

NATIONAL Assessment Centre Services

Form 1 Jan 2003

MIWA 118094770.

Date In: 23/7/18 13:46	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013309/44.	SAS e-filing		
Veh No: YM 7864 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/7/18 13:55.	i-Motor Claim Form	MT/1004184-001	23/7/18 17:36.
OD <input checked="" type="checkbox"/> 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:

Unknown.

INC (

) / Non-INC (

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (

Warranty: YES (

) / NO (

Excess: (\$

Loading: \$1,000 (

) / \$2,000 (

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	23/07/2018 13:46
Date Of Accident	22/07/2018 13:55
Exact Location Of Accident	CTE BRADDELL EXIT TWDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7864M
Insured/Policyholder	
Name Of Registered Owner	CITI MAP LOGISTICS PTE. LTD.
Co Reg No	201313617W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81001011

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088144740-01
Cover Note Number	-

Driver

Name of Driver	ZHANG LIANGLIANG
NRIC No	G5478413P
Date Of Birth	01/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83101712
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 927 YISHUN CENTRAL 1 #06-165
Postcode	760927
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 - 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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK3522R
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBF6415S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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:

张亮亮

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

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

Accident Statement

Date of Accident	22/09/2018
Time of Accident	13:55 AM / PM
Location of Accident	

Details of Owner & Vehicle

Vehicle (A) Registered Number	YM7864M
Name of Owner	CHIMAP LOGISTICS PTE LTD
NRIC No	
Date of Birth (if owner is driver)	/ /
Occupation (if owner is driver)	Indoor / Outdoor
Gender	Male / Female
Address	
Owner's Contact No :	H/P : Tel :
Driving Passed Date	/ /
Type of Claim	Own Damaged / Third Party / Reporting only
Vehicle Make / Type of Vehicle / Color	/ /
Vehicle on Tow?	No / Yes
Exact Purpose of Use	Private / Commercial / Hire & Reward

Insurance Company

Name of Insurance Company	NTUC INCOME
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy Number	
Fleet Policy	No / Yes

Driver Particulars

Name of Driver	ZHANG LIANG LIANG
NRIC No	G5470413P
Date of Birth	/ /
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact Number	H/P : 83101912 Tel :
Email Address	
Driving Passed Date	/ /
Address	
Relationship of the Driver with the Insured	Owner / Son / Daughter / Spouse / Employee / Others
Does the Driver Own Any Other Vehicle	No / if Yes : Vehicle No? Insurance Co.:
Number of Passengers (Including Driver)?	1

General Information of the Accident

Type of Collision	
Weather Conditions / Road Surface	Clear / Raining - Dry / Wet / Others :
Any Police Report Lodged ?	No / if Yes : Where?
Notice of Intended Prosecution Given?	No / if Yes : Against Who?
Was any body injured in the Accident ?	No / if Yes : Who / Which Vehicle?
Was any other material or property damaged?	Yes / No
Was any foreign vehicle involved in this accident?	No / if Yes : Which Veh.? Veh. Category:
Was there any video captured by Car Camera?	Yes / No

Details of other Vehicle (s) / Properties (1)

Vehicle (B) Registered Number - 3rd Party	SLK352R
Details of Properties Damaged	Front / Rear / Others :
Name of Driver	
NRIC / Passport Number / Fin Number	
Contact Number	H/P : Tel :
Address	
Insurance Company	

Details of Witness

No / If Yes : H/P :

Details of other Vehicle (s) / Properties

(C) Vehicle No:	(E) Vehicle No:
(D) Vehicle No:	(F) Vehicle No:



SINGAPORE POLICE FORCE



T/20180722/2052

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180722/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2018 16:14	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: ZHANG LIANGLIANG		Address: APT BLK 927 YISHUN CENTRAL 1 #06-165 SINGAPORE 760927	
ID Type / ID No.: FIN NO / G5478413P		Contact No.: Home/Office: Mobile: 83101712	
Nationality: CHINESE		Email:	
Sex: Male	Age: 34	Date of Birth: 01/02/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2018 13:55	Type of Location: Bend
Location: CENTRAL EXPRESSWAY Braddell Exit Towards Yishun				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK3522R	Car				Seriously Damaged	0
YM7864M	Lorry				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20180722/2052

2 of 3

Report No. T/20180722/2052

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	ONG CHEE KIEN		ID No. S1519781A
Related Vehicle	SLK3522R (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZHANG LIANGLIANG		ID No. G5478413P
Related Vehicle	YM7864M (Lorry)		Contact No. 83101712
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/07/2018 at about 1355hrs, I was driving my lorry along CTE on 3rd lane, when another lorry of unknown plate swerved in from 2nd lane out of sudden towards my front and hit my lorry on the left front side. Upon the impact, he jammed brake and to avoid another collision, I swing my lorry to the other lane and bumped onto a Grey Toyota Hybrid Prius plated SLK3522R on the 4th lane. My lorry nearly flip over and I ended up back to the 3rd lane and all the way to the 1st lane. I came to know after that a motorcyclist hit onto the Grey Toyota after that. The initial lorry that swerved into my lane fled the scene.

Ambulance came to scene and convey the motorcyclist to the hospital. Traffic police came to scene and advice me to lodge a traffic police report. IO: Abdillah 65476246.

Tech Ghee HPP
Blk 321 Ang Mo Kio St
Store 560321
Store 560321 - 459-9999



**SINGAPORE
POLICE FORCE**



T/20180722/2052

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No: T/20180722/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

F /

Sgt 2 TAY HUI KEE, JEANIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN

Contact No.: 65476429

Authentication Stamp

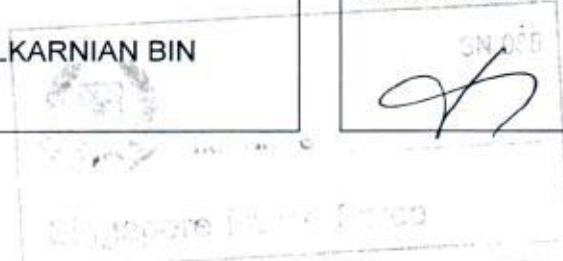
NP168

Signature Of Informant:

Date/Time:

22/07/2018 16:14

Classification Of Case:



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
GITI MAP TRANSPORT SERVICES

Sector: **SERVICE**

Name
ZHANG LIANGLIANG

Occupation
TRANSPORT OPERATIONS EXECUTIVE

S Pass No.
0 75873018

Date of Application
04-10-2017

Date of Issue
01-12-2017

Date of Expiry
01-12-2019

L8485058

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G5478413P**

Name
ZHANG LIANGLIANG

Birth Date **01 Feb 1984**

Issue Date **17 Oct 2014**

Valid Till **16 Oct 2019**

002356487B

VISIT PASS
Immigration Regulations

Name
ZHANG LIANGLIANG

Date of Birth **01-02-1984** Sex **M** Nationality **CHINESE**

FIN **G5478413P** Date of Issue **01-12-2017** Date of Expiry **01-12-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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 17 Oct 2014

Licence No: G5478413P

NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)

[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/07/2018 13:47"/>
Vehicle No.(For Motor)	<input type="text" value="YM7864M"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088144740-01	CITI MAP LOGISTICS PTE. LTD.	201313617W	GFT	Comprehensive	YM7864M	YM7864M	25/02/2018	

▼ Policy Information

Policy No.	5088144740-01	Policyholder Name	CITI MAP LOGISTICS PTE. LTD.	Policyholder NRIC	201313617W
Address	211 WOODLANDS AVENUE 9 #04-76 SINGAPORE 738960				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/02/2018	Effective Date	25/02/2018 00:00	Expiry Date	24/02/2019 23:59
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	211 WOODLANDS AVENUE 9	Address 2	#04-76	Address 3	SINGAPORE 738960
Address 4		Address Type	Singapore address	Post Code	738960
Unit No.	04-76	Related Policy Number	5088144740-01		

▶ Insured Object: YM7864M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Accident MT/1004184

Policy No.	5088144740-01	Vehicle No.	YM7864M	GST Registration No.	201313617W
Policyholder Name	CITI MAP LOGISTICS PTE. LTD.			Policyholder NRIC	201313617W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81001011	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	23/07/2018 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	22/07/2018	Time of Accident hh:mm	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE BRADDELL EXIT TWDS YISHUN				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2015
GST Registration No.	201313617W	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	211 WOODLANDS AVENUE 9	Address 2	#04-76	Address 3	SINGAPORE 738960
Address 4		Address Type	Singapore address	Post Code	738960
Unit No.	04-76	Related Policy Number	5088144740-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/02/1984
Unnamed driver Name	ZHANG LIANGLIANG	Driver NRIC	G5478413P	Driving Experience	3
Register Date of Driver License	17/10/2014	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	83101712	Contact No.(Office)		Address 3	SINGAPORE 760927
Address 1	BLK 927 #06-165	Address 2	YISHUN CENTRAL 1	Post Code	760927
Address 4		Address Type	Singapore address		
Unit No.	06-165				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CITI MAP LOGISTICS PTE. LTD.	Insured NRIC	201313617W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	YM7864M	TP Vehicle Number	UNKNOWN
Claim Description	YM7864M / UNKNOWN ON 22 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/07/2018 00:00
Date Registered	23/07/2018 17:25	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1004184	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2018 17:36			
Path *		Category *	Confidential	Urgency *	Descr	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

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 23 Jul 2018 17:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:36	SAS	Normal	SAS 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:36	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:35	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:35	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:35	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:35	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:35	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:35	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:25	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 17:25	Photos	Normal	Photos 2018-7-23
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Video List

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