

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 22/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18011337/13	SAS e-filing		
Veh No: FY13764	E-mail (within 8hrs; A/C 2hrs)		
D.O.A: 12/06/18 1030	i-Motor Claim Form	MT/0999603 - 001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SJN4106K	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

NA1803891	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT : 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:-			
	ON*			
	*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 30			
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:				



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	22/06/2018 09:15
Date Of Accident	12/06/2018 10:30
Exact Location Of Accident	THOMSON RD TWDS JALAN TODAK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY1376G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RUJENDAR SINGH S/O UJAGAR SINGH
NRIC No	S0141554I
Email Address	DAVIDSINGH843@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91114159
Alternative Phone No	OTHERS-91114159

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GN125
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085453046-01
Cover Note Number	

### Driver

Name of Driver	RUJENDAR SINGH S/O UJAGAR SINGH
NRIC No	S0141554I
Date Of Birth	30/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114159
Fax Number	
Contact Number	OTHERS-91114159
Email Address	DAVIDSINGH843@GMAIL.COM

Address	BLK 173 LOR 1 TOA PAYOH #09-1280
Postcode	310173
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	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/20180619/2053

#### 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	SJN4106K
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: 19/6/18

Driver's Signature

(If driver is not the policyholder)

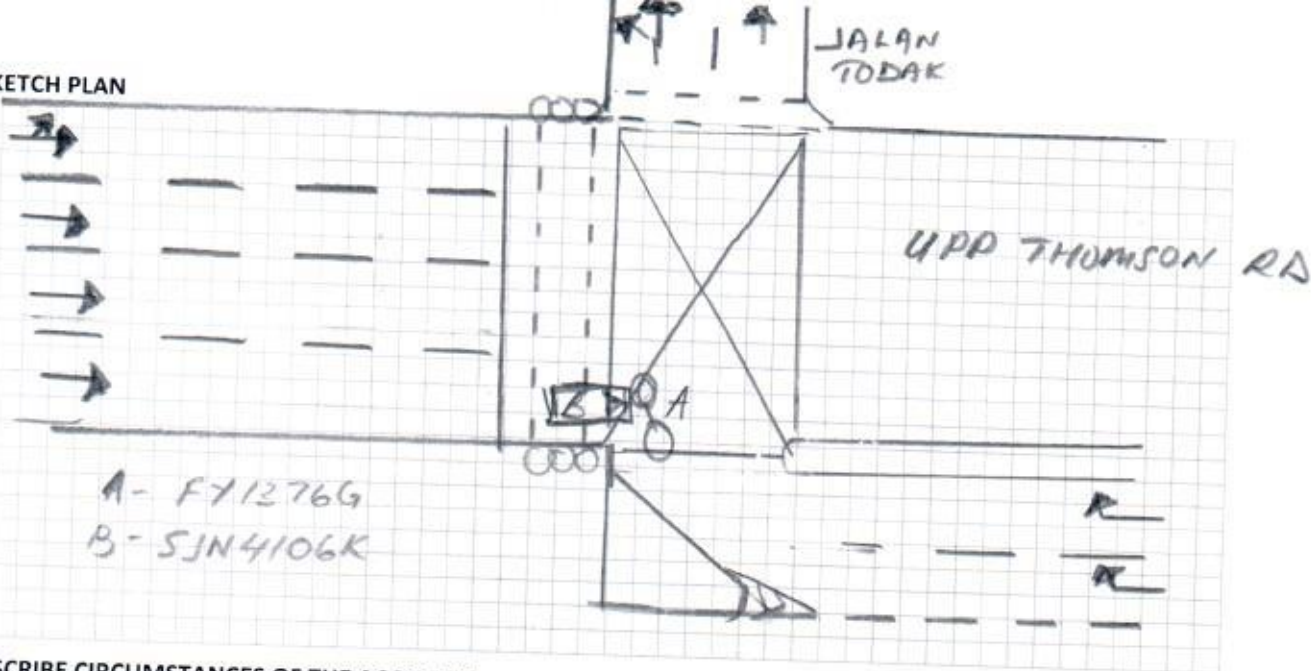
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180619/2053

## DECLARATION

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

Policyholder's Signature  
Date & Time: 19/6/18

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

Reporting Centre Personnel's Signature  
Name: 2/June 22/06/18  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180619/2053

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

1 of 3

Report No. T/20180619/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/06/2018 11:45	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: RUJENDAR SINGH S/O UJAGAR SINGH			Address: APT BLK 173 LOR 1 TOA PAYOH #09-1280 HDB-TOA PAYOH SINGAPORE 310173		
ID Type / ID No.: NRIC NO / S0141554I			Contact No.: Home/Office: Mobile: 91114159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 30/07/1949	Type of Informant: Driver		
Race: Sikh			Language:		Institution / School Name:
Occupation: DISPATCH DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/06/2018 10:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD JALAN TODAK				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY1376G	Motorcycle	SUZUKI	GN125	Black		0
SJN4106K	Car	MAZDA	MAZDA2 5- DOOR HATCHBAC K 1.5L SP.6EAT	Red		0



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

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY1376G	NTUC Income Insurance Co-Operative Limited	5085453046-01	18/12/2017	17/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RUJENDAR SINGH S/O UJAGAR SINGH	ID No.	S0141554I
Related Vehicle	NIL	Contact No.	91114159
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	18	Degree of Injury	NIL

**Brief Details.**

ON 12/6/2018 AT 1030HRS AT THOMSON ROAD,

I WAS TRAVELLING ALONG THOMSON ROAD AND WANTED TO TURN RIGHT INTO JALAN TODAK. AS I STOPPED BY THE SMALL POCKET TO TURN, I SAW THAT THE LIGHT WAS RED FOR THE OPPOSITE DIRECTION. I WAS WAITING FOR THE TRAFFIC LIGHT TO BE IN MY FAVOR. THE LIGHT TO ENTER JALAN TODAK WAS GREEN THE ENTIRE TIME. I LOOKED FOR ONCOMING VEHICLES AND SAW A RED MAZDA CAR ON THE RIGHT MOST LANE. HOWEVER, THE CAR WAS NOT MOVING VERY FAST AND THE TRAFFIC LIGHT WAS RED. AS SUCH, I THOUGHT THAT THE CAR WOULD STOP AND I PROCEEDED TO MAKE THE TURN. HOWEVER, JUST AS I MADE THE TURN, THE MAZDA SUDDENLY SURGED FORWARD AND COLLIDED INTO ME. AFTER THAT, SOME PASSER BY HELPED ME UP AND AMBULANCE WAS AT SCENE TO CONVEY ME TO HOSPITAL.





SINGAPORE  
POLICE FORCE



T/20180619/2053

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

3 of 3

Report No. T/20180619/2053

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 /  
LEE KWANG HONG KENDRICK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
19/06/2018 11:45

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 06 / 18 (DD/MM/YYYY), TIME: 10 : 30 (HH:MM)

LOCATION: THOMSON RD TWAS JALAN TODAR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY1376G  
 b) INSURANCE COMPANY: AFUL  
 c) POLICY NUMBER: 50141554  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: 542UR1 GN135  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: RUJENAR SINGH S/O WAGAR SINGH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91114159  
 c) ADDRESS: BLK 173 LOR 1 TON PAYOH  
#09-1280 (S'PORE) 519173

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

## 3. DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 30 / 07 / (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13 / 01 / 1977

## 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) YES

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN4106K MODEL: MAZDA \*No of passe  
 b) DRIVER'S NAME: \_\_\_\_\_ (Including di  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (—)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_ \*No of pass  
 e) DRIVER'S NAME: \_\_\_\_\_ (Including a  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (—)

\*No of  
passenger  
(including di  
(1)

\*No of passe  
(Including di  
(—)

\*No of pass  
(Including a  
(—)

19/06/18

email =

fax =

waiting for  
veh



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S01415541**

Name: **RUJENDAR SINGH S/O UJAGAR SINGH**

Birth Date: **30 Jul 1949**  
Issue Date: **15 Mar 2003**

000296672F



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S01415541**

Name: **RUJENDAR SINGH S/O UJAGAR SINGH**

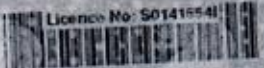
Religion: **SIKH**  
Date of Birth: **30-07-1949** Sex: **M**  
Country of Birth: **SINGAPORE**




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

Class	Vehicle Description	PASS DATE
Class 2A	Motorcycles not exceeding 200 cc	13 Jan 1977
Class 2	Motorcycles between 201 cc and 400 cc	13 Jan 1977
Class 2	Motorcycles exceeding 400 cc	13 Jan 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jul 1957

Licence No: **S01415541**



**212**

Barcode

NRIC No: **S01415541**

Religion: **SIKH**  
Date of Birth: **14-06-1994**  
Blood Group: **O+**

APT BLK 173 LORONG 1 TOA PAYOH #09-1280  
SINGAPORE 310173  
NRIC No: **S01415541** Date: **22/03/2008** No: **6025813**



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"/>	5085453046-01	RUJENDAR SINGH S/O UJAGAR SINGH	S0141554I	GMC	Third Party	FY1376G	FY1376G	18/12/2017	17/12/2018



## Claim Handling

Accident MT/0999603

Policy No.	5085453046-01	Vehicle No.	FY1376G	GST Registration No.	
Policyholder Name	RUJENDAR SINGH S/O UJAGAR SINGH			Policyholder NRIC	S0141554I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91114159	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(%)	10	Private Hire	No

## ▼ Accident Details

Report Date	22/06/2018 09:47	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/06/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD TWDS JALAN TODAK				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 173 #09-1280	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310173
Address 4		Address Type	Singapore address	Post Code	310173
Unit No.		Related Policy Number	5085453046-01		

## ▼ O1 Driver Info

Driver Name	RUJENDAR SINGH S/O UJAGAR SINGH	Driver Type	Main Driver	Driver DOB	30/07/1949
Unnamed driver Name		Driver NRIC	S0141554I	Driving Experience	41
Register Date of Driver License	13/01/1977	Driver Age	68	Contact No.(Home)	0
Contact No.(Mobile)	91114159	Contact No.(Office)	0	Address 3	SINGAPORE 310173
Address 1	BLK 173	Address 2	LORONG 1 TOA PAYOH	Post Code	310173
Address 4		Address Type	Singapore address		
Unit No.	#09-1280				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX ▼	Insured Name	RUJENDAR SINGH S/O UJAGAR	Insured NRIC	S0141554I
Contact No.(Mobile)		Contact No.(Home)	64432401	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	FY1376G	TP Vehicle Number	SJN4106K
Claim Description	FY1376G / SJN4106K ON 12 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	22/06/2018 00:00
Date Registered	22/06/2018 09:52	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter 

## Attachment

Accident No.	MT/0999603	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2018 00:00
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO ▼
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO ▼

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 22 Jun 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:52	SAS	Normal	SAS 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:52	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:52	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:52	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:51	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:51	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:51	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:51	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:51	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:51	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:50	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:50	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:50	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:50	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:50	Photos	Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 09:50	Photos	Normal	Photos 2018-6-22

## Video List

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

Display in New Window

Scan and uploading