

# NATIONAL Assessment Centre Services

Date In: 17/12/18	Job description	Date & Time Completed	Done by
Ref No: NM/INC1802597/12	SAS e-filing		
Veh No: GBH7112Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/12/18 1010	i-Motor Claim Form	17/1024178-001	
OD: (IP) 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: (TWINAR)	Tel:	Fax:
TP Particulars:	Veh No: 5LC1859A	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

Claimant's Particulars:-	<b>Invoice Preparation Checklist</b>		Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	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 (N-n INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:-	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	17/12/2018 14:56
Date Of Accident	15/12/2018 10:10
Exact Location Of Accident	CLEMENCEAU AVE NORTH TWDS GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7112Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90015395

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091161451-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD NOOR SHAFIEE BIN JUMA'AT
Passport No/FIN	K0247782R
Date Of Birth	17/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87684789
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	165A TECK WHYE CRESCENT #15-323
Postcode	681165
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1859A
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)



## 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:

Shafie

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

17/12/18

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

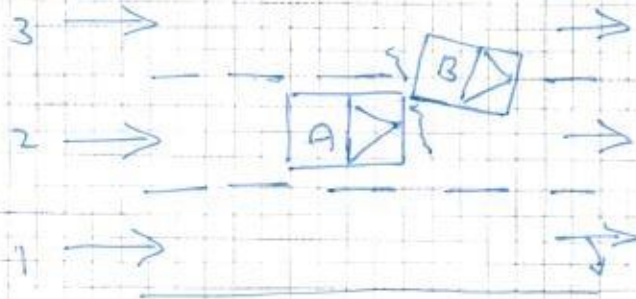


# SKETCH PLAN

CLEMENCEAU AVE N TOWARDS  
GRANGE RD DIRECTION.

VEHICLE A  
- GBH 7112 Z

VEHICLE B  
- SLC 1859 A



CAIRNHILL  
CIRCLE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG CLEMENCEAU AVE N ROAD  
TOWARD THE DIRECTION OF GRANGE ROAD. I WAS ON THE  
SECOND LANE.

WHILE TRAVELLING STRAIGHT AHEAD AND APPROACHING THE  
T-JUNCTION OF (CLEMENCEAU AVE N / CAIRNHILL RD / CAIRNHILL CIRCLE)  
SUDDENLY A VEHICLE SWERVED AND CUT INTO MY LANE  
FROM THE LEFT.

AS IT WAS TOO SUDDEN I COULDN'T REACT ON TIME  
AND HIT ONTO THE REAR RIGHT PORTION OF THE VEHICLE.

WHEN ALIGHTED FROM MY VEHICLE, THE DRIVER OF (SLC 1859A)  
SAID THAT SHE WANTED TO MAKE A RIGHT TURN INTO  
CAIRNHILL CIRCLE AND THUS CAUSING OF THE COLLISION.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR  
CAMERA

VEHICLE A - GBH 7112 Z

VEHICLE B - SLC 1859 A

## 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:  
NRIC/FIN No.:

17/12/18



<b>Vehicle No.</b>	G 314 7112 Z	<b>Model / Make</b>	NISSAN NV 350
<b>Date of Accident</b>	15/12/18		
<b>Time of Accident</b>	10:10	<b>HRS</b>	
<b>Location of Accident</b>	CLARENCEAN AVE N TOWARDS GRAVLE RD DIRECTION		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	AUTO SI LEASING PTE LTD		
<b>Telephone No.</b>	H/P: 9061 5395	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	2016 32910 R		
<b>Address</b>	15 HISHIN INDUSTRIAL ST 1 #01-05 WIN 5 J(769091)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5091161451-01		
<b>Name of Driver</b>	As Above If No, MOHAMMAD NOOR SHAFIEE Bin Juma'AT		
<b>NRIC</b>	8/9148263/J	<b>Any Passengers :</b>	2 M
<b>Date of birth</b>	17 DEC 1991		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	29 JAN 2013		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 8768 4789	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	168A, TECK WHYE CRESCENT, #15-323, SINGAPORE (681165)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	S L C 1859 A	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	FRONT LEFT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
	Yes / No		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

PASSPORT



REPUBLIC OF SINGAPORE

Type Country Code Passport No  
PA SGP K0247782R  
Name



MOHAMMAD NOOR SHAFIEE BIN JUMA'AT

Sex  
M  
Date of birth  
17 DEC 1991  
Date of issue  
12 FEB 2018  
Date of expiry  
15 JUL 2023  
Modifications  
SEE PAGE 2  
National ID No  
S9148263J

Nationality  
SINGAPORE CITIZEN  
Place of birth  
SINGAPORE  
Authority  
MINISTRY OF HOME AFFAIRS



PASGPMOHAMMAD<NOOR<SHAFIEE<BIN<JUMAAT<<<<<<<  
K0247782R7SGP9112171M2307150S9148263J<<<<<88



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9148263J**  
 Name: **MOHAMMAD NOOR SHAFIEE  
 BIN JUMA'AT**

Birth Date: **17 Dec 1991**  
 Issue Date: **29 Jan 2013**

002146602F



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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 Jan 2013
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	29 Jan 2013

NP 428A



## 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 :** 5091161451-01

**Cover :** Comprehensive

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBH7112Z                |
| Chassis Number  | : JN1MC2E26Z0009173       |
| 2. Name of Policyholder   | : AUTO 51 LEASING PTE LTD |
| 3. Effective Date of Insurance  | : 07 Sep 2018             |
| 4. Expiry Date of Insurance   | : 06 Sep 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.  |                           |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY:	: <del>N/A</del> JAWA CREDIT (S) 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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 12 Mar 2018 08:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	GBH7112Z	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	NISSAN	Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR
Chassis No.:	JN1MC2E26Z0009173	Engine No.:	YD25425276A
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2488 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	1780 kg	Maximum Laden Weight:	3300 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	07 Sep 2018	Original Registration Date:	07 Sep 2018
Manufacturing Year:	2017	Open Market Value:	\$25,062.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$1,254.00		

### Owner Particulars

Owner Name:	AUTO 51 LEASING PTE LTD
Owner ID Type:	Company
Owner ID:	201632910R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	15
Registered Street Name:	YISHUN INDUSTRIAL STREET 1
Registered Unit No.:	# 01 - 05
Registered Building Name:	WIN 5
Registered Postal Code:	768091
COE No. / Expiry Date:	2018090705000651Z / 06 Sep 2028
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$27,217.00

### Transaction Details

Business Transaction Ref. No.:	20180907093252870518
Business Transaction Date:	07 Sep 2018
Business Transaction Time:	09:32:52

### Message

The above vehicle has been successfully registered.

Please note that \$18,689.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

OK

Save as PDF

## Claim Handling

Accident MT/1024178

Policy No.	5091161451-01	Vehicle No.	GBH7112Z	GST Registration No.
Certificate No.				
Policyholder Name	AUTO 51 LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90015395	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
RFK	<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	17/12/2018 19:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/12/2018	Time of Accident hh:mm	10:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENCEAU AVE NORTH TWDS GRANGE RD			

## ➤ Excess

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

## ➤ Policyholder Mailing Address

Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-06	Related Policy Number	5093489587-01	

## ➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMMAD NOOR SHAFIEE BIN	Driver NRIC	K0247782R	Driver DOB
Register Date of Driver License	29/01/2013	Driver Age	26	Driving Experience
Contact No.(Mobile)	87684789	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 165A	Address 2	TECK WHYE CRESCENT	Address 3
Address 4	SINGAPORE 681165	Address Type	Singapore address	Post Code
Unit No.	#15-323			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
-------------------------------------	------	-------------	---

## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTO 5
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBH71
Claim Description	GBH7112Z / SLC1859A ON 15 Dec 2018		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/12/2018 19:51
		Workshop Repairer	ROSLINDA

Print AK letter



## Attachment



Accident No.	MT/1024178	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/12/2018 00:00

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:51	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:51	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:51	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:51	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:51	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:50	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:50	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:50	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:50	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:50	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:50	Photos	Normal	Photos :

## Video List

Uploaded By/Date	Folder Date	File Name	