

NATIONAL Assessment Centre Services

Form 1 (Jan 05)

MMA 118095774

Date In: 24/7/18 17:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAL INC 18013441/44	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SCM 6299L	i-Motor Claim Form	MT/1004571-001	25/7/18 15:42
D.O.A: 21/7/18 20:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) 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:

SCM 1260 Y.

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

MA1804713		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		31.00	
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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2 / 3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		9) N12: Idac Mobile \$30			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		*N11: TP (Non INC) against INC \$20			
		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	24/07/2018 17:22
Date Of Accident	21/07/2018 20:20
Exact Location Of Accident	BLK 827 TAMPINES ST 81 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM6299L
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	WEE ZON KIEW
NRIC No	S1586404D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97552935
Alternative Phone No	OFFICE-97552935

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC VTI 4M
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097555475
Cover Note Number	-

Driver

Name of Driver	CHEONG KIAN HAO
NRIC No	S9210072C
Date Of Birth	05/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81578421
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 827 TAMPINES ST 81 #03-144
Postcode	520827
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1260Y
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:

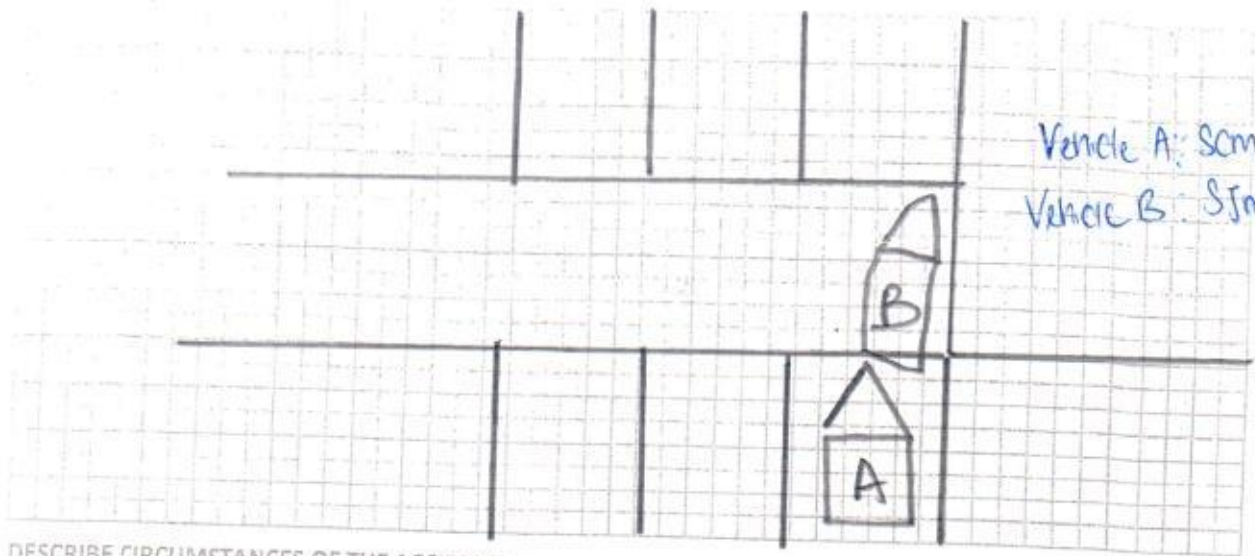
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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)

Reporting Centre Personnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at carpark of BUC 827 Tampines St 81. Vehicle B, tried to make a 3 point turn and knocked onto my front right portion while reversing. My in car camera caught a video footage of the incident. Police report was made.

DECLARATION

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

Signature of the policyholder or driver

Name:

NRIC/FIN No.:

VEHICLE NO: SCM 6299 L

MAKE & MODEL: HONDA CIVIC

DATE OF ACCIDENT	21 / 07 / 2018	
TIME OF ACCIDENT	2020 AM / PM	
LOCATION OF ACCIDENT	CARPARK OF BLK 827 TAMPINES ST 81	
Exact Purpose use during accident		
NAME OF OWNER	WEE ZUON KIEW	
TELP NO	97552935	
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: CHEONG KIAN HAO	
NRIC	S9210072C Any passengers:	
DATE OF BIRTH	05 / 03 / 1992	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	23 / 03 / 2011	
GENDER	<u>Male</u> / Female	
CONTACT NO.	81578421 Office: Home:	
ADDRESS	BLK 827 TAMPINES ST 81 # 03-144 S(520827)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No: FW 8282 H, FY 7111 P	
RELATIONSHIP	Employee / If No: <u>SON</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
VEHICLE B NO.	STM 1260 Y Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
	Video: Yes.	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELEPHONE NO.	1 Kaki Bukit Ave 6 #02-15	
FAX NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	6 Speed Autowerkz Pte Ltd	
	68 Kaki Bukit Avenue 6	
	#02-05 ARK @ KB, Singapore 417896	
	Tel: 6384 7037 Fax: 6384 7039	
	Email: 6speedautowerkz@gmail.com	



SINGAPORE POLICE FORCE



T/20180723/2169

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

1 of 3

Report No. T/20180723/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
23/07/2018 21:15

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: CHEONG KIAN HAO			Address: APT BLK 827 TAMPINES ST 81 #03-144 SINGAPORE 520827		
ID Type / ID No.: NRIC NO / S9210072C			Contact No.: Home/Office: Mobile: 81578421		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 05/03/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2018 20:20	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 81 OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCM6299L	Car				Slightly Damaged	0
SJM1260Y	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180723/2169

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

2 of 3

Report No. T/20180723/2169

CONTINUATION OF REPORT

Driver			
Name	CHEONG KIAN HAO	ID No.	S9210072C
Related Vehicle	NIL	Contact No.	81578421
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 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 & LOCATION AT ABT 2020HRS,

I PARKED MY CAR (SCM6299L) ALONG TAMPINES STREET 81 @ AN OPEN SPACE CARPARK NEAR TO MY HOUSE.ON THE 21ST OF JULY,I WENT DOWN TO THE CARPARK AND NOTICED THAT SOMEONE COLIDED ONTO MY VEHICLE.ITS A HIT & RUN ACCIDENT.THERE WERE DAMAGES IN MY CAR.(I HAVE THE VIDEO FOOTAGE AND THE PLATE NUMBER).

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20180723/2169

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

3 of 3

Report No. T/20180723/2169

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 / GIT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476365

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/07/2018 21:15

Classification Of Case:


Signature: 

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

EFFECTIVE DATE

Class	Description	Effective Date
Class 1B	Motorcycles < 200 CC	26 Apr 2010
Class 2A	Motorcycles between 200 CC and 400 CC	26 Nov 2011
Class 2	Motorcycles > 400 CC	04 Feb 2012
Class 3	Motor cars not > 2000 kg with not > 7 passengers, exclusive of the driver; and motor tractors < 2500 kg	22 Mar 2013
Class 4	Heavy motor cars and motor tractors > 2500 kg	24 Jul 2013
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	26 Oct 2013

NP 428A

S9210072C

S / No 9000199059

License No: S9210072C

4011254

NPIC No: S9210072C

DATE OF ISSUE: 06-03-2007

Address: APT BLK 827 TAMPINES STREET 81 #03-14 SINGAPORE 520827

REPUBLIC OF SINGAPORE DRIVING LIC.

License Number: S9210072C

Name: CHEONG KIAN HAO

Birth Date: 05 Mar 1992

Issue Date: 30 Aug 2010

001583333E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9210072C

Name: CHEONG KIAN HAO

Race: CHINESE

Date of Birth: 05-03-1992

Sex: M

Country of Birth: SINGAPORE

钟健豪

S9210072C

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: 5097555475

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SCM6299L**
Chassis Number : **JHMEK35700S027278**
2. Name of Policyholder : **WEE ZOON KIEW**
3. Effective Date of Insurance : **01 Mar 2018**
4. Expiry Date of Insurance : **28 Feb 2019**
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: WEE ZOON KIEW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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)

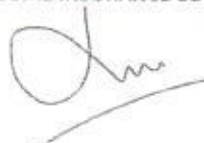
Agency : **JG MOTOR AGENCY (00000613374)**
Date of Issue : **29 Jan 2018 15:15 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Exit

Accident MT/1004571

Policy No.	S097555475	Vehicle No.	SCM6299L	GST Registration No.	
Policyholder Name	WEE ZOON KIEW			Policyholder NRIC	S1586404D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97552935	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	25/07/2018 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/07/2018	Time of Accident (hh:mm)	20:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 827 TAMPINES ST 81 CARRPARK				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 827 #03-144	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520827
Address 4		Address Type	Singapore address	Post Code	520827
Unit No.		Related Policy Number	S097555475		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEONG KIAN HAO	Driver NRIC	S9210072C	Driver DOB	05/03/1992
Register Date of Driver License	23/03/2011	Driver Age	26	Driving Experience	7
Contact No.(Mobile)	81578421	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 827	Address 2	TAMPINES STREET 81	Address 3	TAMPINES GROVE
Address 4	SINGAPORE 520827	Address Type	Singapore address	Post Code	520827
Unit No.	03-144				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	WEE ZOON KIEW	Insured NRIC	S1586404D
Contact No.(Mobile)	90112707	Contact No.(Home)	67841571	Contact No.(Office)	
Email Address		O1 Vehicle Number	SCM6299L	TP Vehicle Number	S1M1260Y
Claim Description	SCM6299L / S1M1260Y ON 21 Jul 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	25/07/2018 00:00
Date Registered	25/07/2018 15:41	Claim Close Date			
Report Taken By	JACKSON				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1004571	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2018 15:42

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	

☐ Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	SAS		Normal	SAS 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:42	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:41	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:41	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:41	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:41	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:41	Photos		Normal	Photos 2018-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 15:41	Photos		Normal	Photos 2018-7-25		Edit
 Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>							