

**NATIONAL Assessment Centre Services.** [wef 1 Jan 2005] **MNA118052144**

Date In: 20/4/18-10:25	Job description	Date & Time Completed	Done by
Ref No: NA   INCI8007326/24	SAS e-filing		
Veh No: 4L5244X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 1/2/18-11:30	i-Motor Claim Form	MT/0991133-001	20/4/18 11:09
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	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 ( )

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% P: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2 / 3:	6) TR: Re-inspection \$75		
	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	20/04/2018 10:25
Date Of Accident	01/02/2018 11:30
Exact Location Of Accident	JUNC COMMONWEALTH DR & QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL5244X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PTC DELIVERY2HOME PTE LTD
Co Reg No	200514860M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92708785
Alternative Phone No	OFFICE-92708785

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5073659690-02
Cover Note Number	

### Driver

Name of Driver	SURENDDHARAN S/O PURANA CHANDRAN
NRIC No	S9313567I
Date Of Birth	21/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91690642
Fax Number	
Contact Number	OFFICE-91690642
EMail Address	NOEMAIL

Address BLK 518 JELAPANG ROAD  
#06-271

Postcode 670518

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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) 2

Passenger 1 NAME: ; -  
GENDER: ; MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180413/2070.

#### 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

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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.

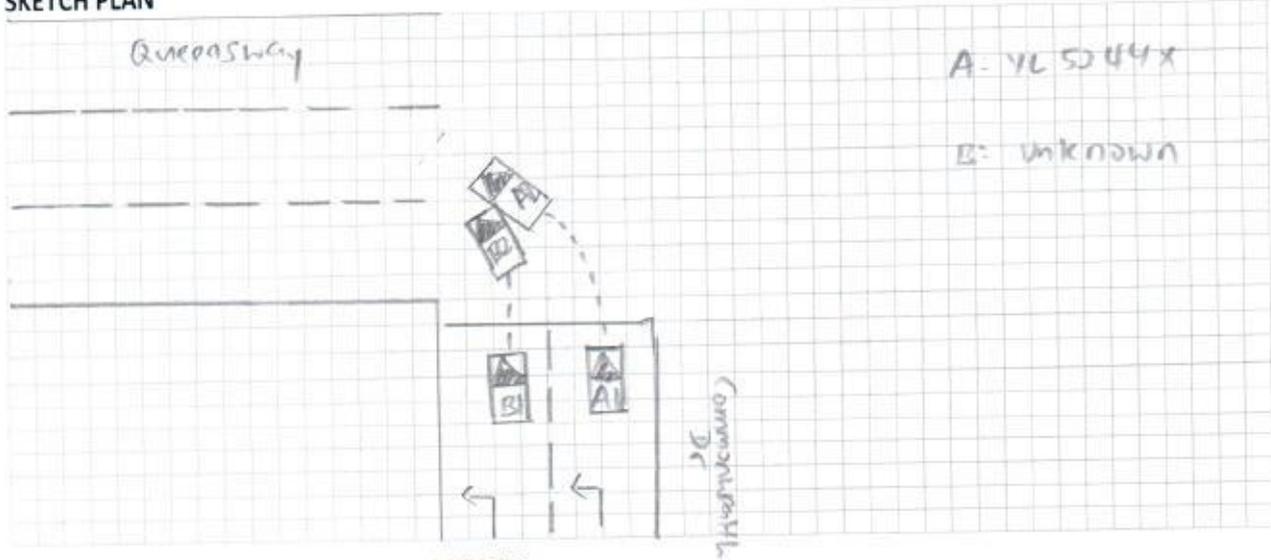


Policyholder's Signature  
Date & Time:

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

Refer to police report - 1/20180413/2070.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 1 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 11 : 30 ) (HH:MM)

LOCATION: Jinc Commonwealth Dr & aeneas way

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL 5244X
- b) INSURANCE COMPANY: NTJC
- c) POLICY NUMBER: 5673659690-02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Working
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORT) (G ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Ptc Delivery 2home. Pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 26054860M CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Surendharan S/o Purana Chandran (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S93135677 CONTACT: 91690642
- c) ADDRESS: Blk 518 Jelapang Road #06-271 (670518)

\*d) DATE OF BIRTH: ( 21 / 3 / 1993 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 31/8/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Relative

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Unknown MODEL: Taxi

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger (including d) (2)

\* Make

\* No of pass (including d) (+)

\* No of pass (including d) (-)

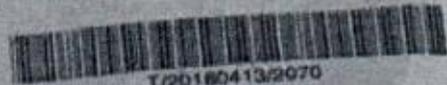
email = Chandran.Sival@gmail.com

fax =



**SINGAPORE  
POLICE FORCE**

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



T/20180413/2070

1 of 3

Report No. T/20180413/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
13/04/2018 13:02

Video Report No.:

Station Diary No.:

**Informant's Particulars**

Name of Informant:  
SURENDDHARAN S/O PURANA  
CHANDRAN

ID Type / ID No.:  
NRIC NO / S93135671

Nationality:  
SINGAPORE CITIZEN

Sex: Male      Age: 25      Date of Birth: 21/03/1993

Race:  
Indian

Occupation:  
Police officer

Address:  
APT BLK 518 JELAPANG RD #06-271 HDB-BT PANJANG  
SINGAPORE 670518

Contact No.:  
Home/Office:      Mobile: 91690642

Email:

Type of Informant:  
Driver

Language:

Institution / School Name:

Driving Licence Information:  
Class: 3

Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	01/02/2018 11:30	T-Junction

Location:  
Along Road 1  
QUEENSWAY  
COMMONWEALTH DRIVE  
T-JUNCTION OF QUEENSWAY AND COMMONWEALTH DRIVE

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
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Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No
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**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YL5244X	Lorry					1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

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



T/20180413/2070

2 of 3

Report No. T/20180413/2070

**CONTINUATION OF REPORT**

Driver Name	SURENDDHARAN S/O PURANA CHANDRAN	ID No.	S93135671
Related Vehicle	NIL	Contact No.	91690642
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.**

01/02/2018 @ 1130HRS (T-JUNCTION OF COMMONWEALTH DRIVE TURNING TO QUEENSWAY)

I WAS AT THE T-JUNCTION OF COMMONWEALTH DRIVE, TRAVELLING ON THE 1 LANE OUT OF 2 LANE. I STOP MY VEHICLE AT THE JUNCTION DUE TO THE TRAFFIC LIGHT WAS RED. WHEN THE TRAFFIC LIGHTS TURNED GREEN AND I PROCEEDED WITH THE TURN. WHEN I WAS MAKING THE TURN, I DID NOT FEEL AND IMPACT DURING THE TURN. AFTER MAKING THE TURN I DID NOT HEAR ANY HONK FROM THE OTHER VEHICLE.  
THAT'S ALL



**SINGAPORE  
POLICE FORCE**

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



T/20180413/2070

3 of 3

Report No. T/20180413/2070

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /  
KEE CHUAN JIA MARCUS

Signature Of Informant:

Date/Time:

13/04/2018 13:02

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /  
SSI 2 SOH PENG GUAN  
Contact No.: 65476171

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

Authentication Stamp

P168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S93135671**

Name: **SURENDDHARAN S/O PURANA CHANDRAN**

Birth Date: **21 Mar 1993**

Issue Date: **31 Aug 2015**

002467908A





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S93135671**

Name: **SURENDDHARAN S/O PURANA CHANDRAN**

Race: **INDIAN**

Date of birth: **21-03-1993**

Sex: **M**

Country of birth: **SINGAPORE**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **31 Aug 2015**

Licence No: S93135671



NP 425A

4244840



IRIC No: **S93135671**



Date of issue: **07-07-2015**

**11 T BLK 518 JELAPANG ROAD #06-271**

**SINGAPORE 670518**

IRIC No: **S93135671** Date: **11/01/2017**

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

My Desktop  
Notice of Loss

**Policy Query**

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073659690-02	PTC DELIVERY2HOME PTE LTD	200514860M	GFT	Third Party	YL5244X	YL5244X	01/10/2017	

**Policy Information**

Policy No.	5073659690-02	Policyholder Name	PTC DELIVERY2HOME PTE LTD	Policyholder NRIC	200514860M
Address	48 PANDAN ROAD SINGAPORE 609289				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/09/2017	Effective Date	01/10/2017 00:00	Expiry Date	30/09/2018 23:59
Third Party Excess	0.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ACORN INTERNATIONAL NETWC	Agent Tel.	65926503	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info Certificate Info					

**Policyholder Mailing Address**

Address 1	48 PANDAN ROAD	Address 2	SINGAPORE 609289	Address 3	
Address 4		Address Type	Singapore address	Post Code	609289
Unit No.		Related Policy Number	5073667601-02		

**Insured Object: YL5244X**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Exit

Claim Handling

Accident MT/0991133

Policy No.	5073659690-02	Vehicle No.	YL5244X	GST Registration No.	200514860M
Policyholder Name	PTC DELIVERY2HOME PTE LTD	Cover Type	Third Party	Policyholder NRIC	200514860M
Product Code	PLEET_INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92708785	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	Nil
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	20/04/2018 11:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	01/02/2018	Time of Accident (hh:mm)	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC COMMONWEALTH DR & QUEENSWAY				

**Benefits**

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

**GST Registered Information**

GST Registered	Yes	GST Registration Date	09/02/2015
GST Registration No.	200514860M	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	48 PANDAN ROAD	Address 2	SINGAPORE 609289	Address 3	
Address 4		Address Type	Singapore address	Post Code	609289
Unit No.		Related Policy Number	5073657601-02		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/03/1993
Unnamed driver Name	SURENODHARAN S/O PURANA S	Driver NRIC	593135671	Driving Experience	2
Register Date of Driver License	31/08/2015	Driver Age	24	Contact No. (Home)	0
Contact No. (Mobile)	91690642	Contact No. (Office)	0	Address 3	SINGAPORE 670518
Address 1	BLK 518	Address 2	JELAPANG ROAD	Post Code	670518
Address 4		Address Type	Singapore address		
Unit No.	06-271			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PTC DELIVERY2HOME PTE LTD	Insured NRIC	200514860M
Contact No. (Mobile)		Contact No. (Home)	Nil	Contact No. (Office)	+
Email Address		OT Vehicle Number	YL5244X	TP Vehicle Number	UNKNOWN
Claim Description	YL5244X / UNKNOWN ON 1 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/04/2018 00:00
Date Registered	20/04/2018 11:09	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0991133	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/04/2018 11:10

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:10	SAS	Normal	SAS 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 11:09	Photos	Normal	Photos 2018-4-20		<a href="#">Edit</a>
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