

NATIONAL Assessment Centre Services [ver: 24-03]

Date In: 31/08/2018 13:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18015919/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SJF 2013 A	i-Motor Claim Form: MT/1009667 - 001	31/8/18 17:15	
D.O.A: 29/08/2018 6.8:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars:	Veh No: SLW 5484R 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

NA1805543

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Applicator's Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno 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: Idno Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

2018/08/31

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	31/08/2018 13:45
Date Of Accident	29/08/2018 18:15
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF2013A
Insured/Policyholder	
Name Of Registered Owner	BETHLEHEM AUTOMOTIVE PRIVATE LIMITED
Co Reg No	201809311G
Email Address	TLOH68@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97495730
Alternative Phone No	OFFICE-97495730
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100125545
Cover Note Number	
Driver	
Name of Driver	LOH TZE KHAOY
NRIC No	S7227834H
Date Of Birth	14/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97495730
Fax Number	
Contact Number	OTHERS-97495730
Email Address	TLOH68@YAHOO.COM

Address BLK 671A KLANG LANE
#15-51
Postcode 211671
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? 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) 2
Passenger 1
NAME: : NIL
GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW5484R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHEH MING HERNG
NRIC/Passport Number S7974773D
Contact Number 97299879
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:

M

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

M

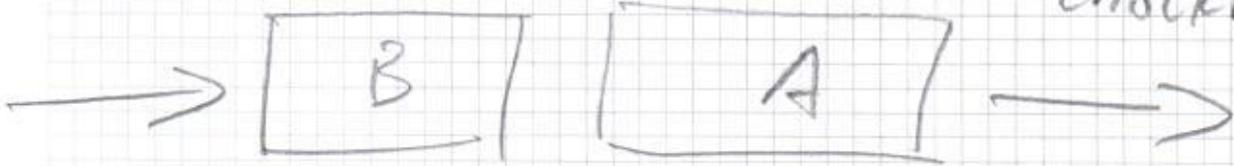
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

31/8/2018

SKETCH PLAN

A - SJF 2013A
B - SLW 5484R

WOODLANDS
CHECKPOINT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

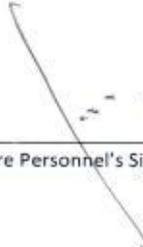
~~THE~~ MY CAR STOPPED ~~AT~~ NEAR WOODLANDS CHECKPOINT & WAS HIT BY THE VEHICLE BEHIND ME

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/FIN No.:

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING



This is to confirm that LOH TZE KHAOY NRIC/FIN: S7227834H, has reported to the Police a non-injury traffic accident which occurred at WOODLANDS CHECKPOINT on 29/08/2018 at 18:15 ~~am~~/pm involving the

following vehicles:

- a) SJF2013A (Complainant's vehicle)
- b) SLW5484R (The other party vehicle)

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap276

Rank / Name of Issuing Officer: SSGT T130126 CHAN DE MING  **Tampines North NPP**

Date : 30/08/2018 Time: 1510HRS

Block 461 Tampines St 44
#01-56 Singapore 520461
Tel: 1800-7818999

S/D Ref: eSD36

Police Post /Unit: Tampines North NPP

Original -- to be issued to complainant
Duplicate-to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Sep 2000

Reported on 31/8/2018 @ 1305HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (29/8/2018) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: Woodlands Checkpoint

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SJF-2013A
 - b) INSURANCE COMPANY: _____
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: _____
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: _____
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - A) NAME: _____ (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers (including driver) (2) 1 - Female

- DRIVER
- a) NAME: _____ (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 97495730
 - c) ADDRESS: _____

- *d) DATE OF BIRTH: () / () / () (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 24/2/03 15/08/1997 *check with driver ✓*
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) **HIRER**
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 6. WAS ANYBODY INJURED (YES / NO) **NO**
- 7. a) REPORTED TO POLICE (YES / NO) **NO**
- IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passengers (including driver)

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SLW5484R MODEL: _____
 - b) DRIVER'S NAME: ~~Choh~~ CHEH MING HENG
 - c) NRIC/FIN/PASSPORT: S7974773D CONTACT: 97299879

No of passengers (including driver)

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = tloh68@yahoo.com
fax = tloh68@yahoo.com

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7227834H



Name
 LOH TZE KHAOY



卢书柯
 Race
 CHINESE
 Date of Birth 14-08-1972 Sex M
 Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7227834H
 Name
 LOH TZE KHAOY



Birth Date: 14 Aug 1972
 Issue Date: 26 Apr 2003

000423137K

0740702



NRIC No: S7227834H



Blood Group B+ Date of issue 18-01-1993

APT BLK 671A KLANG LANE #15-51
 SINGAPORE 211671
 NRIC No: S7227834H Date: 15/09/2008 No: 5972507

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight which ...laden does not exceed 2500 kilograms.

NP 428A

000423137K Licence No: S7227834H

Certificate of Insurance

\$1355.34

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: 5100125545

Cover : drivo CLASSIC

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : SJF2013A |
| Chassis Number | : NZE1416082940 |
| 2. Name of Policyholder | : BETHLEHEM AUTOMOTIVE PRIVATE LIMITED |
| 3. Effective Date of Insurance | : 18 May 2018 |
| 4. Expiry Date of Insurance | : 17 May 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 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) PTE LTD
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 : THIAM HENG AUTO (S) PTE LTD (00000613992)
Date of Issue : 21 Apr 2018 20:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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)
 Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100125545		BETHLEHEM AUTOMOTIVE PRIVATE LIMITED	201809311G	GFT	drive CLASSIC	SJF2013A	SJF2013A	18/05/2018	

Policy Information

Policy No.	5100125545	Policyholder Name	BETHLEHEM AUTOMOTIVE PRIV	Policyholder NRIC	201809311G
Certificate No.					
Address	38 #03-38 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569511				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/04/2018	Effective Date	23/04/2018 00:00	Expiry Date	22/04/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1094.92		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	38 #03-38 ANG MO KIO INDUS	Address 2	SINGAPORE 569511	Address 3	
Address 4		Address Type	Singapore address	Post Code	569511
Unit No.	03-38	Related Policy Number	5100125545		

Insured Object: SJF2013A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/04/2018 00:00	Basic Information Endorsement	000001286819060	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJH2013A 18-05-2018 \$1,495.07 In view of this amendment, an additional premium of \$1,495.07(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	23/05/2018 00:00		000001286822844		

Claim Handling

The premium on this policy has not been collected.

Accident MT/1009667

Policy No.	5100125545	Vehicle No.	SJF2013A	GST Registration No.	
Certificate No.					
Policyholder Name	BETHLEHEM AUTOMOTIVE PRIVATE LIMITED			Policyholder NRIC	2018
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97495730	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<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(%)	0	Private Hire	No

Accident Details

Report Date	31/08/2018 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	29/08/2018	Time of Accident hh:mm	18:15	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	38 #03-38 ANG MO KIO INDUS	Address 2	SINGAPORE 569511	Address 3	
Address 4		Address Type	Singapore address	Post Code	5695
Unit No.	03-38	Related Policy Number	5100125545		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH TZE KHADY	Driver NRIC	S7227834H	Driver DOB	14/0
Register Date of Driver License	15/08/1997	Driver Age	46	Driving Experience	21
Contact No.(Mobile)	97495730	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 671A	Address 2	KLANG LANE	Address 3	
Address 4		Address Type	Singapore address	Post Code	2116
Unit No.	#15-51				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	BETHLEHEM AUTOMOTIVE PRIV	Insured NRIC	2018	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	SJF2013A	TP Vehicle Number	SLW	
Claim Description	SJF2013A / SLW5484R ON 29 Aug 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece	
Date Registered	31/08/2018 17:13	Claim Close Date		Date Received	31/0	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1009667	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

31/08/2018 17:15

Path *	Category *	Confidential	Urgency *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:13		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		SAS	Normal	SAS 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:11		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:10		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:10		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:10		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:10		Photos	Normal	Photos 2018-8-31
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 17:10		Photos	Normal	Photos 2018-8-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	