

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118079087.

|                          |                                          |                        |                |
|--------------------------|------------------------------------------|------------------------|----------------|
| Date In: 19/1/18 16:28   | Job description: SAS e-filing            | Date & Time Completed: | Done by:       |
| Ref No: NA/INC1801124164 | E-mail (within 5hrs, AIC 2hrs)           |                        |                |
| Veh No: SLP 4094 B       | i-Motor Claim Form                       | MT/0999285-001         | 20/1/18 09:33. |
| D.O.A: 18/1/18 14:45.    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |                |
| OD / TP / 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: SHD 4182R                                      | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

MA1803859

## Invoice Preparation Checklist

Amt (\$)  
1st Bill

Amt (\$)  
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$90)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) QP\*
- \*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



## 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                                                               | 19/06/2018 16:28                       |
| Date Of Accident                                                             | 18/06/2018 14:45                       |
| Exact Location Of Accident                                                   | JLN EUNOS B4 JUNC EUNOS CRESCENT       |
| Country/State of Loss                                                        | SINGAPORE                              |
| DETAILS OF OWN VEHICLE                                                       |                                        |
| Vehicle Registration Number                                                  | SLP4094B                               |
| <b>Insured/Policyholder</b>                                                  |                                        |
| Name Of Registered Owner                                                     | L'JUFRI LIMO SERVICES                  |
| Co Reg No                                                                    | 53287057C                              |
| Email Address                                                                | NOEMAIL                                |
| Mobile Phone No                                                              |                                        |
| Alternative Phone No                                                         | OFFICE-91349214                        |
| <b>Vehicle Particulars</b>                                                   |                                        |
| Manufacturer                                                                 | HONDA                                  |
| Model                                                                        | VEZEL 1.5X CVT                         |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL                             |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                     |
| If No, Please state action to be taken                                       | REPORTING ONLY                         |
| Vehicle Category                                                             | PRIVATE HIRE                           |
| <b>Insurance Company</b>                                                     |                                        |
| Name of Insurance Company                                                    | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage                                                             | COMPREHENSIVE                          |
| Fleet Policy                                                                 | NO                                     |
| Policy Number                                                                | 5100986824                             |
| Cover Note Number                                                            | -                                      |
| <b>Driver</b>                                                                |                                        |
| Name of Driver                                                               | SYED HASHIM BIN ABU BAKAR              |
| NRIC No                                                                      | S1423384I                              |
| Date Of Birth                                                                | 21/05/1960                             |
| Occupation                                                                   | OUTDOOR                                |
| Date Of Driving Pass                                                         | 18/03/2013                             |
| Driving Experience                                                           | 5 YEARS AND 3 MONTHS                   |
| Gender                                                                       | MALE                                   |
| Mobile Number                                                                | (LOCAL) +65-91349214                   |
| Fax Number                                                                   |                                        |
| Contact Number                                                               |                                        |
| Email Address                                                                | NOEMAIL                                |



|                                                     |                        |
|-----------------------------------------------------|------------------------|
| Address                                             | BLK 94 PIPIT RD #12-35 |
| Postcode                                            | 370094                 |
| Was driver an employee of the Insured's Company     | NO                     |
| If No, Relationship of the Driver with the Insured  | OWNER                  |
| 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?                                                       | NO  |
| Was any injured conveyed to hospital by ambulance?                                          |     |
| Was any other material or property damaged?                                                 | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)                                                     | 1   |

#### Details of Police Action

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### 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         | SHD4182R |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Vehicle Category                    | TAXI     |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

## 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.

**L'JUFRI**  
*Lima Services*

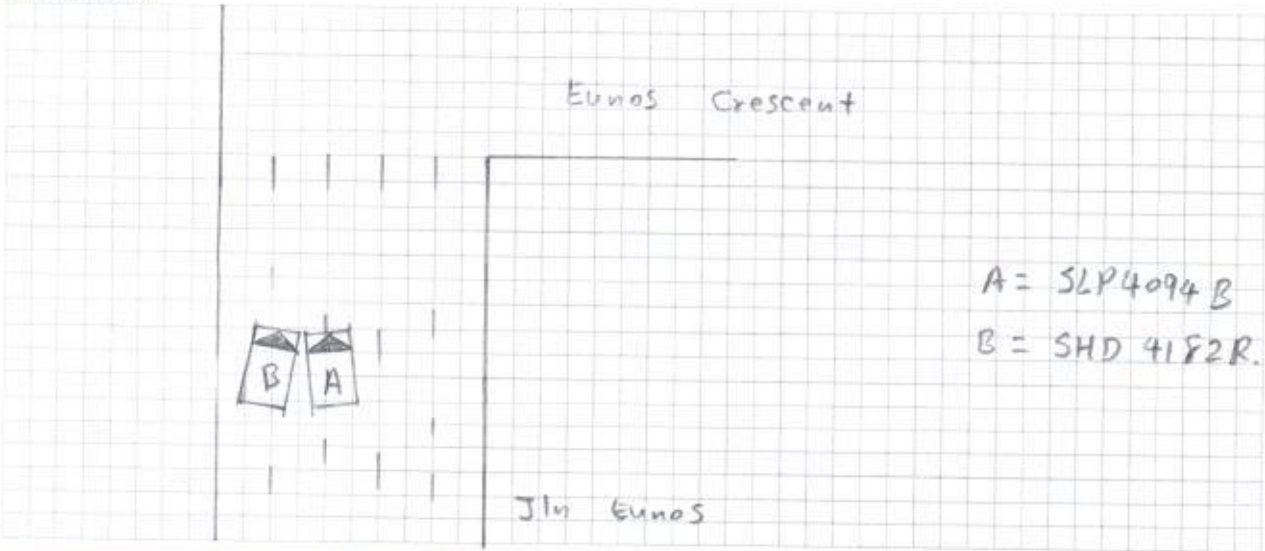
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

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

**L'JUFRI**  
Limo Services

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.:

I WAS TRAVELLING ALONG JLN EUNOS BEFORE THE JUNC OF EUNOS CRESCENT, I WAS ON THE THIRD LANE, I SWITCH ON MY LEFT INDICATOR AND THE CAR ON THE LEFT LANE WAS ON A STOP QUEUE, I SEE A GAPE FOR ME TO SLOWLY FILTER TO THE LEFT LANE, SUDDENLY VEH B (BEARING NO SHD4182R) FROM THE EXTREME LEFT LANE ALSO FILTER TO THE LANE WHICH I WAS FILTER TO. AS THE RESULT, MY VEH AND THE TAXI COME TO A MINOR COLLISION. MY VEH SUFFER MINOR SCRATCHED ON THE FRONT LEFT BUMPER AND THE TAXI DAMAGE ON THE RIGHT FRONT BUMPER.

## ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 6 / 18) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: Ennas LK Jly Ennos B4 Junction Ennos Crescent

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 4094 B.  
b) INSURANCE COMPANY: MLC.  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: L' Jufri Limo Services. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91349214.  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Syed Hashim Bin Abu Bakar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 4182 R. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

\* company chop.

email = Alzufri6019@gmail.com

fax = ALJufri



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1423384I



Name  
SYED HASHIM BIN ABU BAKAR

سید ہاشیم بن ابوبکر

Race

ARAB

Date of birth

21-05-1960

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1423384I

Name

SYED HASHIM BIN ABU BAKAR

Birth Date 21 May 1960

Issue Date 18 Mar 2013



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1423384I

Name : SYED HASHIM BIN ABU BAKAR

Issue Date : 10/7/2017

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

5858050



NRIC No. S1423384I

Date of issue

24-01-2018

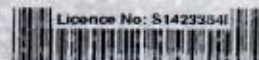
Address

APT BLK 94 PIPIT ROAD  
#12-35  
SINGAPORE 370094

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 18 Mar 2013



Licence No: S1423384I

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description   | Issue Date |
|------|---------------|------------|
| 03   | BUS VL        | 29/07/2014 |
| 04   | BUS ATTENDANT | 29/07/2014 |





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)

| Select                | Policy No. | Policyholder Name     | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5100986824 | L'JUFRI LIMO SERVICES | 53287057C         | GPC     | drivo CLASSIC | SLP4094B    | SLP4094B       | 02/06/2018    | 01/06/2019  |

## Claim Handling

Accident MT/0999285

|                     |                                                               |                     |                                                               |                      |           |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|-----------|
| Policy No.          | 5100986824                                                    | Vehicle No.         | SLP4094B                                                      | GST Registration No. |           |
| Policyholder Name   | L'JUFRI LIMO SERVICES                                         | Cover Type          | drive CLASSIC                                                 | Policyholder NRIC    | 53287057C |
| Product Code        | PRIVATE CAR INSURANCE                                         | Contact No.(Office) |                                                               | Loading              | 0         |
| Contact No.(Mobile) | 91349214                                                      | Special Remark      |                                                               | Contact No.(Home)    |           |
| Email Address       |                                                               | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | No        |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)  | 10                                                            | eCode Reason         |           |
| NCD Protection      | No                                                            |                     |                                                               | Private Hire         | Yes       |

## Accident Details

|                   |                                  |                               |       |                     |                            |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date       | 20/06/2018 09:29                 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Change / Cross |
| Date of Accident  | 18/06/2018                       | Time of Accident hh:mm        | 14:45 | Country of Accident | Singapore                  |
| Reporting Centre  |                                  | Orange Force                  |       | ICM No.             |                            |
| Accident Location | JLN EUNOS B4 JUNC EUNOS CRESCENT |                               |       |                     |                            |

## Benefits

## Excess

|                       |          |                             |          |                   |        |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0        | 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   | No |
| Modification History |    |                       |    |

## Policyholder Mailing Address

|           |               |                       |                   |           |                  |
|-----------|---------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 94 #12-35 | Address 2             | PIPIT ROAD        | Address 3 | SINGAPORE 370094 |
| Address 4 |               | Address Type          | Singapore address | Post Code | 370094           |
| Unit No.  | 03-06         | Related Policy Number | 5100986824        |           |                  |

## OI Driver Info

|                                         |                                                               |                     |                   |                        |                  |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    | Driver DOB             | 21/05/1960       |
| Unnamed driver Name                     | SYED HASHIM BIN ABU BAKAR                                     | Driver NRIC         | S14233841         | Driving Experience     | 5                |
| Register Date of Driver License         | 18/03/2013                                                    | Driver Age          | 58                | Contact No.(Home)      |                  |
| Contact No.(Mobile)                     | 91349214                                                      | Contact No.(Office) |                   | Address 3              | MACPHERSON OASIS |
| Address 1                               | BLK 94 #12-35                                                 | Address 2           | PIPIT ROAD        | Post Code              | 370094           |
| Address 4                               | SINGAPORE 370094                                              | Address Type        | Singapore address |                        |                  |
| Unit No.                                | 12-35                                                         | Driver Vehicle No.  |                   | Driver Insurer Company |                  |
| Does he own a Singapore Registered car? | Yes <input checked="" type="radio"/> No <input type="radio"/> |                     |                   |                        |                  |

## Declaration

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

## Modification History

Claim 001 **New**

|                                                     |                                    |                         |                                  |                            |                  |
|-----------------------------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                                        | OD-MX                              | Insured Name            | L'JUFRI LIMO SERVICES            | Insured NRIC               | 53287057C        |
| Contact No.(Mobile)                                 | 83596179                           | Contact No.(Home)       |                                  | Contact No.(Office)        |                  |
| Email Address                                       |                                    | OI Vehicle Number       | SLP4094B                         | TP Vehicle Number          | SHD4182R         |
| Claim Description                                   | SLP4094B / SHD4182R ON 18 Jun 2018 |                         |                                  | Name of Preferred Workshop | 0                |
| Preferred Workshop Contact No.                      | 0                                  | Insured Liability *     | Partially at Fault               | GIA report                 | Received         |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              | 20/06/2018 00:00 |
| Date Registered                                     | 20/06/2018 09:32                   | Claim Close Date        |                                  |                            |                  |
| Report Taken By                                     | LIEW SHAN HUI                      |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                            |                  |

Save Submit

## Attachment

|                            |                                                               |              |                  |
|----------------------------|---------------------------------------------------------------|--------------|------------------|
| Accident No.               | MT/0999285                                                    | Claim No.    | 001              |
| Last Doc. Received         | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date  | 20/06/2018 09:33 |
| Path *                     |                                                               | Category *   |                  |
| Choose File No file chosen |                                                               | Confidential | Normal           |
| Choose File No file chosen |                                                               | Urgency *    | Normal           |
| Choose File No file chosen |                                                               |              |                  |



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Message Read

Sen

Attachment List

| Attachment                                                                         | Uploaded By/Date                                                               | Category              | Urgency | Description                     |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|---------|---------------------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-6-20 |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | SAS                   | Normal  | SAS 2018-6-20                   |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:33 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 09:32 | Photos                | Normal  | Photos 2018-6-20                |

Video List

| Uploaded By/Date | Folder Date | File Name             | Source             |
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