

# NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MAI 18113023**

Date In: 10/9/18 - 14:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1806431/24	SAS e-filing		
Veh No: 822720	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/9/18 - 08:10	i-Motor Claim Form	M7/10/0758-001	10/9/18 N: 3V
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: JH D 67263 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% P: 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

<b>NA1805756</b> <b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$) In Bill	Am't (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
<b>QD*</b> *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 (N-on INC) against INC \$20 9) N12: Idac Mobile 30				
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	10/09/2018 14:14
Date Of Accident	10/09/2018 08:10
Exact Location Of Accident	AYE (ECP) BEFORE CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR77D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARY GRACE IBANEZ DE GUZMAN @GRACE GO
NRIC No	S7772127D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94598001
Alternative Phone No	OFFICE-94598001

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5S A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102451468
Cover Note Number	

### Driver

Name of Driver	GO TIEN SING @ALBERT GO
NRIC No	S7248679Z
Date Of Birth	20/12/1972
Occupation	INDOOR
Date Of Driving Pass	30/10/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93829902
Fax Number	
Contact Number	OFFICE-93829902
EMail Address	NOEMAIL

Address	BLK 910 JURONG WEST STREET 91 #09-285
Postcode	640910
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : MARY GRACE IBANEZ DE GUZMAN @GRACE GO 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

REFER TO 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	SHD6726J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HWA KWANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name GO TIEN SING @ALBERT GO  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKR77D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MARY GRACE IBANEZ DE GUZMAN @GRACE GO  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKR77D  
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.
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.

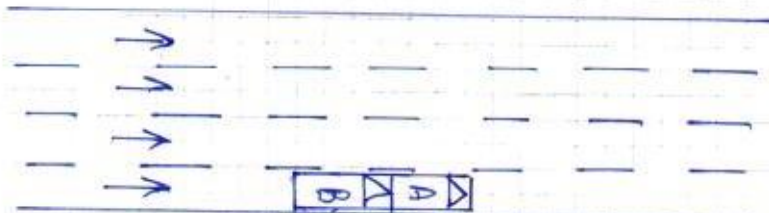
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

(A) SKR 770  
(B) SFD 6726J



AYE towards ECP before Clemente Ave 6 exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/09/18 at @ 0810hrs, I was travelling in my vehicle (SKR 770) along AYE towards ECP before Clemente Ave 6 exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a taxi (SFD 6726J) from behind collided onto the rear portion of my vehicle.

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.:

<b>Vehicle No.</b>	SKR 77D	Model / Make	Toyota Alphard.
Date of Accident	10/09/18		
Time of Accident	0810 HRS		
Location of Accident	AYZ towards ECP before Clementi Ave 6 exit.		
Exact purpose use during accident	Private Used.		
<b>Name of Owner</b>	Mary Grace Ibanez De Guzman @ Grace Go.		
Telephone No.	H/P: 9459 8001	Home:	Office:
NRIC	S 7772127D		
Address	BLK 910, Jurong West St 91 #09-285 (S) 640 910.		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5102451468		
<b>Name of Driver</b>	As Above If No, Go Tien Sing		
NRIC	S 7248679Z	Any Passengers: 01 (F)	
Date of birth	20/12/1972		
Occupation	Outdoor	Indoor	
Driving License Pass Date	30/10/1998		
Gender	Male	Female	
Contact No.	H/P: 9382 9902	Home:	Office:
Address	BLK 910, Jurong West St 91 #09-285 (S) 640 910.		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state husband	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.	① Mary Grace Ibanez De Guzman (H/P: 9459 8001)		
Name And Contact No.	② Go Tien Sing (H/P: 9382 9902)		
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	S4D 6726J	Any Passengers: 01 (F)	
Name of Driver	Tan Hwa Kwang	Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Rear Portion.		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	albertgots@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
<b>PARTICULAR WORKSHOP</b>	A-51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixin		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7248679Z**  
Name: **GO TIEN SING**

Birth Date: **20 Dec 1972**  
Issue Date: **13 Oct 2003**

000917501G



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7248679Z**



Name  
**GO TIEN SING**  
**@ALBERT GO**

Race  
**CHINESE**

Date of birth  
**20-12-1972**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

**S7248679Z**

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

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

05 Nov 1992  
30 Oct 1998

NP 428A

Licence No: **S7248679Z**

5230639



NRIC No. **S7248679Z**



Date of issue  
**22-10-2013**

Address

**APT BLK 910 JURONG WEST STREET 91**  
**#09-285**  
**SINGAPORE 640910**

## 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:** 5102451468

**Cover :** drive PREMIUM

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : SKR77D                                |
| Chassis Number  | : AGH300060333                          |
| 2. Name of Policyholder   | : MARY GRACE IBANEZ DE GUZMAN @GRACE GO |
| 3. Effective Date of Insurance  | : 25 Aug 2018                           |
| 4. Expiry Date of Insurance   | : 24 Aug 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
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: MARY GRACE IBANEZ DE GUZMAN @GRACE GO MRS MARY GRACE GO
NAMED DRIVER (1)	: GO TIEN SING @ RAZIF GO
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 : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 02 Aug 2018 13:52 hrs

KHC HOLDINGS PTE LTD  
350A BUESTER ROAD SINGAPORE 080350  


For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102451468		MARY GRACE IBANEZ DE GUZMAN @GRACE GO	S7772127D	GPC	drive PREMIUM	SKR77D	SKR77D	25/08/2018	24/08/2019

Continue

 **Policy Information**

Policy No.	5102451468	Policyholder Name	MARY GRACE IBANEZ DE GUZM.	Policyholder NRIC	S7772127D
Certificate No.					
Address	BLK 910 #09-285 JURONG WEST STREET 91 SINGAPORE 640910				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/08/2018	Effective Date	25/08/2018 00:00	Expiry Date	24/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 910 #09-285	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640910
Address 4		Address Type	Singapore address	Post Code	640910
Unit No.		Related Policy Number	5102451468		

 **Insured Object: SKR77D**
 **Endorsements**

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

## Claim Handling

[Exit](#)

## Accident MT/1010750

Policy No.	S102451468	Vehicle No.	SKR770	GST Registration No.	
Certificate No.					
Policyholder Name	MARY GRACE IBANEZ DE GUZMAN @ GRACE GO	Policyholder NRIC	S7772127D		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	94998001	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
XFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	10/09/2018 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/09/2018	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (BCP) BEFORE CLEMENTI AVE S EXIT				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
Coverage	Sum Insured				
Excess Waiver	9999999.99				
Transport Allowance	9999999.99				
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 910 #09-285	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640910
Address 4		Address Type	Singapore address	Post Code	640910
Unit No.		Related Policy Number	S102451468		

## OI Driver Info

Driver Name	GO TIEN SING @ RAZIF GO	Driver Type	Named Driver	Driver DOB	20/12/1972
Unnamed driver Name		Driver NRIC	S7248679Z	Driving Experience	19
Register Date of Driver License	30/10/1998	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	93829902	Contact No.(Office)	0	Address 3	SINGAPORE 640910
Address 1	BLK 910	Address 2	JURONG WEST STREET 91	Post Code	640910
Address 4		Address Type	Singapore address		
Unit No.	09-285				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

## Claim 001

New

Claim Type *	OD-MX	Insured Name	MARY GRACE IBANEZ DE GUZM	Insured NRIC	S7772127D
Contact No.(Mobile)	94998001	Contact No.(Home)	67909479	Contact No.(Office)	NIL
Email Address	gracie.go@gmail.com	OT Vehicle Number	SKR770	TP Vehicle Number	SHD67263
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKR770 / SHD67263 ON 10 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/09/2018 14:32	Claim Close Date		Date Received	10/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit










## Attachment

Accident No.	MT/1010750	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/09/2018 14:33
Path *	Category *		
<input type="text"/>	<input type="text"/>	Confidential	Urgency *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message 

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Sep 2018 14:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Sep 2018 14:33	SAS	Normal	SAS 2018-9-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Sep 2018 14:33	Photos	Normal	Photos 2018-9-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Sep 2018 14:33	Photos	Normal	Photos 2018-9-10		<a href="#">Edit</a>
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## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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