

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 02/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/18008100/13	SAS e-filing		
Veh No: 5J49402K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/05/18 1520	i-Motor Claim Form	MT/0992885 - 001	
OD: (TP) 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: (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%; 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

NA1802761

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

	Ant (\$) 1st Bill	Ant (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: 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:-		
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

Invoice dated

Fee Charged

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	03/05/2018 14:41
Date Of Accident	02/05/2018 15:20
Exact Location Of Accident	OPEN SPACE CARPARK NEAR TO 4A LOYANG LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9402K
Insured/Policyholder	
Name Of Registered Owner	WORK WORK PRIVATE LIMITED
Co Reg No	201434206M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90210229

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5090603638-01
Cover Note Number	

Driver

Name of Driver	MUTHUKUMARAN S/O MARIMUTHU
NRIC No	S8304713E
Date Of Birth	31/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90210229
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 109 ANG MO KIO AVE 4 #03-06
Postcode	560109
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180502/2174

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	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

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.

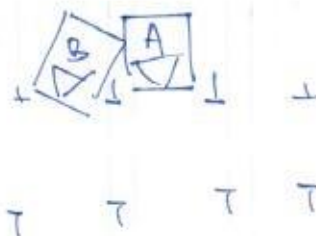


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



vehicle A : SJU 9402K.
vehicle B : Unknown.

Open Space Carpark Near 4A Laying Lane.

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

U. P. Singh

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

S. J. Singh 05/05/18

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20180502/2174

1 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180502/2174

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2018 19:57	Vide Report No.: G/20180502/0149	Station Diary No.: 102
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Informant's Particulars

Name of Informant: MUTHUKUMARAN S/O MARIMUTHU			Address: APT BLK 109 ANG MO KIO AVENUE 4 #03-06 SINGAPORE 560109		
ID Type / ID No.: NRIC NO / S8304713E			Contact No.: Home/Office:		Mobile: 90210229
Nationality: STATELESS			Email:		
Sex: Male	Age: 35	Date of Birth: 31/01/1983	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: SAFETY MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2018 15:20	Type of Location: OPEN SPACE CARPARK
Location: Along Road 1 LOYANG LANE OPEN SPACE CARPARK NEAR TO 4A LOYANG LANE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU9402K	Car	VOLKSWAGO N	Jetta	Silver	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180502/2174

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Report No. T/20180502/2174

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	MUTHUKUMARAN S/O MARIMUTHU	ID No.	S8304713E
Related Vehicle	SJU9402K (Car)	Contact No.	90210229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 02/05/2018 at about 1517hrs, I entered the open space carpark near at the above mentioned location. I parked my vehicle SJU9402K at either lot 9 or 10 which I cannot remember. After parking my vehicle, I then proceed to have my lunch.

At about 1540hrs, I returned back to my vehicle and discovered there was a huge dent on the right passenger door. I do not have any suspect in mind. I only can remember that there were vehicles which was parked left and right side of vehicle before I left for lunch. I do not have any CCTV in my vehicle. I only notice that there were CCTV at the entrance and the exit gantry of the said open space carpark.

As such I called for the police. TP was at scene. TP officer advised me to lodge a police report with regards to the mentioned incident and they will do the follow up investigation.

48
14
3
2
4



SINGAPORE
POLICE FORCE



T/20180502/2174

3 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



Report No. T/20180502/2174

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: G / Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2018 19:57
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 02/05/2018 (DD/MM/YYYY), TIME: 15:20 (HH:MM)

LOCATION: Open Space Carpark Near to 4A Loyang Lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5J09402K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5090603638-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volkswagen Jetta
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Work Work pte. Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201434206M CONTACT:
 c) ADDRESS: 400 Orchard Rd #09-08 Orchard
Rivers S (138875)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Matha Kumaran S/O Marimuthu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58304713E CONTACT: 90210229
 c) ADDRESS: 109 Ang Mo Kio Ave 1 #03-06 S(560109)

*d) DATE OF BIRTH: 31/01/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6

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

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: Pagar Kis NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL:
 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 driver)
(0)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = vic060autoservices@gmail.com

fax = 6286 7060

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

	EFFECTIVE DATE
Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg	17 Apr 2012

NP 428A

Licence No: S8304713E

9143096

NRIC No. S8304713E

Nationality
STATELESS

Date of Issue
08-10-2011

APT BLK 109 ANG MO KIO AVENUE 4 #03-06
SINGAPORE 560109

NRIC No: S8304713E Date: 26/03/2012 No: 7067388

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number **S8304713E**

Name
**MUTHUKUMARAN S/O
MARIMUTHU**

Birth Date: **31 Jan 1983**
Issue Date: **17 Apr 2012**

 002060511E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8304713E



Name
**MUTHUKUMARAN S/O
MARIMUTHU**

மர முத்துகமரன்

Race
INDIAN

Date of birth: **31-01-1983** Sex: **M**

Country of birth
SINGAPORE



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: S090603638-01

Cover : drive CLASSIC

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU9402K |
| Chassis Number | : WVWZZZ1KZAU000296 |
| 2. Name of Policyholder | : WORK WORK PRIVATE LIMITED |
| 3. Effective Date of Insurance | : 06 Mar 2018 |
| 4. Expiry Date of Insurance | : 05 Mar 2019 |
| 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ASIA CARZ HOLDING PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 26 Mar 2018 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0992885

Policy No.	5090603638-01	Vehicle No.	SJU9402K	GST Registration No.	
Policyholder Name	WORK WORK PRIVATE LIMITED			Policyholder NRIC	201434206M
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90210229	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Report Date

03/05/2018 17:35

Accident Report Within 24 hrs

Yes

Accident Type

Collided into Parked Vehicle

Date of Accident

02/05/2018

Time of Accident hh:mm

15:20

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

OPEN SPACE CARPARK NEAR TO 4A LOYANG LANE

Excess

Own damage Excess

2,000.00

Additional Excess

0.00

Windscreen Excess

100.00

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

400 ORCHARD ROAD

Address 2

#09-08 ORCHARD TOWERS

Address 3

SINGAPORE 238875

Address 4

Address Type

Singapore address

Post Code

238875

Unit No.

09-08

Related Policy Number

5090603638-01

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver ODB

31/01/1983

Unnamed driver Name

MUTHUKUMARAN S/O MARJUT

Driver NRIC

S8304713E

Driving Experience

6

Register Date of Driver License

17/04/2012

Driver Age

35

Contact No.(Home)

0

Contact No.(Mobile)

90210229

Contact No.(Office)

0

Address 1

BLK 109

Address 2

ANG MO KIO AVENUE 4

Address 3

KEBUN BARU HEIGHTS

Address 4

SINGAPORE 560109

Address Type

Singapore address

Post Code

560109

Unit No.

#03-06

Driver Insurer Company

Does he own a Singapore Registered car?

Yes + No

Driver Vehicle No.

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any Injury?

Yes + No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WORK WORK PRIVATE LIMITED	Insured NRIC	201434206M
Contact No.(Mobile)	97837452	Contact No.(Home)		Contact No.(Office)	+
Email Address		OT Vehicle Number	SJU9402K	TP Vehicle Number	UNKNOWN
Claim Description	SJU9402K / UNKNOWN ON 2 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/05/2018 17:42	Claim Close Date		Date Received	03/05/2018 00:00
Report Taken By	RDSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save

Submit

Attachment

Accident No.	MT/0992885	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	03/05/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		
Choose File	No file chosen		

5/3/2018

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	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	SAS	Normal	SAS 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	Photos	Normal	Photos 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	Photos	Normal	Photos 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	Photos	Normal	Photos 2018-5-3
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	Photos	Normal	Photos 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	Photos	Normal	Photos 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:41	Photos	Normal	Photos 2018-5-3
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