

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA 118147130

Date In: 13/11/18-17:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18-254624	SAS e-filing		
Veh No: PC 3124B	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 8/11/18-18:30	i-Motor Claim Form	M7/1019638-001	13/11/18 17:36
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: 46361JVS

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time

Actions

NA1802433

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Adm 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) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

* 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 (N11) 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 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	13/11/2018 17:21
Date Of Accident	08/11/2018 18:30
Exact Location Of Accident	XILIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3124B
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE TRADERS PTE LTD
Co Reg No	201025189R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 AT 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5076720178-03
Cover Note Number	

Driver

Name of Driver	JAMAL BIN MISTAR
NRIC No	S2012528D
Date Of Birth	23/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96810193
Fax Number	
Contact Number	OFFICE-96810193
EMail Address	NOEMAIL

Address	BLK 461 PASIR RIS DRIVE 4 #02-279
Postcode	510461
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181109/2110.

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	SGS6154S
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)

DETAILS OF INJURED PERSON 1

Name	JAMAL BIN MISTAR
Approximate Age	
Injuries Sustain	RIGHT CHEST
Injured person in which vehicle?	PC3124B
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.
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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:

- 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.

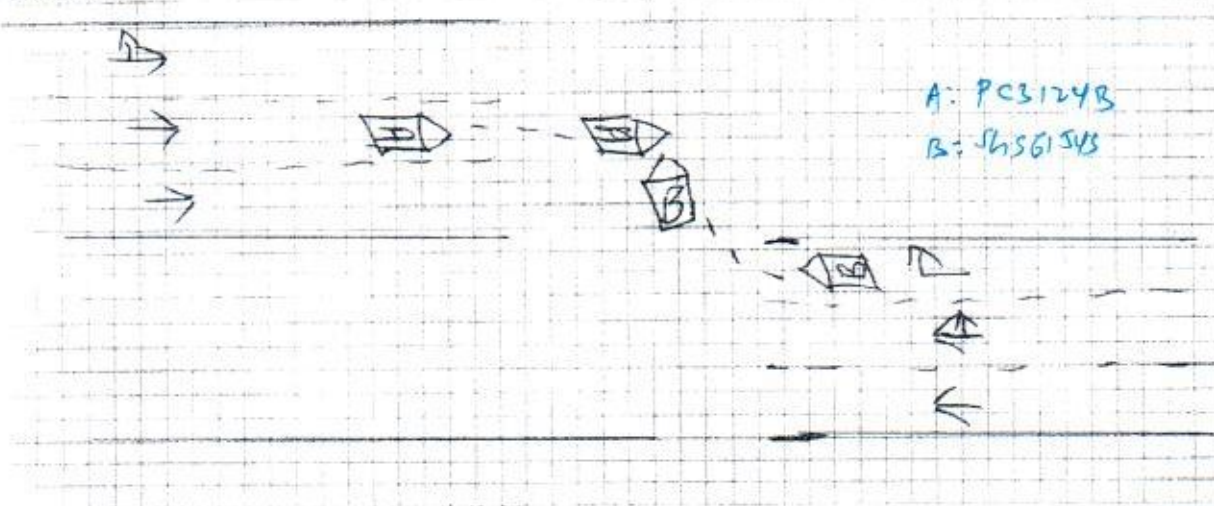
Policyholder's Signature _____
Date & Time: _____



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

AS A Police Report T/2018/1109/2110

DECLARATION

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

x

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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/11/2018 (dd/mm/yy) Time of Accident: 18:30 (24-HR-FORMAT)

Vehicle No.: PC 3124B Vehicle Make & Model: _____

Exact location of Accident: Xilin Ave

Policyholder's Name / IC No.: Automobile Traders Pte Ltd 201025189R

Driver's Name / IC No.: Jamal Bin Mistar S2012528D (As Above) ☐

Driver's Contact No.: 96810193 Company Contact No: _____

Driver's Address: _____

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 03 (male).

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGS 61545

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE
POLICE FORCE**



T/20181109/2110

1 of 3

Police Station Of Origin:

Pasir Ris N.P.C

Report No. T/20181109/2110

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2018 16:09	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: JAMAL BIN MISTAR			Address: APT BLK 461 PASIR RIS DRIVE 4 #02-279 SINGAPORE 510461		
ID Type / ID No.: NRIC NO / S2012528D			Contact No.: Home/Office: Mobile: 96810193		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 64	Date of Birth: 23/07/1954	Type of Informant: Driver		
Race: Indonesian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 18:30	Type of Location: X-Junction
Location: Along Road 1 XILIN AVENUE Along Xilin Ave towards ECP at the cross junction of Changi South Ave 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3124B	Bus/Coach/Mi nibus				Slightly Damaged	2
SGS6154S	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181109/2110

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20181109/2110

CONTINUATION OF REPORT

Driver			
Name	JAMAL BIN MISTAR	ID No.	S2012528D
Related Vehicle	PC3124B (Bus/Coach/Minibus)	Contact No.	96810193
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LAW EE WOON	ID No.	S8461835G
Related Vehicle	SGS6154S (Car)	Contact No.	NIL
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

Brief Details.

On 08/11/2018 around 1830hrs I was travelling along Xilin Ave towards ECP in my vehicle bearing the plate number PC3124B when a vehicle bearing the plate number SGS6154S on the opposite side turn at the cross junction of Xilin Ave towards Changi South Ave 1 causing our vehicle to collide. My vehicle was going straight while the other vehicle was making right turn towards Changi south Ave 1. The front of my vehicle hit his left rear tire. His left side suffered scratches and dents. The vehicle bearing the plate number SGS6154S did not see my vehicle before proceeding to make a right turn. My vehicle suffered serious damages and my whole front bumper came off. No one was injured except for me. I felt a little pain on my right chest and proceed to CGH to seek doctor's consultation. I am lodging this report for record purposes and make necessary claims.



**SINGAPORE
POLICE FORCE**



T/20181109/2110

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20181109/2110

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:

G /

Sgt 2 MUHAMMAD SYAZWAN BIN SHAIBANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2018 16:09

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZ
ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2012528D**



Name
JAMAL BIN MISTAR

Race
INDONESIAN


Date of birth
23-07-1954

Country/Place of birth
MALAYSIA

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2012528D**
Name:
JAMAL BIN MISTAR

Birth Date: **23 Jul 1954**
Issue Date: **02 Dec 2016**



002634887A

9469886



NRIC No: **S2012528D**



Nationality
MALAYSIAN

Date of issue
26-12-2017

Address
**APT BLK 461 PASIR RIS DRIVE 4
#02-279
SINGAPORE 510461**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	02 Nov 1974
Class 2A Motorcycles between 201 cc and 400 cc	02 Nov 1974
Class 2 Motorcycles > 400 cc	02 Nov 1974
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 Jun 1976

NP 428A



Licence No: S2012528D

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076720178-03		AUTOMOBILE TRADERS PTE. LTD.	201025189R	GFT	Comprehensive	PC3124B	PC3124B	08/09/2018	

Policy Information

Policy No.	5076720178-03	Policyholder Name	AUTOMOBILE TRADERS PTE. LTD	Policyholder NRIC	201025189R
Certificate No.					
Address	210 TURF CLUB ROAD LOT B-01 THE GRANDSTAND SINGAPORE 287995				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/09/2018	Effective Date	08/09/2018 00:00	Expiry Date	07/09/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
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	210 TURF CLUB ROAD	Address 2	LOT B-01 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5073681076-03		

Insured Object: PC3124B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	08/09/2018 00:00	Basic Information Endorsement	000001286895729	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 08 Sep 2018 to 07 Sep 2019, this policy is extended to cover the insured vehicles whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. PC3125Z 2. PC3392T
2	08/09/2018 00:00	Basic Information Endorsement	000001286901772	Endorsement Take Effective	Memo C
3	08/09/2018 00:00	Basic Information Endorsement	000001286895941	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST) 1. PC3104J 08-09-2018 \$1,083.24 2. PC3124B 08-09-2018 \$1,083.24 3. PC3125Z

Claim Handling

Accident MT/1019638

Policy No.	5076720176-03	Vehicle No.	PC31248	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOMOBILE TRADERS PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	2010251898
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address				eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	13/11/2018 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	08/11/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	XILIN AVE				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	LOT B-01 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5073681076-03		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JAMAL BIN MUSTAR	Driver NRIC	S2012528D	Driver DOB	23/07/1954
Register Date of Driver License	12/06/1976	Driver Age	54	Driving Experience	42
Contact No. (Mobile)	95810193	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 461	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510461
Address 4		Address Type	Singapore address	Post Code	510461
Unit No.	02-279				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Protestation

Immunoassay or Blood Test Resulting?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AUTOMOBILE TRADERS PTE. LTD.	Insured NRIC	2010251898
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	63655335
Email Address		Q1 Vehicle Number	PC31248	TP Vehicle Number	50561545
Claim Description			PC31248 / 50561545 ON 8 Nov 2018	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	13/11/2018 17:36	Date Received	13/11/2018 00:00
Report Taken By			JACKSON		

Print A4 letter

Save Submit

Attachment

Accident No.	MT/1019638	Claim No.	001
Lat Doc. Received	Yes No	Upload Date	13/11/2018 17:37
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	Action
NAC_PXA_UBI_800603C NATIONAL ASSESSMENT CENTRE SERVICES) o	13 Nov 2018 17:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-13		Edit

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>