


NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MMA 118066744.

Date In: 22/5/18 16:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009312144	SAS e-filing		
Veh No: F8288C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/5/18 20:10	i-Motor Claim Form	MT/0995475-001	22/5/18 18:08
OD:  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: 33Y 4081P.	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

NA1803228	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	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:-			
	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: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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	22/05/2018 16:26
Date Of Accident	20/05/2018 20:10
Exact Location Of Accident	JUNC OF ENG NEO AVE & DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F8288C
Insured/Policyholder	
Name Of Registered Owner	BALAMUGUNTHAN S/O RAMALINGAM
NRIC No	S8402559C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97727720
Alternative Phone No	OFFICE-97727720

Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZR1000E
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076805578-02
Cover Note Number	-

Driver

Name of Driver	RAJKUMAR S/O KRISHNAN
NRIC No	S8440893Z
Date Of Birth	17/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88238842
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 130A LORONG 1 TOA PAYOH #34-504
Postcode	311130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJY4081P
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)

DETAILS OF INJURED PERSON 1

Name	RAJKUMAR S/O KRISHNAN
Approximate Age	
Injuries Sustain	ARMS, NECK, RIGHT ANKLE/HEELS
Injured person in which vehicle?	F8288C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

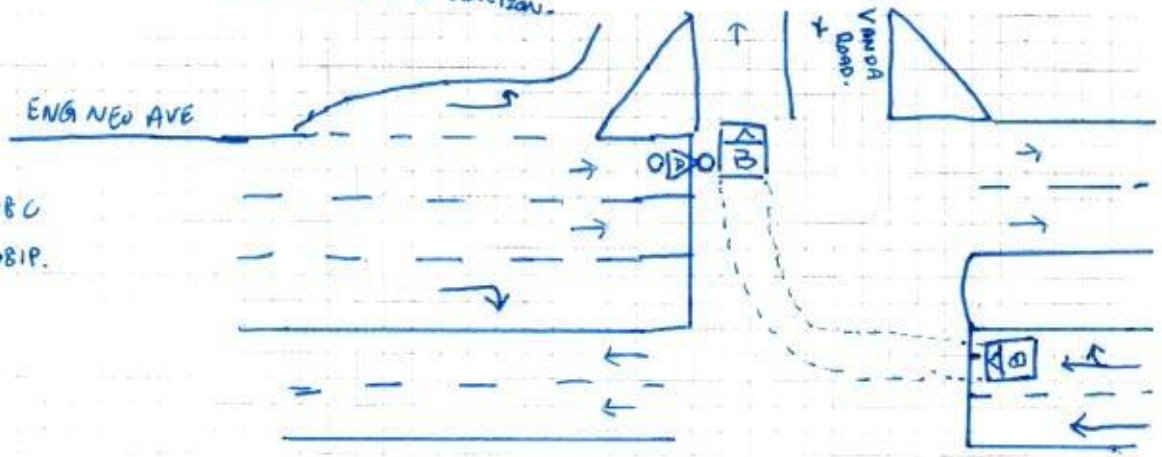
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

ENG NED AVE TOWARDS DUNEARN ROAD
AT VANDA ROAD-ENG NED AVE JUNCTION.

A - F8288C
B - SJY4081P.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180521/2115.

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.:

Vehicle No.	F8288C	Model / Make	Z 1000
Date of Accident	20/05/18		
Time of Accident	2010	HRS	
Location of Accident	ENG NEO AVE TOWARDS DUNEARN ROAD AT VANDA ROAD - ENG NEO AVE JUNCTION.		
Exact purpose use during accident	Personal		
Name of Owner	BALAMUNATHAN S/O RAMALINGAM		
Telephone No.	H/P: 9772 7720	Home:	Office:
NRIC	S8402559C		
Address	APT BLK 2-5 BUN LAY DRIVE #06-03 S(640205)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	<u>Third Party / Fire / Theft</u>
Policy No.	5076805578-01		
Name of Driver	As Above If No, RAJKUMAR S/O KRISHNAN		
NRIC	88440893Z	Any Passengers: NIL	
Date of birth	17/12/1984		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	01/03/2011		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8823 8842	Home:	Office:
Address	APT 8LX130A LORONG 1		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state <u>FRIEND</u> .	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	RAJKUMAR S/O KRISHNAN		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJY 4081P	Any Passengers: NIL	
Name of Driver	MARKUS KEIDER	Contact No.: 8168 6244	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	FRONT PORTION.		
Camera Recorder	Yes / <u>No</u>		
Email Address	Raj_2483@outlook.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / <u>No</u>			
PARTICULAR WORKSHOP	MOTO 51 PTE LTD.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JUN MZANG.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20180521/2115

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180521/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2018 15:22		Vide Report No.: E/20180520/0155		Station Diary No.: 127	
Informant's Particulars					
Name of Informant: RAJKUMAR S/O KRISHNAN			Address: APT BLK 130A LORONG 1 TOA PAYOH #34-504 SINGAPORE 311130		
ID Type / ID No.: NRIC NO / S8440893Z			Contact No.: Home/Office: Mobile: 88238842		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 17/12/1984	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2018 20:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ENG NEO AVENUE DUNEARN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F8288C	Motorcycle					0
SJY4081P	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180521/2115

2 of 3

Report No. T/20180521/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Rider			
Name	RAJKUMAR S/O KRISHNAN	ID No.	S8440893Z
Related Vehicle	F8288C (Motorcycle)	Contact No.	88238842
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	20/05/2018	Date Discharge	21/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 20/05/2018 at about 8:10pm, I was riding my motorbike (F8288C) along Eng Neo Avenue towards Dunearn Road. At the point of time, I was riding along the left lane.

As I was approaching the X-Junction, I could see that there are stationary vehicles on the opposite road. As the traffic light is green and in my favour, I proceed to ride straight slowly pass the traffic light junction. Just when I was about to cross the traffic light, one Grey/Black car (SJY4081P) drove across very fast towards Vanda Link, which was on my left side. I tried to stepped on my brakes but it was already too near before I crashed straight into the left side of the car. The next thing I knew, I was fell on my back and lied on the floor.

Subsequently, I was assisted by a man and a lady, who made a check if I had any injuries before they assisted me to stand up and walk toward the side of the road. The driver of vehicle SJY4081P, a male Caucasian, had also assisted me. The Ambulance was then called and I was subsequently conveyed to Ng Teng Fong Hospital. Traffic Police was also at scene. I spoke to the officers before I got conveyed.

Before I was conveyed, I could see that my bike suffered serious damages. My bike was also unable to be pushed. I am unsure of the cost of damage.

I wish to inform that I do not have any cameras installed on my bike or my helmet that could capture the incident.

I suffered slight abrasions on my arms, pain on my neck and right ankle/heels. I was also instructed to proceed back to the hospital to check on my injured leg.



**SINGAPORE
POLICE FORCE**



T/20180521/2115

3 of 3

Report No. T/20180521/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Staff Sgt MUHAMMAD SYAHID BIN MOHAMED
RAMLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/05/2018 15:22

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8440893Z**

Name: **RAJKUMAR S/O KRISHNAN**

Birth Date: **17 Dec 1984**

Issue Date: **02 Jul 2014**

002321007F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8440893Z**

Name: **RAJKUMAR S/O KRISHNAN**

கே ராஜ்குமார்

Race: **INDIAN**

Date of Birth: **17-12-1984**

Sex: **M**

Country of Birth: **SINGAPORE**

S8440893Z

Driver

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	20 Oct 2008
Class 2A	Motorcycles between 201 cc and 400 cc	01 Dec 2009
Class 2	Motorcycles > 400 cc	01 Mar 2011

NP 428A

Licence No: **S8440893Z**

A0173761

S8440893Z

NRIC No: **S8440893Z**

Blood Group: **AB+**

Date of issue: **20-07-2002**

APT BLK 130A LORONG 1 TOA PAYOH #34-504
SINGAPORE 311130

NRIC No: **S8440893Z**

Date: **24/11/2017**

owner



SINGAPORE ARMED FORCES IDENTITY CARD

Name

BALAMUGUNTHAN S/O
RAMALINGAM

NRIC No

S8402559C



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to the nearest Command or any Police Station.

over
GEMALTOSGPV1049552A0411

00000050154997

NRIC No / Colour

S8402559C/ PINK

Race

INDIAN

Date Of Birth

23/01/1984

Service Status

REGULAR

Address

Blk 205 BOON LAY DRIVE

#06-03 SINGAPORE 640205

Blood Group

A (+)

Country Of Birth

SINGAPORE

Military Rank Status

MILITARY EXPERT

Sex

M



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

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076805578-02	BALAMUGUNTHAN S/O RAMALINGAM	S8402559C	GMC	Third Party, Fire & Theft	F8288C	F8288C	03/01/2018	27/12/2018

Continue

Claim Handling

Accident MT/0995475

Policy No.	5076805578-02	Vehicle No.	F8288C	GST Registration No.	
Policyholder Name	BALAMUGUNTHAN S/O RAMALINGAM			Policyholder NRIC	S8402559C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97727720	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	22/05/2018 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	20/05/2018	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF ENG NEO AVE & DUNEARN RD				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 205 #06-03	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640205
Address 4		Address Type	Singapore address	Post Code	640205
Unit No.		Related Policy Number	5097400064		
▼ OI Driver Info					
Driver Name	RAJ KUMAR S/O KRISHNAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8440893Z	Driver DOB	17/12/1984
Register Date of Driver License	01/01/2000	Driver Age	33	Driving Experience	18
Contact No.(Mobile)	88238842	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 130A #34-504	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH CREST
Address 4	SINGAPORE 311130	Address Type	Singapore address	Post Code	311130
Unit No.	34-504				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	BALAMUGUNTHAN S/O RAMALINGAM	Insured NRIC	S8402559C
Contact No.(Mobile)	97727720	Contact No.(Home)	68980420	Contact No.(Office)	
Email Address	MUGUNTHAN2301@GMAIL.COM	OI Vehicle Number	F8288C	TP Vehicle Number	SJY4081P
Claim Description	F8288C / SJY4081P ON 20 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/05/2018 18:05	Claim Close Date		Date Received	22/05/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save

Submit

Attachment

Accident No.	MT/0995475	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/05/2018 18:08		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

























ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:08	SAS	Normal	SAS 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:08	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:08	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:08	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:08	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:07	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:07	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:07	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:07	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:07	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:07	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:06	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:06	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:06	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:06	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:06	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:06	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22



May 2018 18:05

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 18:05	Photos	Normal	Photos 2018-5-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
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