

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118059602

| | | | |
|--------------------------|--|-----------------------|--------------|
| Date In: 7/5/18 - 18:56 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC8008347/24 | SAS e-filing | | |
| Veh No: SLW 5577U | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 5/5/18 - 20:00 | i-Motor Claim Form | MT/0993740-001 | 7/5/18 20:56 |
| 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: JHBS083E | 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 |
|---|-----------------------|---------|
| (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--------------------------|---|-----------------------|-------------------------|
| NA1802869 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add'l 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:- | | |
| | 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 | | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Dat. 1: | Invoice dated | Fee Charged | |
| Dat. 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 | 07/05/2018 18:56 |
| Date Of Accident | 05/05/2018 20:00 |
| Exact Location Of Accident | ALONG EU TONG SEN ST AFTER JUNG TEO HONG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLW3577U |
| Insured/Policyholder | |
| Name Of Registered Owner | GD CARZ |
| Co Reg No | 53122597J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97319460 |
| Alternative Phone No | OFFICE-97319460 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | - |
| 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? | 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 | 5083196477-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | ANG BOON YONG (HONG WENRONG) |
| NRIC No | S8426443A |
| Date Of Birth | 13/09/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/10/2005 |
| Driving Experience | 12 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93203558 |
| Fax Number | |
| Contact Number | OFFICE-93203558 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 672D EDGEFIELD PLAINS #12-581 |
| Postcode | 824672 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - 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: : FEMALE |

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

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHB8082E |
| 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.

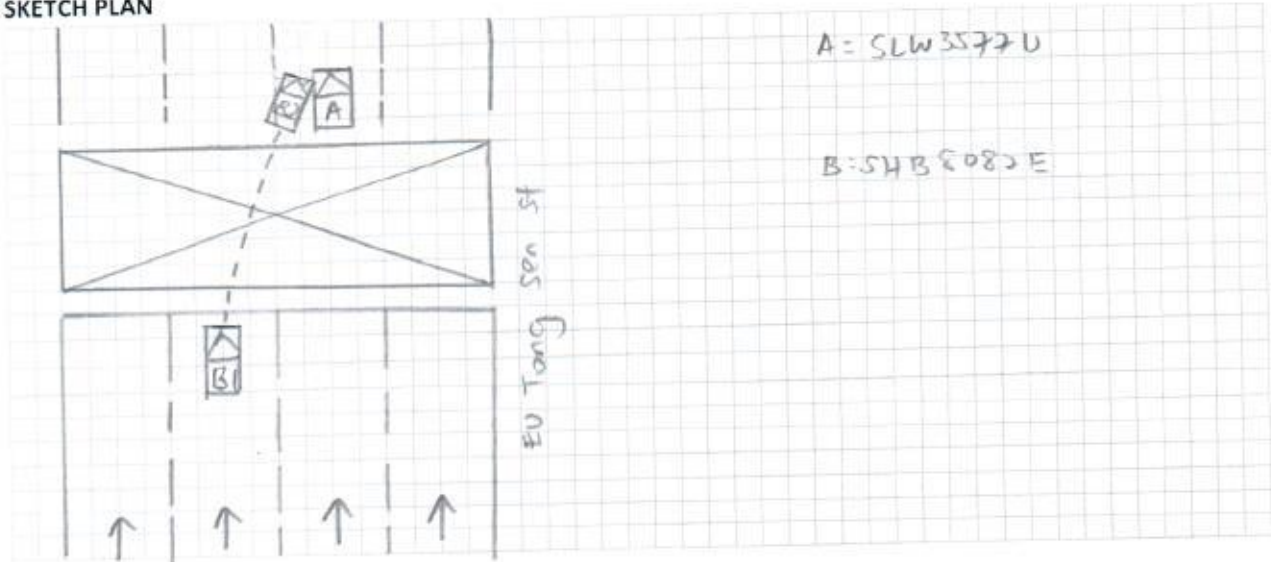


Policyholder's Signature
Date & Time:

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 statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 EU TONG SEN ST JUNCTION. AS I APPROCHED THE JUNCTION, THE TRAFFIC LIGHT TURN GREEN SO I PROCEED. AFTER MY VEHICLE PASS BY THE YELLOW BOX, SUDDENLY VEHICLE B FROM LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 5 / 5 / 18 (DD/MM/YYYY). TIME: 20 : 00 (HH:MM)

LOCATION: Along Tu Tong Sm St after junction Teo Hong Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW3577V
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5083196477-01
 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: (commercial)
 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: GD carz (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97319460
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ang Boon Yung (Hong Wenrong) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58426449A CONTACT: 93203558
 c) ADDRESS: Blk 620 Edgefield Plains #12-581 (824672)

*d) DATE OF BIRTH: 13 / 9 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/10/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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: SHB8082E MODEL: _____ *No of passengers (including driver) (1)
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of passengers (including driver) (-)
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = gdcarz @ gmail.com

fax = _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: **S8426443A**

Name: **ANG BOON YONG (HONG WENRONG)**

Birth Date: **13 Sep 1984**

Issue Date: **21 Oct 2005**

001376997J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8426443A**

Name: **ANG BOON YONG (HONG WENRONG)**

洪文榮

Race: **CHINESE**

Date of birth: **13-09-1984**

Sex: **M**

Country/Place of birth: **SINGAPORE**





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

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE: **21 Oct 2005**

Licence No: **S8426443A**

NP 429A



5352281

NRIC No. **S8426443A**

Date of issue: **15-09-2014**

APT BLK 672D EDGEFIELD PLAINS #12-581
SINGAPORE 824672

NRIC No: **S8426443A** Date: **27/05/2015**




eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

05/05/2018 20:00

Vehicle No. (For Motor)

SLW3577U

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5083196477-01 | GD CARZ | 53122597J | GFT | drive CLASSIC | SLW3577U | SLW3577U | 08/02/2018 | |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|-------------------|----------------------------------|
| Policy No. | 5083196477-01 | Policyholder Name | GD CARZ | Policyholder NRIC | 53122597J |
| Address | 210 TURF CLUB ROAD B16 TURF CITY SINGAPORE 287995 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 01/08/2017 | Effective Date | 19/08/2017 00:00 | Expiry Date | 18/08/2018 23:59 |
| Excess Type | | All Claim Excess | | | |
| Third Party Excess | 1000.00 | Own damage Excess | 1000.00 | Windscreen Excess | 100.00 |
| Additional Excess | 0 | OS Premium | 1161.85 | | |
| Outside Singapore OD Excess | 1000.00 | Outside Singapore TP Excess | 1000.00 | | Young/Inexperience Driver Excess |
| Agent | COWELL INSURANCE (AGENCY) | Agent Tel. | 63392592 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 210 TURF CLUB ROAD | Address 2 | B16 TURF CITY | Address 3 | SINGAPORE 287995 |
| Address 4 | | Address Type | Singapore address | Post Code | 287995 |
| Unit No. | | Related Policy Number | 5078340356-02 | | |

Insured Object: SLW3577U

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---|
| 1 | 19/08/2017 00:00 | Basic Information Endorsement | 000001286621488 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 19 Aug 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: INDEX CREDIT PTE LTD |
| 2 | 19/08/2017 00:00 | Basic Information Endorsement | 000001286621575 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 19 Aug 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLR5260X |
| 3 | 19/08/2017 00:00 | Basic Information Endorsement | 000001286621458 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GP71116703 19-08-2017 \$1,255.11 In view of this amendment, an additional premium of \$1,255.11 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. |
| | | | | | Thank you for giving us the opportunity to serve you. We |

EXIT

Claim Handling

The premium on this policy has not been collected.

Accident MT/0993340

| | | | | | |
|----------------------|---|----------------------|---|----------------------|-------------------------------|
| Policy No. | 5083196477-01 | Vehicle No. | SLW3577U | GST Registration No. | |
| Policyholder Name | GD CARZ | Cover Type | drive CLASSIC | Policyholder NRIC | 53122597J |
| Product Code | FLEET INSURANCE | Contact No. (Office) | 0 | Loading | 0 |
| Contact No. (Mobile) | 97319460 | Special Remark | | Contact No. (Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text" value=""/> |
| KPIK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | YES |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 07/05/2018 20:54 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 05/05/2018 | Time of Accident hh:mm | 20:00 | Country of Accident | Singapore |
| Reporting Centre | | Grange Force | | ICM No. | |
| Accident Location | ALONG BU TONG SEN ST AFTER JUNG TEO HONG RD | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 1,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 1,000.00 | | |
| Third Party Excess | 1,000.00 | Outside Singapore TP Excess | 1,000.00 | | |

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 210 TURF CLUB ROAD | Address 2 | 810 TURF CITY | Address 3 | SINGAPORE 287995 |
| Address 4 | | Address Type | Singapore address | Post Code | 287995 |
| Unit No. | | Related Policy Number | 5078340356-02 | | |

OT Driver Info

| | | | | | |
|---|---|----------------------|-------------------|------------------------|----------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 13/09/1984 |
| Unnamed driver Name | ANG BOON YONG (HONG WENR) | Driver NRIC | S8426443A | Driving Experience | 12 |
| Register Date of Driver License | 21/10/2005 | Driver Age | 33 | Contact No. (Home) | 0 |
| Contact No. (Mobile) | 93203558 | Contact No. (Office) | 0 | Address 3 | WATERWAY BANKS |
| Address 1 | BLK 672D | Address 2 | EDGEFIELD PLAINS | Post Code | 624672 |
| Address 4 | SINGAPORE 824672 | Address Type | Singapore address | | |
| Unit No. | 12-581 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | | |

Declaration

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

Modification history

Claim 001 New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | GD CARZ | Insured NRIC | 53122597J |
| Contact No. (Mobile) | 82331245 | Contact No. (Home) | | Contact No. (Office) | 64649355 |
| Email Address | | O1 Vehicle Number | SLW3577U | TP Vehicle Number | SHR8082E |
| Claim Description | SLW3577U / SHR8082E ON 5 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 | 07/05/2018 20:56 | Claim Close Date | | Date Received | 07/05/2018 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|-------------------|---|-------------|------------------|
| Accident No. | MT/0993340 | Claim No. | 001 |
| Last Doc Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 07/05/2018 20:58 |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Path * | Category * | Confidential | Urgency * | Description * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) | Action |
|---|--|-----------------------|---------|--------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:58 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:57 | SAS | Normal | SAS 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:57 | Photos | Normal | Photos 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:57 | Photos | Normal | Photos 2018-5-7 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:56 | Photos | Normal | Photos 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:56 | Photos | Normal | Photos 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:56 | Photos | Normal | Photos 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:56 | Photos | Normal | Photos 2018-5-7 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:56 | Photos | Normal | Photos 2018-5-7 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 20:56 | Photos | Normal | Photos 2018-5-7 | | Edit |
| Video List | | | | | | |
| Uploaded By/Date | Folder Date | File Name | | Source | Action | |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | | | |