

# NATIONAL Assessment Centre Services: Part 1 of 2 MMA 118068649.

Date In: <b>26/5/18 15:15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18009594164.</b>	SAS e-filing		
Veh No: <b>5JJ 354 H</b>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <b>26/5/18 03:05.</b>	i-Motor Claim Form	<b>MT10096113-001</b>	<b>28/5/18 11:21.</b>
OD: <input checked="" type="radio"/> 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 / GW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>Unknown.</b>	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	<b>30.00</b>	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	Invoice date:	Fee Charged	
	Invoice date:	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	26/05/2018 15:15
Date Of Accident	26/05/2018 03:05
Exact Location Of Accident	CTE TWDS SLE LAMP POST 300
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ354H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NASER BIN HUSSEIN
NRIC No	S1253630E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084472
Alternative Phone No	OFFICE-90084472

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO 1.4AUTO TH
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050379644-06
Cover Note Number	-

### Driver

Name of Driver	HADISYAFIQ BIN MOHD SALLEH
NRIC No	S9014637H
Date Of Birth	30/04/1990
Occupation	INDOOR
Date Of Driving Pass	30/09/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200283
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 151 RIVERVALE CRESCENT #02-96
Postcode	540151
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
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?	YES
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)	3
Passenger 1	NAME: : HAFIZAH BINTE NASER GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD SHAFUL BIN MOHD BAJURI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
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?	YES
Remarks/ Reasons:	FOOTAGE FROM OTHER PARTY VEH
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	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFY4040E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver BOON JUN XIAN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name HADISYAFIQ BIN MOHD SALLEH  
Approximate Age  
Injuries Sustain STRAIN LEFT SIDE OF NECK  
Injured person in which vehicle? SJJ354H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name HAFIZAH BINTE NASER  
Approximate Age  
Injuries Sustain LEFT ARM AND NECK  
Injured person in which vehicle? SJJ354H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
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.:



The diagram shows a road layout on a grid. A vertical road on the left has a 'Yield' sign (A3) at the top. A horizontal road branches off to the right. At the junction, there is a 'Yield' sign (A1) and a 'No Left Turn' sign (B). Further down the horizontal road, there is a 'Yield' sign (A) and a 'No Left Turn' sign (C). A dashed line indicates a path or boundary. To the right of the diagram is a legend:

- A = SJJ 354H
- B = Unknown
- C = SFY 4040E

CTE twds SLE Lamp post 300

Please Refer to Police Report

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

*Handwritten signature*

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



# SINGAPORE POLICE FORCE



T/20180526/2042

1 of 5

Report No. T/20180526/2042

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2018 11:24	Vide Report No.:	Station Diary No.: 42
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<b>Informant's Particulars</b>			
Name of Informant: HADISYAFIQ BIN MOHD SALLEH		Address: APT BLK 151 RIVERVALE CRESCENT #02-96 SINGAPORE 540151	
ID Type / ID No.: NRIC NO / S9014637H		Contact No.: Home/Office: Mobile: 96200283	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 30/04/1990	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: AV ENGINEERER		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/05/2018 03:05	Type of Location:
Location:  CENTRAL EXPRESSWAY  CTE towards SLE, 9.7km Lamp Post Number: 300				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFY4040E	Car	MITSUBISHI		White	Seriously Damaged	0
SJJ354H	Car	CHEVROLET	AVEO 1.4	Green	Seriously Damaged	2
	Lorry			Grey		0





# SINGAPORE POLICE FORCE



T/20180526/2042

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Report No. T/20180526/2042

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ354H	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	BOON JUN XIAN		ID No.	S9348417G
Related Vehicle	SFY4040E (Car)		Contact No.	96882345
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	HADISYAFIQ BIN MOHD SALLEH		ID No.	S9014637H
Related Vehicle	SJJ354H (Car)		Contact No.	96200283
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Passenger				
Name	HAFIZAH BINTE NASER		ID No.	S8317822A
Related Vehicle	SJJ354H (Car)		Contact No.	84289833
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight





# SINGAPORE POLICE FORCE



T/20180526/2042

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180526/2042

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MUHAMMAD SHAFUL BIN MOHD BAJURI	ID No.	S8540967J
Related Vehicle	SJJ354H (Car)	Contact No.	87421017
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/05/2018, at 0308hrs, along CTE towards Ang Mo Kio near lamp post 300, I was involved in a hit and run.

It was raining heavily this morning while I was driving my car (SJJ354H) along the second lane in according to the traffic flow. Suddenly a lorry collided the left rear side of my car, causing my car to spin anti clockwise on the road and ended up on the head shoulder. I suffered strain on the left side of my neck. There were two passengers in my car. Hafizah Binte Naser who sat next to me suffered strain on her left arm and neck and Muhammed Shaiful Bin Mohd Bajuri mentioned that he did not suffer any injuries yet. The left side of the front, middle and rear sided of my car was seriously damaged. Both Hafizah Binte Naser and I went to consult doctor at Sengkang polyclinic and no medical certificate was given.

Another car (SFT4040E) was also involved in the accident, the left side of his car was seriously damaged as well. A video of the accident was recorded from the Boon Jun Xian inbuilt car camera. No one was conveyed to the hospital. I would like to highlight that I do not know how the accident happened.



**SINGAPORE  
POLICE FORCE**



T/20180526/2042

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180526/2042

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20180526/2042

5 of 5

Report No. T/20180526/2042

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**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:

F /

Sgt 2 PHUA WEN XUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

Contact No.: 65476148

Signature Of Informant:

Date/Time:

26/05/2018 11:24

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

License Number: **S9014637H**

Name: **HADISYAFIQ BIN MOHD SALLEH**

Birth Date: **30 Apr 1990**

Issue Date: **30 Sep 2015**

Barcode: 002478341E

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9014637H**

Portrait photo of a man.

Name: **HADISYAFIQ BIN MOHD SALLEH**

Race: **MALAY**

Date of birth: **30-04-1990**

Country of birth: **SINGAPORE**

Sex: **M**

SG 50

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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE: **30 Sep 2015**

NP 428A

Barcode: Licence No: S9014637H

3708726

Barcode

NRIC No. **S9014637H**

Portrait photo of a man.

Date of issue: **29-04-2005**

APT BLK 151 RIVERVALE CRESCENT #02-96 SINGAPORE 540151

NRIC No: **S9014637H** Date: **14/08/2014 (R)**



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

26/05/2018 14:57

Vehicle No.(For Motor)

SJJ354H

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5050379644-06	NASER BIN HUSSEIN	S1253630E	GPC	drive CLASSIC	SJJ354H	SJJ354H	29/08/2017	28/08/2018

## Claim Handling

Accident MT/0996113

Policy No.	5050379644-06	Vehicle No.	SJJ354H	GST Registration No.	
Policyholder Name	NASER BIN HUSSEIN			Policyholder NRIC	S1253630E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90084472	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	28/05/2018 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	26/05/2018	Time of Accident hh:mm	03:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS SLE LAMP POST 300				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 151 #02-96	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 540151
Address 4		Address Type	Singapore address	Post Code	540151
Unit No.		Related Policy Number	S050379644-06		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/04/1990
Unnamed driver Name	HADISYAFIQ BIN MOHD SALLEH	Driver NRIC	S9014637H	Driving Experience	2
Register Date of Driver License	30/09/2015	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	96200283	Contact No.(Office)		Address 3	RIVERVALE GREEN
Address 1	BLK 151 #02-96	Address 2	RIVERVALE CRESCENT	Post Code	540151
Address 4	SINGAPORE 540151	Address Type	Singapore address		
Unit No.	02-96	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
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	NASER BIN HUSSEIN	Insured NRIC	S1253630E
Contact No.(Mobile)	90084472	Contact No.(Home)	67433762	Contact No.(Office)	
Email Address		OI Vehicle Number	SJJ354H	TP Vehicle Number	UNKNOWN
Claim Description	SJJ354H / UNKNOWN ON 26 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/05/2018 00:00
Date Registered	28/05/2018 11:20	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0996113	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2018 11:21		
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

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	SAS	Normal	SAS 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	Photos	Normal	Photos 2018-5-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:21	Photos	Normal	Photos 2018-5-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:20	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:20	Photos	Normal	Photos 2018-5-28
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