

NATIONAL Assessment Centre Services. [wef 1 Jan 2005]

Inc In 07/12/18	Job description	Date & Time Completed	Done by
NA/INC18022042/13	SAS e-filing		
FBM9585C	E-mail (Within 2hrs, AIC 2hrs)		
03/12/18 145	1-Motor Claim Form	07/10/2010	002
TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

Particulars: Vch No: LINK NOW.V INC () / Non-INC ()

Owner / Driver: () Tel: ()

Key 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 ()

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

General Remarks:

Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaier.

Total Loss Case: to e-mail Insurer URGENTLY.

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

Inc In (INC Hotline: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
C Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

On any:

On Time: Actions:

NA/1808022	Invoice Itemization Checklist	Am (\$)	Am (\$)
Inc In Particulars:	1) AR: Accident Reporting (\$30);		
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver No:	3) TP: Towing Fee \$40/\$45		
Assigned Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idao 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	07/12/2018 14:23
Date Of Accident	03/12/2018 14:15
Exact Location Of Accident	JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9585C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN AZIZAN
NRIC No	S9940815D
Email Address	MDFIRDAUSSSS27@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96475971
Alternative Phone No	OTHERS-96475971

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101141490
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FIRDAUS BIN AZIZAN
NRIC No	S9940815D
Date Of Birth	21/12/1999
Occupation	INDOOR
Date Of Driving Pass	28/05/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96475971
Fax Number	
Contact Number	OTHERS-96475971
Email Address	MDFIRDAUSSSS27@GMAIL.COM

Address	BLK 759 JURONG WEST ST 74 #04-102
Postcode	640759
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181206/2051

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	UNKNOWN
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	MUHAMMAD FIRDAUS BIN AZIZAN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBM9585C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

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


I understand, acknowledge, agree and consent that:

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

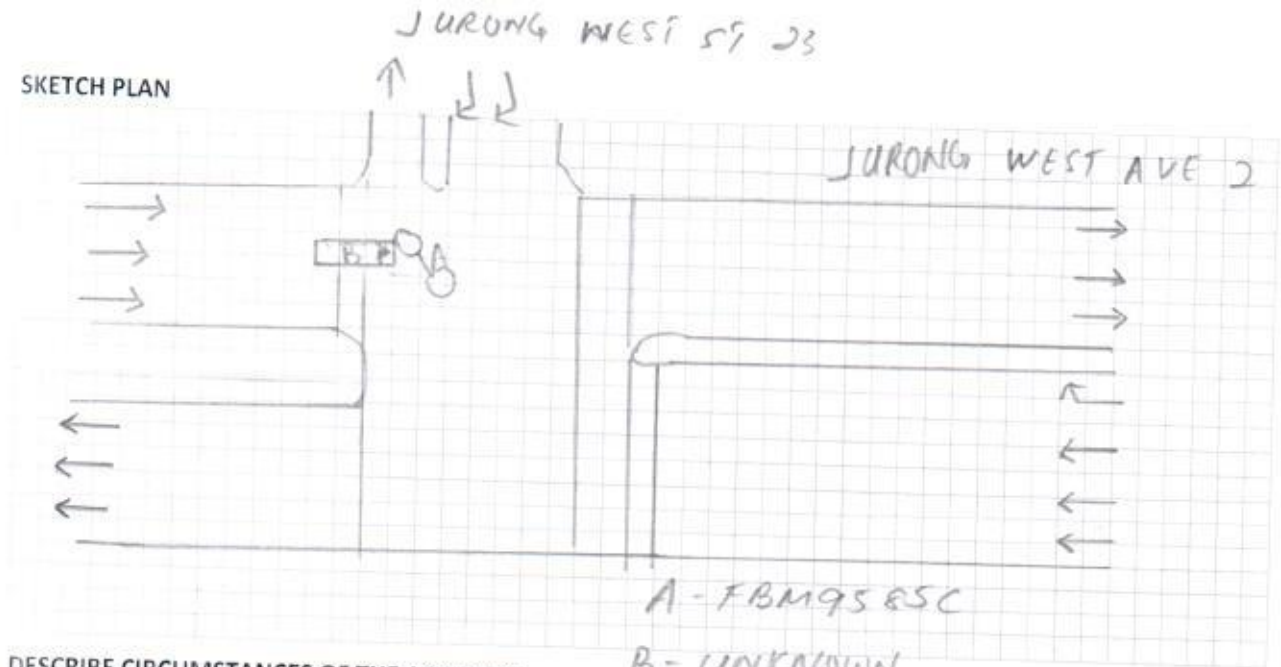

Policyholder's Signature

Date & Time: 7/12/18

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

 07/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/2018/206/2051

DECLARATION

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

Policyholder's Signature

Date & Time: 7/12/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181206/2051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181206/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2018 11:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FIRDAUS BIN AZIZAN		Address: 759 JURONG WEST STREET 74 #04-102 SINGAPORE 640759	
ID Type / ID No.: NRIC NO / S9940815D		Contact No.: Home/Office: Mobile: 96475971	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 21/12/1999	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: STUDENT		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2018 14:15	Type of Location:
Location: Along Road 1 JURONG WEST AVENUE 2				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9585C	Motorcycle	YAMAHA	YZF-R155	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9585C	NTUC Income Insurance Co-Operative Limited	5101141490	01/06/2018	31/05/2019



**SINGAPORE
POLICE FORCE**



T/20181206/2051

2 of 3

Report No. T/20181206/2051

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS RIDING ALONG ON THE EXTREME RIGHT LANE AND WAS INTENDING TO TURN RIGHT INTO JURONG WEST STREET 23. WHEN I REACHED THE JUNCTION, THE TRAFFIC LIGHT WAS ALREADY SHOWING GREEN WITH NO RIGHT TURN SIGNAL. I STOPPED TO SEE FOR ANY ONCOMING TRAFFIC. IT LOOKED CLEAR TO GO SO I PROCEEDED TO TURN RIGHT. AS I WAS TURNING RIGHT, A CAR CAME FROM MY LEFT SIDE AND COLLIDED INTO ME. AMBULANCE CAME AND I WAS CONVEYED TO NG TENG FONG HOSPITAL. WHERE I WAS DISCHARGED AFTER 3-DAYS AND RECEIVED MC UNTIL 5/1/2019.



**SINGAPORE
POLICE FORCE**



T/20181206/2051

3 of 3

Report No. T/20181206/2051

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:

TP /

MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Signature Of Informant:

Date/Time:

06/12/2018 11:56

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (03/12/18) (DD/MM/YYYY), TIME: (14:15) (HH:MM)

LOCATION: JALONG WEST AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM9585C
 b) INSURANCE COMPANY: NAHC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA YZF-R1SS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: 96425971
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (21/12/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/05/18

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: DRIZZLING)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) CONVEY

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

07/12/18

warty for web:

Email = fatin840@gmail.com
matirdans55527@gmail.com

fax =

video =

rec as phone

REPUBLIC OF SINGAPORE DRIVING LICENCE

002807555H

S9940815D

MUHAMMAD FIRDAUS BIN AZIZAN

Birth Date: 21 Dec 1999

Issue Date: 28 May 2018



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9940815D

110



Muhammad Firdaus Bin Azizan

Race: JAVANESE

Date of birth: 21-12-1999

Country/Place of birth: SINGAPORE

Sex: M



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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

28 May 2018



N7 4285

5278887



NRIC No. S9940815D



Date of issue: 03-03-2014

Address: APT BLK 759 JURONG WEST STREET 74 #04-102 SINGAPORE 640759

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="03/12/2018 14:15"/>
Vehicle No. (For Motor)	<input type="text" value="FBM9585C"/>	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"/>	5101141490		MUHAMMAD FIRDAUS BIN AZIZAN	S9940815D	GMC	Third Party, Fire & Theft	FBM9585C	FBM9585C	01/06/2018	31/05/2019

are not
COE or

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 : 5101141490

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party, Fire & Theft |
| Chassis Number | : FBM9S85C |
| 2. Name of Policyholder | : MH3RG4710JK055427 |
| 3. Effective Date of Insurance | : S9940815D |
| 4. Expiry Date of Insurance | : 01 Jun 2018 |
| 5. Persons or Classes of Persons entitled to drive# | : 31 May 2019 |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD FIRDAUS BIN AZIZAN
NAMED DRIVER (2)	: AZIZAN BIN AHMUN
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
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 : A S PHOON PTE LTD (00000571911)
Date of Issue : 01 Jun 2018 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1022630

Policy No.	5101141490	Vehicle No.	FBM9585C	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD FIRDAUS BIN AZIZAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	05/12/2018 11:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2018	Time of Accident hh:mm	16:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG WEST AVENUE 2 / JURONG WEST STREET 23			
Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
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 759 #04-102	Address 2	JURONG WEST STREET 74	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-102	Related Policy Number	5101141490	
OI Driver Info				
Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Modification History				

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	96475971	Contact No. (Home)	679325
Email Address		OI Vehicle Number	FBM958
Claim Description	FBM9585C / UNKNOWN ON 3 Dec 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered		Preferred Repair Option	Preferred Workshop (refer below)
Report Taken By		GIA report	Received
		Claim Close Date	07/12/2018 14:57
		Workshop Repairer	ROSLINDA

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No. MT/1022630 Claim No. 002
Last Doc. Received ☒ Yes ☐ No Upload Date 07/12/2018 00:00

[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[Choose File](#) No file chosen[Message Read](#)

Path *

Category *

Confidential

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NO

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NO

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NO

[Clear](#)[Please Select](#)

NO



















[Clear](#)[Please Select](#)

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:55	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:55	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 14:54	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)