

NATIONAL Assessment Centre Services

Ref: 1/1/1/1

MMA 118068672

Date In: 26/5/18 16:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18009597164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SGT 4806C	i-Motor Claim Form	M710996097 ⁰⁰¹	28/5/18 10:47
D.O.A: 25/5/18 22:30	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
QD: <input checked="" type="radio"/> Reporting Only	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: YP 65567	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

MA1803347

Invoice Preparation Checklist

Amc (\$) 1st Bill
Amc (\$) Add Est

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

1) AR: Accident Reporting (\$30);	30.00
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claimings against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Idac DA + SMRT Survey \$160	
8) NTUC Additional Services -	
QD:	
*M5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$3	
TP (N11) - TP (Non INC) against INC \$20	
9) N12: Idac Mobile \$0	

Invoice dated

Fee Charged

Invoice dated

Fee Charged



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	26/05/2018 16:30
Date Of Accident	25/05/2018 22:30
Exact Location Of Accident	WEST COAST DR LAMP POST 27
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT4806C
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086951265-01
Cover Note Number	-
Driver	
Name of Driver	MOHAMAD FAIRUL AZNI BIN MOHAMAD HALMI
NRIC No	S7915342G
Date Of Birth	27/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97391124
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 488 SEGAR RD #15-566
Postcode	670488
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	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6556T
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 INJURED PERSON 1

Name	MOHAMAD FAIRUL AZNI BIN MOHAMAD HALMI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGT4806C
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:

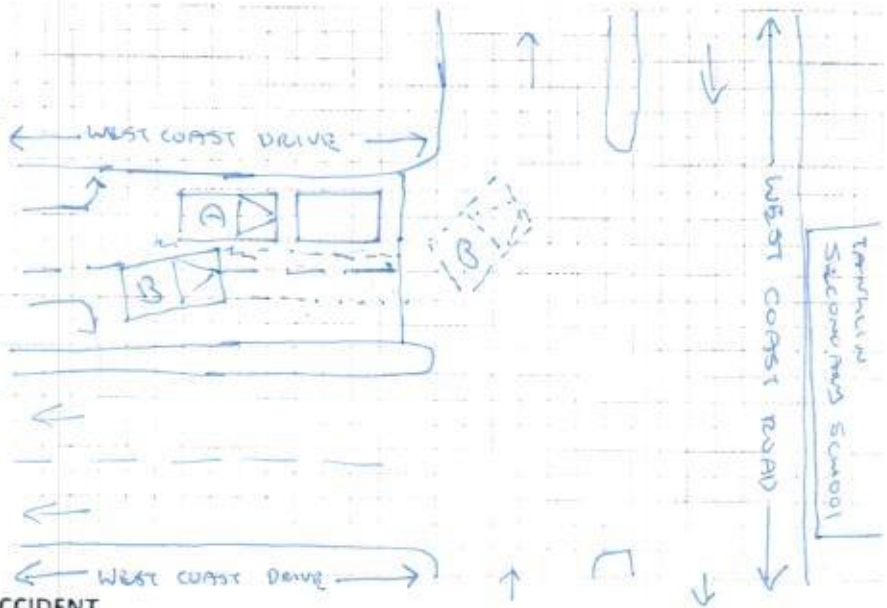
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



Vehicle B - GP 65567



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

REPORT NO.

T/2018 0526/2061

VEHICLE A - SGT 4806C

VEHICLE B - YP6556T

DECLARATION

1/4 Are the foregoing particulars 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.	S 97 4806C	Model / Make	TOYOTA AXIO
Date of Accident	25/05/2019		
Time of Accident	2200	HRS	
Location of Accident	WEST COAST DR (LAMP POST 27) OPPOSITE OF TANJUN PEGUNG SECONDARY SCHOOL		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	SHIN-HAN LIMO SERVICES		
Telephone No.	H/P : 9857 5910	Home :	Office :
NRIC	53315973-C		
Address			
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5086951265-01		
Name of Driver	As Above If No, MOHAMAD FAIRUL AZNI BIN MOHAMAD HALMI		
NRIC	S 7915342G	Any Passengers :	NIL
Date of birth	27/05/1979		
Occupation	Outdoor / Indoor		
Driving License Pass Date	05 APR 2001		
Gender	Male / Female		
Contact No.	H/P : 9739 1124	Home :	Office :
Address	BLK 488 SEGAR RD #15-566 S(670488)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	RENTAL / CASHIER	
Weather condition	Clear, Raining Other		
Road Surface	Dry, Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	MOHAMAD FAIRUL AZNI, BIN MOHAMAD HALMI 9739 1124		
Name And Contact No.			
Police Report	No, If Yes, Where?	TRAFFIC POLICE DIVISION HQ	
Vehicle B No.	YP 6556T	Any Passengers :	
Name of Driver		Contact No. :	
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	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes No
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20180526/2061

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

1 of 3

Report No. T/20180526/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2018 12:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD FAIRUL AZNI BIN MOHAMAD HALMI			Address: APT BLK 488 SEGAR RD #15-566 SINGAPORE 670488		
ID Type / ID No.: NRIC NO / S7915342G			Contact No.: Home/Office: 91724517 Mobile: 97391124		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 27/05/1979	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			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: 25/05/2018 22:30	Type of Location:
Location: Along Road 1 WEST COAST DRIVE LAMP POST 27				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT4806C	Car	TOYOTA	COROLLA AXIO 1.5X A		Slightly Damaged	0
YP6556T	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)		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/20180526/2061

2 of 3

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

Report No. T/20180526/2061

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD FAIRUL AZNI BIN MOHAMAD HALMI	ID No.	S7915342G
Related Vehicle	SGT4806C (Car)	Contact No.	91724517
Hospital/Clinic	MY FAMILY CLINIC SEGAR	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/05/2018	Date Discharge	26/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 25/5/18 at about 2230hrs

I was stationary on the left lane at the T-Junction of West Coast Drive as it was a red light when a lorry on my right beat the red light and turned left. During the turn the lorry hit the right portion of my vehicle and drove away. I chased him by horning and overtaking him to try and get him to stop but he overtook me back and drove away. Because my side mirror was damaged I stopped the chase to play safe.



**SINGAPORE
POLICE FORCE**



T/20180526/2061

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

3 of 3

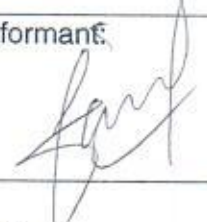
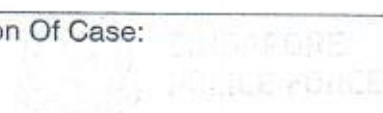


Report No. T/20180526/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: TP / WONG ZI WEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 12:45
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:  
Authentication Stamp NP168	Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7915342G



Name
MOHAMAD FAIRUL AZNI BIN
MOHAMAD HALMI
Race
BOYANESE
Date of birth
27-05-1979
Country of birth
SINGAPORE
Sex
M
S7915342G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7915342G
Name
MOHAMAD FAIRUL AZNI BIN
MOHAMAD HALMI
Birth Date: 27 May 1979
Issue Date: 03 Dec 2003



4607455

NRIC No. S7915342G



Date of issue
24-07-2010

APT BLK 488 SEGAR ROAD #15-568
SINGAPORE 670488

NRIC No. S7915342G

Date: 09/01/2018

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

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
21 Oct 1998
05 Apr 2001

NP 428A



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

25/05/2018 16:25

Vehicle No.(For Motor)

SGT4806C

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086951265-01	SHIN-HAN LIMO SERVICES	53315973C	GFT	drivo CLASSIC	SGT4806C	SGT4806C	12/04/2018	

▼ Policy Information

Policy No.	5086951265-01	Policyholder Name	SHIN-HAN LIMO SERVICES	Policyholder NRIC	53315973C
Address	43 SPRINGSIDE WALK SINGAPORE 786628				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/10/2017	Effective Date	18/10/2017 00:00	Expiry Date	17/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	20119.78		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	HOBBS INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5097882815		

▶ Insured Object: SGT4806C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/10/2017 00:00	Basic Information Endorsement	000001286678644	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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN6713U 24-10-2017 \$1,307.09 In view of this amendment, an additional premium of \$1,307.09 (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.
2	08/11/2017 00:00	Basic Information Endorsement	000001286688324	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF468J 09-11-2017 \$1,248.84 In view of this amendment, an additional premium of \$1,248.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you

Claim Handling

The premium on this policy has not been collected.

Accident MT/0996097

Policy No.	5086951265-01	Vehicle No.	SGT4806C	GST Registration No.	
Policyholder Name	SHIN-HAN LIMO SERVICES			Policyholder NRIC	53315973C
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98575910	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	
MCD Protection	No	MCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	28/05/2018 10:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	25/05/2018	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST DR LAMP POST 27				

Benefits

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	Yes
Modification History			

Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5097882815		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMAD FAIRUL AZNI BIN MC	Driver NRIC	S7915342G	Driver DOB	27/05/1979
Register Date of Driver License	05/04/2001	Driver Age	38	Driving Experience	17
Contact No.(Mobile)	97391124	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 488 #15-566	Address 2	SEGAR ROAD	Address 3	SEGAR GROVE
Address 4	SINGAPORE 670488	Address Type	Singapore address	Post Code	670488
Unit No.	15-566				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SHIN-HAN LIMO SERVICES	Insured NRIC	53315973C
Contact No.(Mobile)	98575910	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGT4806C	TP Vehicle Number	YP6556T
Claim Description	SGT4806C / YP6556T ON 25 May 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/05/2018 10:46	Claim Close Date		Date Received	28/05/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0996097	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2018 10:47

Path *

Choose File	No file chosen	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 10:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	SAS	Normal	SAS 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:47	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:46	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:46	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 10:46	Photos	Normal	Photos 2018-5-28
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