

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

Date In: 04/10/2018 14:48	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18018068/44	SAS e-filing		
Veh No: SLR 7380U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/10/2018 08:10	i-Motor Claim Form	MT/1014347-002	6/10/18 10:02
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: SDB2613K 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

NA1806348

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: 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:-
- 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 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. 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	04/10/2018 14:48
Date Of Accident	04/10/2018 08:10
Exact Location Of Accident	LENGKEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7380U
Insured/Policyholder	
Name Of Registered Owner	BUDDY TRANS SERVICES
Co Reg No	53329820B
Email Address	DAVELEE_SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96268559
Alternative Phone No	OFFICE-96268559

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	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	5093708050-01
Cover Note Number	

Driver

Name of Driver	LEE CHEE YIN (LI ZHIXIAN)
NRIC No	S7623014E
Date Of Birth	27/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96268559
Fax Number	
Contact Number	OTHERS-96268559
Email Address	DAVELEE_SG@YAHOO.COM

Address	BLK 12 JALAN BUKIT MERAH #03-5044
Postcode	150012
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)	1

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	SDB2613K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR.LIM
NRIC/Passport Number	
Contact Number	93885959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

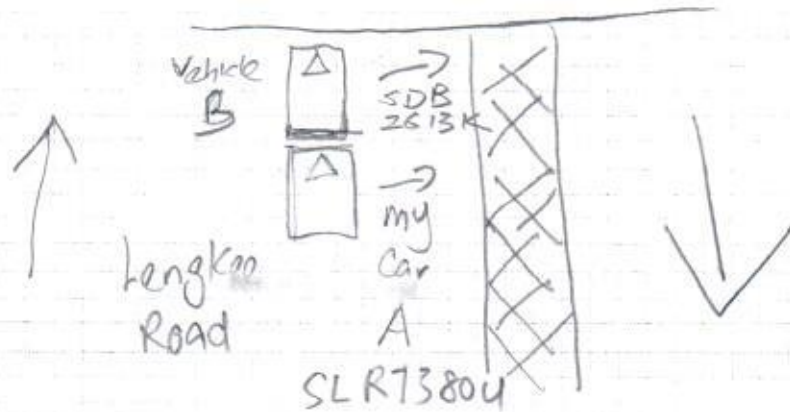


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A release brake at green light but the vehicle B did not move off. my License plate is crack during the minor impact. vehicle B is going to kah motor for repair.

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: - 4/10/2018
NRIC/FIN No.:

Owner Particulars

NRIC/Passport/Company Cert No. :	533298208
Owner ID Type :	Business
Owner Name :	BUDDY TRANS SERVICES
Registered Address :	12 JALAN BUKIT MERAH #03-5044 SINGAPORE 150012
Mailing Address :	-
Birth Date :	-

Vehicle No. :	SLR7380U
Previous Vehicle No. :	-
Effective Date of Ownership :	25 Aug 2017
Original Regn Date :	25 Aug 2017
Registration Date :	25 Aug 2017
Year of Manufacture :	2016
Vehicle Type :	Private Hire (Chauffeur) Motor Car
Vehicle Scheme :	-
Vehicle Attachment 1 :	No Attachment
Vehicle Attachment 2 :	-
Vehicle Attachment 3 :	-
Vehicle Make :	TOYOTA
Vehicle Model :	COROLLA AXIO 1.5X A
Primary Colour :	White
Secondary Colour :	-
Passenger Capacity :	4
Chassis No. :	NRE1610020262
Engine No. :	2NR8655546
Engine Capacity / Power Rating :	1496 cc / -
Maximum Power Output :	80.0 kW (107 bhp)
Propellant :	Petrol
Max Unladen Weight :	1090 kg
Maximum Laden Weight :	1365 kg
Open Market Value :	\$15,799.00
PARF Eligibility :	Yes
PARF Eligibility Expiry Date :	24 Aug 2027
Minimum PARF Benefit :	\$2,899.00
No. of Transfers :	0
IU Label No. :	1127783173
COE No. :	2017090101003160M
COE Expiry Date :	24 Aug 2027
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category :	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium :	\$42,900.00 / -
Actual QP Paid :	\$42,900.00
QP (Regn Cat) :	\$42,900.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$42,900.00
Additional Registration Fee Rate :	First \$15,799.00 (100%)
Actual ARF Paid :	\$5,799.00
Vehicle Lifespan Expiry Date :	No Lifespan
CO2 Emission :	114.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$10,000.00
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-
Message :	To renew the COE, the Prevailing QP

To renew the COE, the Prevailing Quota Premium payable is that of Category A. This is a public service vehicle.

Print

OK

Save as PDF

(Bukit Merah)

Reported on 04/10/2018
@ 1320HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 04/10/2018 (DD/MM/YYYY), TIME: 08:10 AM (HH:MM)

LOCATION: Leng Kee Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 7380U
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

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96268559
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ HIREN
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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDB 2613K MODEL: _____
b) DRIVER'S NAME: MR. LIM
c) NRIC/FIN/PASSPORT: _____ CONTACT: 93885959

9. THIRD PARTY VEHICLE

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

EMAIL = davelee_sg@yahoo.com

VIDEO = davelee_sg@yahoo.com ✓

Email: Vehicle Photos?

* Vehicle was present at idag ✓ OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7623014E



Name
LEE CHEE YIN
(LI ZHIXIAN)
李志賢

Race
CHINESE

Date of birth
27-07-1976

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7623014E

Name
LEE CHEE YIN
(LI ZHIXIAN)

Birth Date: 27 Jul 1976

Issue Date: 28 Jun 2003




3911868



NRIC No. S7623014E



Date of issue
28-07-2006

APT BLK 12 JALAN BUKIT MERAH #03-5044
SINGAPORE 150012

NRIC No: S7623014E Date: 28/04/2008 No: 5896981


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

PASS DATE
06 Sep 1996

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S7623014E



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: 5093708050-01

Cover : drivo CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLR7380U |
| Chassis Number | : NRE1610020262 |
| 2. Name of Policyholder | : BUDDY TRANS SERVICES |
| 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 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	: N/A
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 : S & M ALLIANCE PTE LTD (00000614373)
 Date of Issue : 16 Jul 2018 13:25 hrs
 Reprint : 16 Jul 2018 13:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[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="04/10/2018 08:10"/>							
Vehicle No.(For Motor)	<input type="text" value="SLR7380U"/>	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"/>	5093708050-01		BUDDY TRANS SERVICES	533298208	GPC	drive CLASSIC	SLR7380U	SLR7380U	25/08/2018	24/08/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5093708050-01	Policyholder Name	BUDDY TRANS SERVICES	Policyholder NRIC	53329820B
Certificate No.					
Address	BLK 12 #03-5044 JALAN BUKIT MERAH SINGAPORE 150012				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/07/2018	Effective Date	25/08/2018 00:00	Expiry Date	24/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Ine
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 12 #03-5044	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 150012
Address 4		Address Type	Singapore address	Post Code	150012
Unit No.	03-5044	Related Policy Number	5093708050-01		

Insured Object: SLR7380U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

[Continue](#) [Cancel](#)

Claim Handling

Accident MT/1014347

Policy No.	5093708050-01	Vehicle No.	SLR7380U	GST Registration No.
Certificate No.				
Policyholder Name	BUDDY TRANS SERVICES			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

▼ Accident Details

Report Date	04/10/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/10/2018	Time of Accident hh:mm	08:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LENG KEE ROAD / ALEXANDRA ROAD JUNCTION			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 12 #03-5044	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-5044	Related Policy Number	5093708050-01	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUDDY
Contact No.(Mobile)	98430620	Contact No.(Home)	
Email Address		Vehicle Number	SLR738
Claim Description	SLR7380U / SDB2613K ON 4 Oct 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No.		Preferred Repair Option	Please Select
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	06/10/2018 10:02
Report Taken By		Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1014347 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 06/10/2018 10:00

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen
















Clear

Please Select ▼

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:02	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:00	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:58	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading