered Owner REVTECH ASIA
 Co Reg No 53098661B
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-98410874

Vehicle Particulars

Manufacturer KIA
 Model CARENS 1.7 DCT DIESEL 5DR FWD
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
 Are you claiming under your own insurance policy for repair to your vehicle? YES
 If No, Please state action to be taken
 Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5091164309
 Cover Note Number -

Driver

Name of Driver SUHARDI BIN LAILI
 NRIC No S7005035H
 Date Of Birth 21/02/1970
 Occupation OUTDOOR
 Date Of Driving Pass 02/01/1998
 Driving Experience 20 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98410874
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 134 RIVERVALE ST #04-722
Postcode 540134
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY
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?
Was any other material or property damaged? NO
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

PLEASE REFER TO 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

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.

REVTECH ASIA

CD. REG: 53098661B

REVBUILD ASIA

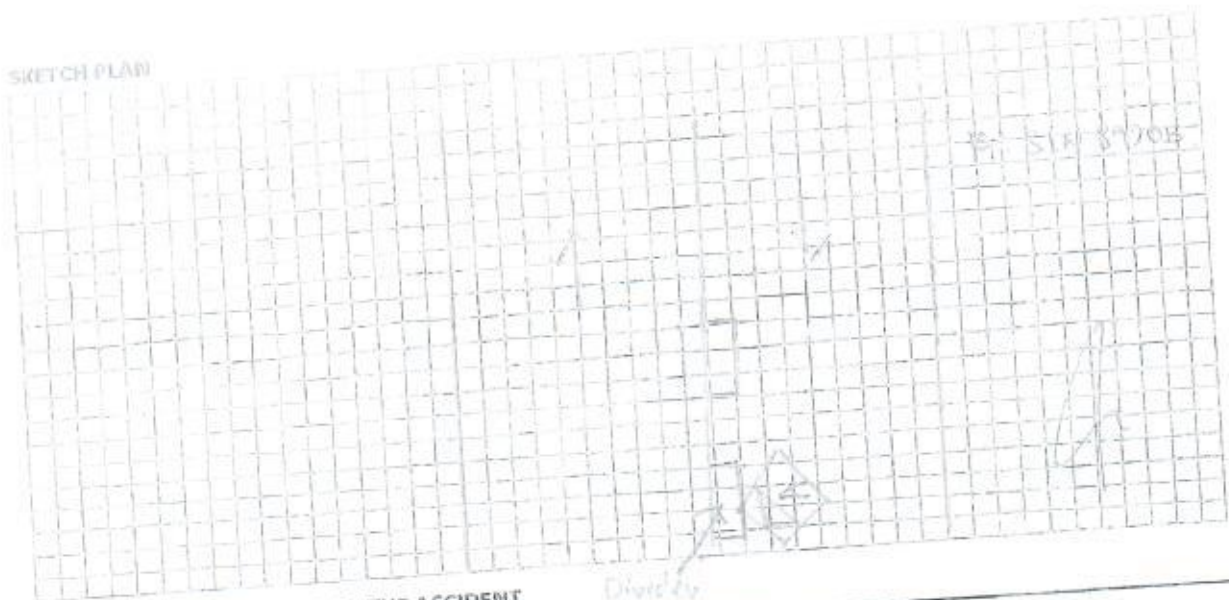
Policyholder's Signature

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 in between 37 and 39 keppel road, while I was turning to number 37 warehouse, I misjudged the right turn and hit onto the road divider. Causing the front portion of my vehicle damaged.

[Handwritten signature]

DECLARATION

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

REVTECH ASIA

CO. REG: 53098661B

Policyholder's Signature
Date & Time:

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

[Handwritten signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

AK

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

ACCIDENT DETAILS

Date of accident	14.04.18	(DD/MM/YY)
Time of accident	9:40am	(HH:MM)
Exact location of accident	In between of 39 and 37 Keppel road	

DETAILS OF VEHICLE

Vehicle registration number	SLN 8920B		
Vehicle make and model	Kia Carex		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Reporting only <input type="checkbox"/>
	Third part claim <input type="checkbox"/>		

INSURANCE INFORMATION

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

INSURED / POLICY HOLDER

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		

DRIVER

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

Male ☒ Female ☐

Name	SUHARDI BIN LAHLI
NRIC / Fin / Passport number	S7005035H
Contact	
Address	BLK 134 RIVERVALE STREET #04-722 S (540134)
Email address	
Date of birth	21-02-1970
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	02-01-1998

GENERAL INFORMATION OF THE ACCIDENT

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

PASSENGER 1

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

PASSENGER 2

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

PASSENGER 3

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

PASSENGER 4

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

PASSENGER 5

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

PASSENGER 6

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

OTHER INFORMATION

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

DETAILS OF POLICE ACTION

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

WITNESS 1

Name

WITNESS 2

Name

THIRD PARTY VEHICLE 1

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

THIRD PARTY VEHICLE 2

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

THIRD PARTY VEHICLE 3

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

THIRD PARTY VEHICLE 4

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

THIRD PARTY VEHICLE 5

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

THIRD PARTY VEHICLE 6

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

THIRD PARTY VEHICLE 7

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

INJURED PERSON 1

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

INJURED PERSON 2

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

INJURED PERSON 3

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

INJURED PERSON 4

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

INJURED PERSON 5

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

INJURED PERSON 6

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Exemption Number **S7005035H**

Name **SUHARDI BIN LAILI**

Birth Date **21 Feb 1970**

Issue Date **01 Apr 2003**

000341324K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7005035H**



Name **SUHARDI BIN LAILI**



Race **MALAY**

Date of birth **21-02-1970**

Country/Place of birth **SINGAPORE**

Sex **M**

S7005035H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 300 cc	19 Apr 1980
Class 2A	Motorcycles between 201 cc and 400 cc	04 Jul 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	02 Jan 1993

MP 428A

Licence No: **S7005035H**



529047



NRIC No. **S7005035H**



Date of issue **04-04-2014**

Address
APT BLK 134 RIVERVALE STREET
#04-722
SINGAPORE 540134

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

17/04/2018 10:20

Vehicle No.(For Motor)

SLN8920B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091164309	REVTECH ASIA	53098661B	GPC	drivo PREMIUM	SLN8920B	SLN8920B	22/05/2017	21/05/2018

Claim Handling

Accident MT/0991100

Policy No.	5091164309	Vehicle No.	SLN89208	GST Registration No.	
Policyholder Name	REVTECH ASIA	Cover Type	drive PREMIUM	Policyholder NRIC	53098661B
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	98410874	Special Remark		Contact No. (Home)	
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	19/04/2018 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	14/04/2018	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	IN BETWEEN OF 39 AND 37 KEPPEL RD				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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 146 #02-18	Address 2	SIMEI STREET 2	Address 3	SINGAPORE 520146
Address 4		Address Type	Singapore address	Post Code	520146
Unit No.		Related Policy Number	5099364767		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/02/1970
Unnamed driver Name	SUHARDI BIN LAILI	Driver NRIC	S7005035H	Driving Experience	20
Register Date of Driver License	02/01/1998	Driver Age	48	Contact No. (Home)	
Contact No. (Mobile)	98410874	Contact No. (Office)		Address 3	SINGAPORE 540134
Address 1	BLK 134 #04-722	Address 2	RIVERVALE STREET	Post Code	540134
Address 4		Address Type	Singapore address		
Unit No.	04-722			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?	Yes <input type="radio"/> No <input type="radio"/>
-------------------------------------	------	-------------	--

Modification History

Claim 001 **New**

Claim Type *	OD-MD ▾	Insured Name	REVTECH ASIA	Insured NRIC	53098661B
Contact No. (Mobile)	98410874	Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	SLN89208	TP Vehicle Number	
Claim Description	SLN89208 ON 14 Apr 2018			Name of Preferred Workshop	TEAMWORK GARAGE
Preferred Workshop Contact No.	68442475	Insured Liability *	Partially at Fault ▾	GIA report	Received
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop (refer below) ▾	Date Received	19/04/2018 00:00
Date Registered	19/04/2018 17:41	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0991100	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/04/2018 17:42
Path *		Category *	
Choose File No file chosen		Confidential	NO ▾
Choose File No file chosen		Urgency *	Normal ▾
Choose File No file chosen		Descr	

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 Apr 2018 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:42	SAS	Normal	SAS 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:42	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:42	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:42	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 17:41	Photos	Normal	Photos 2018-4-19

Video List

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

Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Thursday, 19 April 2018 5:48 PM
To: 'ODsupport'
Subject: FW: SLN 8920B MT/0991100-001 OD-DRIVO PREMIUM
Attachments: SLN8920B_14042018.PDF

Hi

Dear All,

Name of Registered	: REVTECH ASIA
NRIC No	: 53098661B
Name of Driver	: SUHARDI BIN LAILI
NRIC	: S7005035H
Mobile No	: 98410874
Own Damage Excess	: \$2000
Unnamed Driver Excess	: N/A
Name of Workshop	: TEAMWORK GARAGE
Contact No	: 68442475
Remarks	: N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)