

NATIONAL Assessment Centre Services. [wef 1 Jan'09]

Date In: 24/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019298/13	SAS e-filing		
Veh No: 5LJ42J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/10/18	I-Motor Claim Form	MT/1016885-	001
<input checked="" type="radio"/> 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: (TEAMWORK)	Tel:	Fax:
TP Particulars:	Veh No: 5JR5506L	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

NA1806803	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*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 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	24/10/2018 09:11
Date Of Accident	23/10/2018 08:20
Exact Location Of Accident	SLE TWDS BKE B4 LENTOR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ42J
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62927575

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE HIRE
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-02
Cover Note Number	

Driver

Name of Driver	MOHAMED FARRIS BIN MOHAMED ZAINUDDIN
NRIC No	S7442116D
Date Of Birth	12/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97757275
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 638 HOUGANG AVE 8 #03-101
Postcode	530638
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	CHAIN COLLISION
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: : UNKNOWN
	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	SJR5506L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SARAVANAN S/O SAMAVALLU
NRIC/Passport Number	S8112720D
Contact Number	90215856
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL1698L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

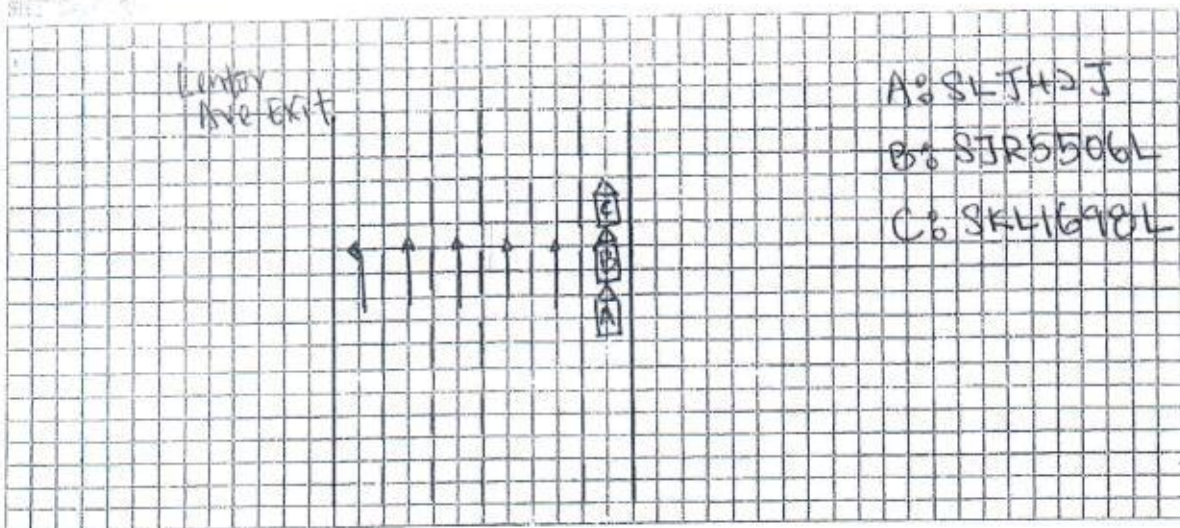
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/10/18

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SLE towards BKE on the 1st lane. As traffic was getting busier, I slowed down my vehicle as the front vehicles slowed down, however, my vehicle hit onto the vehicle B.

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: 23/10/18

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

[Signature] 24/10/18

IMPORTANT FILE

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ◆ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	23 Oct 2018	(DD/MM/YY)
Time of accident	8:30 am	(HH:MM)
Exact location of accident	SLE towards BKE before Lenton Exit	

DETAILS OF VEHICLE

Vehicle registration number	SLJ42J		
Vehicle make and model	TOYOTA WISH		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	GRAB		
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If no, please select:
	Third part claim <input type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	EHB Limousine Pte Ltd		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	20536531R			
Contact				
Address				

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	MOHAMED FARRIS BIN MOHAMED		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7442116D			
Contact	97757275			
Address	BLK 638 HOUGANG AVE 8 #03-101 S 530638			
Email address	aryqah0501@gmail.com			
Date of birth	12 DEC 1974			
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>		
Driving date pass	03 Nov 1994			

Is the driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	Two (2) (Inclusive of driver)

PASSENGER 1	
Name	90221714 (Contact No only)
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	YISHUN NORTH NPC

WITNESS 1	
Name	

WITNESS 2	
Name	

Vehicle registration number	3JR5506L
Vehicle make model	90215856
Name	SARAVANAN S/O SAMAVALLU
NRIC / Fin / Passport number	88112720D
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	SKL1698L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>


INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7442116D



NAME
MOHAMED FARRIS BIN
MOHAMED ZAINUDDIN

RACE
MALAY

Date of Birth
12-12-1974

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7442116

NAME
MOHAMED FARRIS BIN
MOHAMED ZAINUDDIN

Birth Date: 12 Dec 1974

Issue Date: 22 Nov 2003

000994756C

3707354



NRIC No. S7442116D



Date of Issue
10-11-2018

APT BLK 638 HOUGANG AVENUE 8 #03-101
SINGAPORE 530638

NRIC No: S7442116D
SINGAPORE 460410

Date: 10/11/2018


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

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

PASS DATE
09 Nov 1994

NP 428A

License No: S7442116D



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="23/10/2018 08:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ42J"/>	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 checked="" type="radio"/>	5075309111-02		EHB LIMOUSINE PTE LTD	201536531R	GFT	drive PREMIUM	SLJ42J	SLJ42J	01/11/2017	

▼ Policy Information

Policy No.	5075309111-02	Policyholder Name	EHB LIMOUSINE PTE LTD	Policyholder NRIC	201536531R
Certificate No.					
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	23397.94		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5074680813-02		

► Insured Object: SLJ42J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/11/2017 00:00	Basic Information Endorsement	000001286689224	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1, SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (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.</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/1016885

Policy No.	5075309111-02	Vehicle No.	SLJ42J	GST Registration No.
Certificate No.				
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	0	Contact No.(Office)	62927575	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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	24/10/2018 09:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/10/2018	Time of Accident hh:mm	08:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE TWDS BKE B4 LENTOR EXIT			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-12	Related Policy Number	5074680813-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMED FARRIS BIN MOHAME	Driver NRIC	S7442116D	Driver DOB
Register Date of Driver License	03/11/1994	Driver Age	43	Driving Experience
Contact No.(Mobile)	97757275	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 538	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-101			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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-MD **New**

Claim Type *	OD-MD	Insured Name	EHB LIM
Contact No.(Mobile)	86991313	Contact No. (Home)	NIL
Email Address	benjamin@ehblimousine.com.sg	OI Vehicle Number	SLJ42J
Claim Description	SLJ42J / SIR5506L ON 23 Oct 2018		
Preferred Workshop	Insured Liability	Fully at Fault	GIA report
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	24/10/2018 10:04	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1016885	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/10/2018 00:00
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		Please Select ▼	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2018 10:03	Photos	Normal	Photos ;

Video List

Uploaded By/Date	Folder Date	File Name
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