

NATIONAL Assessment Centre Services. [Print 1 Jan 2008]

Date In: 31/05/2018 16:22

Ref No: NA/INC18009866/14

Veh No: GU 5735L

D.O.A: 31/05/2018 12:00

OD (TP) Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-mail

E-mail (within 2hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (within 24 hrs, TP 2hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yeh No:

Tel:

Fax:

Owner / Driver:

Policy No: ()

Period: ()

Tel:

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: (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:

Time/Time

Actions

NA1803428

Incident Particulars:

Owner:

Fact No:

Agreed Pardon:

Checked by (Engr-In-Charge):

Comments:

1/3:

Invoice Preparation Charges:

1) AR: Accident Reporting (\$30):

2) DA: Damage Assessment (\$100): INC (\$30)

3) TP: Towing Fee \$20/\$43

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claimant against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: 1 day DA + SMRT Survey \$160

8) NTUC Additional Service(s):

9) NI: 1 day Mobile

10) NI: 1 day Mobile

11) NI: 1 day Mobile

12) NI: 1 day Mobile

13) NI: 1 day Mobile

14) NI: 1 day Mobile

15) NI: 1 day Mobile

16) NI: 1 day Mobile

17) NI: 1 day Mobile

18) NI: 1 day Mobile

19) NI: 1 day Mobile

20) NI: 1 day Mobile

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	31/05/2018 16:22
Date Of Accident	31/05/2018 12:00
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GU5735L
Insured/Policyholder	
Name Of Registered Owner	ASIA WHITE ANT CONTROL CO PTE LTD
Co Reg No	200101970W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82574395
Alternative Phone No	OFFICE-82574395
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR69E
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084825253-01
Cover Note Number	
Driver	
Name of Driver	ZULKIFLI BIN MOHD TAWAL
NRIC No	S1410883A
Date Of Birth	29/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82574395
Fax Number	
Contact Number	OTHERS-82574395
Email Address	NOEMAIL

Address	BLK 589 WOODLANDS DRIVE 16 #10-28 HDB - WOODLANDS
Postcode	730589
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : MALE

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

PLS REFER TO THE POLICE REPORT : T/20180531/2124

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	WMM4436
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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.:

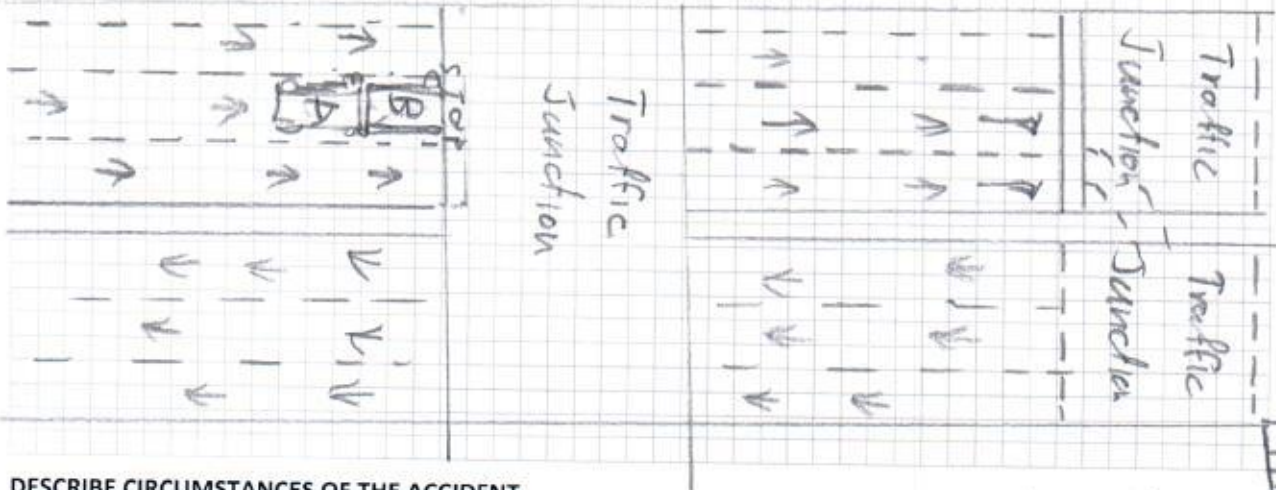
31/5/2018

SKETCH PLAN

B - WMM 4436

A - GU 5735L

UPPER CHANGI ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180531/2124

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.:



SINGAPORE POLICE FORCE



T/20180531/2124

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

1 of 3

Report No. T/20180531/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2018 15:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ZULKIFLI BIN MOHD TAWAL	Address: APT BLK 589 WOODLANDS DRIVE 16 #10-28 HDB- WOODLANDS SINGAPORE 730589		
ID Type / ID No.: NRIC NO / S1410883A	Contact No.:	Home/Office:	
Nationality: SINGAPORE CITIZEN	Email:	Mobile: 82574395	
Sex: Male	Age: 58	Date of Birth: 29/05/1960	Type of Informant: Driver
Race: Malay	Language:	Institution / School Name:	
Occupation: PEST CONTROLLER	Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
GU5735L	Van				Slightly Damaged	1
WMM4436	Car				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/20180531/2124

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

2 of 3

Report No. T/20180531/2124

CONTINUATION OF REPORT

Driver				
Name	ZULKIFLI BIN MOHD TAWAL		ID No.	S1410883A
Related Vehicle	NIL		Contact No.	82574395
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	NG SENG LING		ID No.	68080808015611
Related Vehicle	NIL		Contact No.	82107327
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 THE ABOVE MENTIONED DATE AND LOCATION @ ABT 1200HRS,

I WAS DRIVING MY VAN (GU5735L) ALONG UPP CHANGI RD, THE ROAD CONSIST OF 4 LANES AND I WAS IN THE SECOND LANE FROM THE RIGHT. THE OTHER DRIVER WAS A MALAYSIAN DRIVER, DRIVING A CAR INFRONT OF ME. I WAS GOING STRAIGHT AND I WAS ABOUT TO PASS BY A TRAFFIC LIGHT, WHEN I REACHED THE TRAFFIC LIGHT SIGNAL, THE DRIVER INFRONT OF ME, STOPPED SUDDENLY. I NEVER EXPECT HIM TO STOP BECAUSE THE SIGNAL WAS STILL AMBER. BUT THE DRIVER STOPPED WHEN HE SAW THE AMBER LIGHT, WHEN HE STOPPED, I COULDN'T BRAKE ON TIME, SO UNFORTUNATELY I HIT THE CAR.

AFTER THE HIT, WE MOVED ASIDE AND EXCHANGED CONTACT DETAILS. I TOOK SOME PHOTOGRAPHS OF THE BOTH VEHICLE. NO ONE WAS INJURED SO WE LEFT THE PLACE AFTER THAT..

THATS ALL..



**SINGAPORE
POLICE FORCE**



T/20180531/2124

3 of 3

Report No. T/20180531/2124

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

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 /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
31/05/2018 15:41

Classification Of Case:

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1410883A



Name
ZULKIFLI BIN MOHD TAWAL

Race
MALAY


Date of Birth
29-05-1960

Sex
M

Country of Birth
SINGAPORE

Barcode

NRIC No. S1410883A



Blood Group
B+

Date of Issue
09-12-1993

Address
**APT BLK 589 WOODLANDS DRIVE 16 #10-28
SINGAPORE 730589**

NRIC No. S1410883A Date: 17-10-2000 No. 3810179

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S1410883A

Name
ZULKIFLI BIN MOHD TAWAL

Birth Date
29 May 1960

Issue Date
17 Jun 2014

Barcode
002313846M

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	04 Nov 1987
Class 2A Motorcycles between 201 CC and 450 CC	04 Sep 1987
Class 2 Motorcycles > 450 CC	26 Mar 1998
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg	17 Jun 2014
Class 4 Heavy motor cars and motor tractors > 2500 kg	09 Nov 2015

S1410883A

S / No. 9000172094

NP 428A

Licence No: S1410883A

Barcode

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5084825253-01

Cover : Third Party

- | | |
|--|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GU5735L |
| Chassis Number | : JAANHR69EY7101107 |
| 2. Name of Policyholder | : ASIA WHITE ANT CONTROL CO PTE LTD |
| 3. Effective Date of Insurance | : 11 Oct 2017 |
| 4. Expiry Date of Insurance | : 10 Oct 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : JUN SHI INSURANCE AGENCY (00000572596)
Date of Issue : 14 Sep 2017 16:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

31/05/2018 12:00

Vehicle No. (For Motor)

GU5735L

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084825253-01	ASIA WHITE ANT CONTROL CO PTE LTD	200101970W	GFT	Third Party	GU5735L	GU5735L	11/10/2017	

▼ Policy Information

Policy No.	5084825253-01	Policyholder Name	ASIA WHITE ANT CONTROL CO	Policyholder NRIC	200101970W
Address	10 UBI CRESCENT #06-81 UBI TECH PARK SINGAPORE 408564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/09/2017	Effective Date	11/10/2017 00:00	Expiry Date	10/10/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#06-81 UBI TECH PARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5084825253-01		

▶ Insured Object: GU5735L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/0996749

Policy No.	5084825253-01	Vehicle No.	GU5735L	GST Registration No.	
Policyholder Name	ASIA WHITE ANT CONTROL CO PTE LTD			Policyholder NRIC	200
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82574395	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	0	Private Hire	No

▼ Accident Details

Report Date	01/06/2018 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	31/05/2018	Time of Accident hh:mm	12:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER CHANGE ROAD				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#06-81 UBI TECH PARK	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.		Related Policy Number	5084825253-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/0
Unnamed driver Name	ZULKIFLI BIN MOHD TAWAL	Driver NRIC	S1410883A	Driving Experience	3
Register Date of Driver License	17/06/2014	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	82574395	Contact No.(Office)	0	Address 3	
Address 1	BLK 589	Address 2	WOODLANDS DRIVE 16	Post Code	7301
Address 4		Address Type	Singapore address		
Unit No.	#10-28 HDB - WOODLANDS	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No				

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	ASIA WHITE ANT CONTROL CO	Insured NRIC	200
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6741
Email Address		OI Vehicle Number	GU5735L	TP Vehicle Number	WM7
Claim Description	GU5735L / WMM4436 ON 31 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	01/06/2018 10:12	Claim Close Date		Date Received	01/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.

MT/0996749

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

01/06/2018 10:10

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:08	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:08	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:08	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:08	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:08	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:08	Photos	Normal	Photos 20