

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA118127937

Date In: 2/10/18 - 16:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC 8012853/24	SAS e-filing		
Veh No: 5LR2352P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/10/18 - 10:15	i-Motor Claim Form	M/1014058-001	2/10/18 17:51
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:

Veh No: JP88647

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

NA1806281

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

- 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:-
- Q1\*
- \*N5: Courtesy Car / Tpt Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$5
- TP (N11) : TP (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/10/2018 16:55
Date Of Accident	01/10/2018 10:15
Exact Location Of Accident	PIE (CHANGI) AFTER EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2352P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5087560017-01
Cover Note Number	

### Driver

Name of Driver	MOHAMED ADAM BIN TASRIF
NRIC No	S8506179H
Date Of Birth	28/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81974486
Fax Number	
Contact Number	OFFICE-81974486
Email Address	NOEMAIL

Address	BLK 177 BOON LAY DRIVE #04-376
Postcode	640177
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	2
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181002/2008.

#### 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	SJP8864T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PUNG XIAN WEI
NRIC/Passport Number	S9636052E
Contact Number	97471446
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: ;

GENDER: ;

Passenger 2

NAME: ;

GENDER: ;



## 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.

#### TW AUTOMOBILE

CO. REGN. NO: 53333500X

9 TAGORE LANE

9@TAGORE #02-01

SINGAPORE 787482

TEL: 6459 5535 Fax: 6459 8009

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

Sketch plan area with grid lines and handwritten notes:

- Top right: A: 5LQ2352P, B: 5P88647
- Left side: PIE (chang:)
- Center: A box containing B, A, and A (with arrows pointing to them)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20181002/2008.

[Large diagonal line across the description area]

## DECLARATION

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

CO. REGN. NO: 53333500X  
9 TAGORE LANE  
9@TAGORE #02-01

SINGAPORE 787482  
TEL: 6459 5535 Fax: 6459 8009

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

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





# SINGAPORE POLICE FORCE



T/20181002/2008

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20181002/2008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 02:41	Vide Report No.: G/20181001/0199	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: MOHAMED ADAM BIN TASRIF		Address: APT BLK 177 BOON LAY DRIVE #04-376 SINGAPORE 640177	
ID Type / ID No.: NRIC NO / S8506179H		Contact No.: Home/Office: Mobile: 81974486	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 28/02/1985	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: PRIVATE HIRED DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2018 10:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE near to Eunus Exit exit towards Bedok.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8864T	Car	KIA	CERATO FORTE 1.6(M) SX ABS D/AB 2WD 4DR	Silver	Slightly Damaged	3
SLQ2352P	Car	TOYOTA	SIENTA 1.5X CVT	Black	Slightly Damaged	1





Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20181002/2008

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Pung Xian Wei	ID No.	S9636052E
Related Vehicle	SJP8864T (Car)	Contact No.	97471446
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
<b>Driver</b>			
Name	MOHAMED ADAM BIN TASRIF	ID No.	S8506179H
Related Vehicle	SLQ2352P (Car)	Contact No.	81974486
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 01/10/2018 at about 1015hrs, I was working and was fetching one passenger in my vehicle V1) SLQ2352P and was subsequently travelling along PIE on lane 1 near to Eunos Exit at about 80-90KM/H and there were heavy traffic.

There was another vehicle in front of me V2) SJP8864 also travelling at a similar speed, I had made sure that I kept a safety distance. Out of a sudden, V2 suddenly applied the emergency brakes and I then followed suit however my vehicle could not stop in time and V1's front collided onto V2's rear.

Both of us then stopped our vehicle and came down to make a check. The driver then informed me that it was the vehicle that was in front of his vehicle V2 (V3- SLT2319X) that had suddenly applied the emergency brakes and he then followed suit. However the accident only involved both my vehicle V1 and V2.

One of the passengers an old Chinese lady from V2 then complained of neck pain and the ambulance was called in. Traffic Police and Ambulance came to scene and one of the passenger who was an old Chinese lady was conveyed to Changi General Hospital in a conscious state.

Both vehicle suffered slight front and rear damages. I was then informed by the driver of V2 that his passenger was given 4 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20181002/2008

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

3 of 4

Report No. T/20181002/2008

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20181002/2008

4 of 4

Report No. T/20181002/2008

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**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:

J /  
Sgt 2 GOH WEI JIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/10/2018 02:41

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8506179H



Name

MOHAMED ADAM BIN TASRIF

Race

JAVANESE

Date of birth

28-02-1985

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVER'S LICENCE

Licence Number S8506179H

Name

MOHAMED ADAM BIN TASRIF

Birth Date 28 Feb 1985

Issue Date 06 Feb 2012



002040241H

5681092



NRIC No. S8506179H



Date of issue

01-12-2016

APT BLK 177 BOON LAY DRIVE #04-376  
SINGAPORE 640177

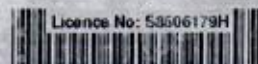
NRIC No: S8506179H

Date: 19/04/2017

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 14 Oct 2005



Licence No: S8506179H

NP 428A

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/10/2018 10:15"/>
Vehicle No. (For Motor)	<input type="text" value="SLQ2352P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087560017-01		TW AUTOMOBILE	53333500X	GFT	drive CLASSIC	SLQ2352P	SLQ2352P	16/01/2018	
<input type="button" value="Continue"/>										



### Policy Information

Policy No.	5087560017-01	Policyholder Name	TW AUTOMOBILE	Policyholder NRIC	53333500X
Certificate No.					
Address	9 TAGORE LANE #02-01 9 @ TAGORE SINGAPORE 787472				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/01/2018	Effective Date	16/01/2018 00:00	Expiry Date	15/01/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5104194055		

### Insured Object: SLQ2352P

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/01/2018 00:00	Basic Information Endorsement	000001286743738	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJB9846M 24-01-2018 \$1,640.47 In view of this amendment, a refund of \$1,640.47 (inclusive of GST) will be adjusted against the outstanding premium.
2	06/02/2018 00:00	Basic Information Endorsement	000001286751065	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJC2936C 06-02-2018 \$1,322.06 In view of this amendment, a refund of \$1,322.06 (inclusive of GST) will be adjusted against the outstanding premium.
3	08/05/2018 00:00		000001286812149		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: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK81201490 10-05-2018 \$964.64 In view of this amendment, an additional premium of \$964.64 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you
		Basic Information		Endorsement Take	

## Claim Handling

Exit

Accident MT/1014058

Policy No.	5007560017-01	Vehicle No.	SLQ2352P	GST Registration No.	
Certificate No.					
Policyholder Name	TW AUTOMOBILE	Cover Type	drive CLASSIC	Policyholder NRIC	S3333500X
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	88669124	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	MCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	02/10/2018 17:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/10/2018	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (CHANGI) AFTER EUNOS LINK EXIT				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	9 TAGORE LANE	Address 2	#02-01 9 TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5104194055		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/02/1985
Unnamed driver Name	MUHAMMAD ADAM BIN TASRIF	Driver NRIC	S8506179H	Driving Experience	12
Register Date of Driver License	14/10/2005	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	81974486	Contact No. (Office)	0	Address 3	BOON LAY GREEN
Address 1	BLK 177	Address 2	BOON LAY DRIVE	Post Code	640177
Address 4	SINGAPORE 640177	Address Type	Singapore address		
Unit No.	04-376				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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 *	OD-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	S3333500X
Contact No. (Mobile)	86865535	Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	SLQ2352P	TP Vehicle Number	51P8864T
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLQ2352P / 51P8864T ON 1 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Putty at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/10/2018 17:51	Claim Close Date		Date Received	02/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1014058	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2018 17:52
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO



Browse...		Clear	Please Select	N/A	Normal	
Browse...		Clear	Please Select	N/A	Normal	

☐ 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 02 Oct 2018 17:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Oct 2018 17:52	SAS	Normal	SAS 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Oct 2018 17:52	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Oct 2018 17:51	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Oct 2018 17:51	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Oct 2018 17:51	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Oct 2018 17:51	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
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**Video List**

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