

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MMA 118102130.

Date In: 718118 15:29	Job description	Date & Time Completed	Done by
Ref No: MA/INC18014346/44	SAS e-filing		
Veh No: SLU 5189D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 718118 09:35	i-Motor Claim Form	MT/1006356	718118 17:08
OD: 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: SHA 3522R	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

MA1805027	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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		
	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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	07/08/2018 15:29
Date Of Accident	07/08/2018 09:35
Exact Location Of Accident	ALONG BIDEFORD RD OUTSIDE PARAGON PICKUP POINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU5189D
Insured/Policyholder	
Name Of Registered Owner	AMPM AUTO
Co Reg No	53359134A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81334248
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8G 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096276028
Cover Note Number	-
Driver	
Name of Driver	LEONG CHEN WEI (LIANG ZHENWEI)
NRIC No	S8705601E
Date Of Birth	04/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81334248
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	46 WOODLANDS DR 16 #08-49
Postcode	737777
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
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	SHA3522R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP BOON CHIEW
NRIC/Passport Number	S1604377Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEONG CHEN WEI (LIANG ZHENWEI)
Approximate Age	
Injuries Sustain	PAIN ON RIGHT SIDE BODY
Injured person in which vehicle?	SLU5189D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer [collectively the "Personal Information"] and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



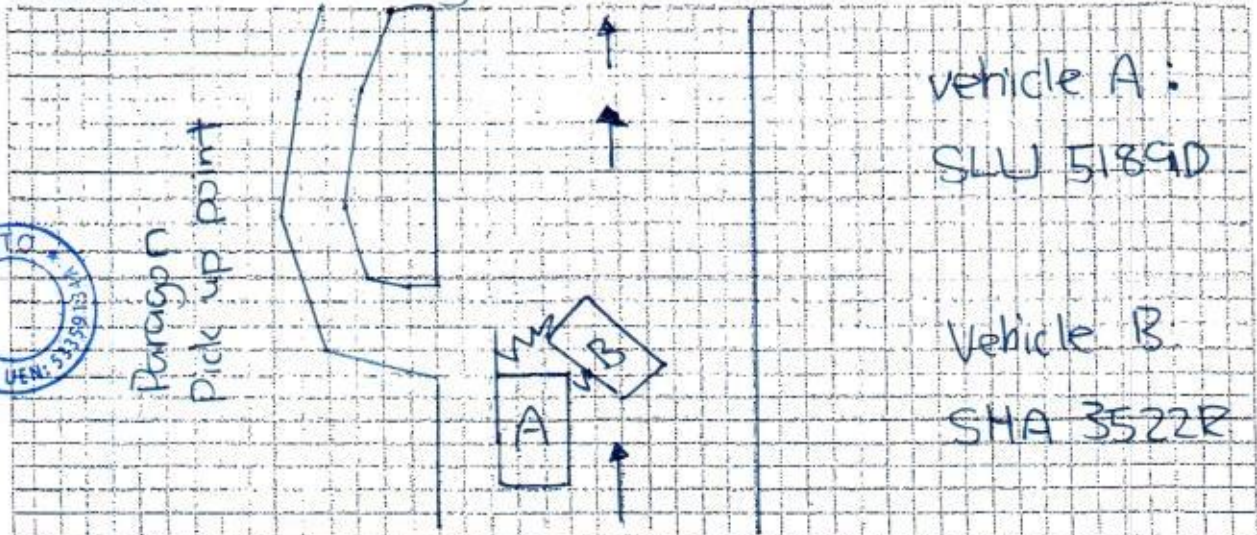
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along Bideford Road, Paragon pick up point



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A is travelling straight along Bideford Road on the outer most left lane. Vehicle B, at the middle lane, did a hard left turn to proceed into taxi pick up point on the left and caused a collision.



DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Date of Accident : 7 August 18 Accident Time: 09:35 (24-HR-Format)
Accident Place : Along Bideford Road, Paragon Pick up point
Vehicle Reg. No. (Car Plate No.) : SLU 5189D
Vehicle Make/Model : TOYOTA C-HR
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : AMPM AUTO
Owner or Company Contact No. : _____ Owner's Hp 8133 4248 Company Tel _____
DRIVER'S Name / IC No. : LEONG CHEN WEI S8705601E
DRIVER'S Date Of Birth : 04-03-1987 DRIVER'S License Pass Date 31 May 2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 46 WOODLANDS DRIVE 16 #08-49, S737777
DRIVER'S Contact No. / Alt No. : 1) 8133 4248 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : weiyuan0312@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHA 3522R

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: YAP BOON CHIEW

Name Driver: _____

IC No. Driver: S1604377Z

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20180807/2077

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20180807/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 13:32		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: LEONG CHEN WEI		Address: 46 WOODLANDS DRIVE 16 #08-49 SINGAPORE 737777			
ID Type / ID No.: NRIC NO / S8705601E		Contact No.: Home/Office: Mobile: 81334248			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 31	Date of Birth: 04/03/1987	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2018 09:35	Type of Location: Straight Road
Location: Along Road 1 BIDEFORD ROAD ALONG BIDEFORD RD, OUTSIDE OF PARAGON PICK-UP POINT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3522R	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0
SLU5189D	Car	TOYOTA	C-HR HYBRID 1.8G CVT	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180807/2077

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180807/2077

CONTINUATION OF REPORT

Driver			
Name	YAP BOON CHIEW	ID No.	S1604377Z
Related Vehicle	SHA3522R (Car)	Contact No.	90992040
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	LEONG CHEN WEI	ID No.	S8705601E
Related Vehicle	SLU5189D (Car)	Contact No.	81334248
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/08/2018	Date Discharge	07/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 07/08/2018 at about 0935hrs, I was driving my vehicle, SLU5189D along Bideford Rd towards CTE/SLE. I was driving on the outermost left lane going straight. Suddenly, when I was about to go pass Paragon, one taxi vehicle no: SHA3522R, driving on the middle lane, did a hard left turn so as to proceed into the taxi pick up point on the left side inside of Paragon. Hence, the left side of vehicle SHA3522R collided onto the right front side of my vehicle. After which, we both exchanged particulars and came to agreement for insurance claim. Both of us then left the scene without calling for ambulance or police. After awhile, I felt some pain on the right side of my body thus, I proceeded to seek medical attention at HealthPlus Clinic & Surgery and was given 3 days of MC. Therefore, I am lodging this report so as to assist in my insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180807/2077

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180807/2077

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:
G /
Sgt 2 KOH WEN RUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/08/2018 13:32

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8705601E



Name

LEONG CHEN WEI
(LIANG ZHENWEI)

梁振威

Race

CHINESE

Date of birth

04-03-1987

Sex

M

Country of birth

SINGAPORE



S8705601E

4921416



NRIC No: S8705601E

Date of issue

20-12-2012

4B WOODLANDS DRIVE 16 #08-49
SINGAPORE 737777

NRIC No: S8705601E

Date: 12/02/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8705601E**
Name: **LEONG CHEN WEI**
(LIANG ZHENWEI)

Birth Date: 04 Mar 1987
Issue Date: 14 Nov 2012

002123359D



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

	EFFECTIVE DATE
Class 3 Motor Cars < 3000 kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500 kg	31 May 2016

NP 428A

Licence No: S8705601E

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: 5096276028

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLU5189D**
 Chassis Number : ZYX102086661
2. Name of Policyholder : AMPM AUTO
3. Effective Date of Insurance : 05 Dec 2017
4. Expiry Date of Insurance : 04 Dec 2018
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder,
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : HOBBS INSURANCE AGENCY (00000572363)
 Date of Issue : 04 Dec 2017 18:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1006356

Policy No.	5096276028	Vehicle No.	SLU5189D	GST Registration No.	
Certificate No.					
Policyholder Name	AMPM AUTO			Policyholder NRIC	53359
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81334248	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	07/08/2018 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	07/08/2018	Time of Accident hh:mm	09:35	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BIDEFORD RD OUTSIDE PARAGON PICKUP POINT				
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	46 WOODLANDS DRIVE 16	Address 2	#08-49 FORESTVILLE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73777
Unit No.	08-49	Related Policy Number	5096276028		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEONG CHEN WEI (LIANG ZHEN	Driver NRIC	S8705601E	Driver DOB	04/03/
Register Date of Driver License	31/05/2006	Driver Age	31	Driving Experience	12
Contact No.(Mobile)	81334248	Contact No.(Office)		Contact No.(Home)	
Address 1	46 WOODLANDS DRIVE 16	Address 2	#08-49 FORESTVILLE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73777
Unit No.	08-49				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
Claim Type *				OD-MX	Insured Name AMPM AUTO
Contact No.(Mobile)				NIL	Contact No.(Home) NIL
Email Address					OT Vehicle Number SLU5189D
Claim Description	SLU5189D / SHA3522R ON 7 Aug 2018				
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation					
Date Registered				07/08/2018 17:06	Claim Close Date
Report Taken By	LIEW SHAN HUI				
Print AK letter					
Save Submit					
Attachment					

Accident No. MT/1006356

Claim No. 001

Last Doc. Received:

☒ Yes ☐ No

Upload Date

07/08/2018 17:08

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:08	SAS	Normal	SAS 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:08	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:08	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:08	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:07	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:07	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:07	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:07	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:07	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:07	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:06	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:06	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:06	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 17:06	Photos	Normal	Photos 2018-8-7
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