

NATIONAL Assessment Centre Services. part 1 Jan 2003 MMA 118164559.

| | | | |
|----------------------------|--|-----------------------|-----------------|
| Date In: 22/12/18 15:17 | Job description | Date & Time Completed | Done by |
| Ref No: NA/IME18022958/h4. | SAS e-filing | | |
| Veh No: SBV 2219J | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 2/12/18 21:45. | I-Motor Claim Form | M7/1022557-002 | 24/12/18 09:13. |
| OD / TP / Repairing 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: SLV 1703R | 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 repaler.

() 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: | NA1808479 | Invoice/Repairation Checklist | Amc (\$) | Asm (\$) |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Tel. 1: | | For claiming against INC Only (wef 10 Jan 2003) | | |
| Tel. 2/3: | | 6) TR: Re-inspection \$75 | | |
| | | 7) NI: Idao 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 (Non INC) against INC \$20 | | |
| | | 9) N12: Idao 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 | 22/12/2018 15:17 |
| Date Of Accident | 02/12/2018 21:45 |
| Exact Location Of Accident | GAMBAS AVE |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|--|
| Vehicle Registration Number | SBV2219J |
| Insured/Policyholder | |
| Name Of Registered Owner | SITI NUR'AIN BINTI MOHAMAD SHARIFF |
| NRIC No | S8844341A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97206671 |
| Alternative Phone No | OFFICE-97206671 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | - |
| 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 | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5101784646 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | SHANGAR S/O SIVAKUMAR |
| NRIC No | S8817559Z |
| Date Of Birth | 29/04/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/05/2008 |
| Driving Experience | 10 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87512978 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 165 YISHUN RING ROAD #09-713 |
| Postcode | 760165 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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 (including own vehicle) 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) | 2 |
| Passenger 1 | NAME: : SHAMEERA BINTI IBRAHIM GENDER: : FEMALE |

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

PLEASE REFER TO POLICE REPORT.

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 | SLV1703R |
| 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 SHANGAR S/O SIVAKUMAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SBV2219J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SHAMEERA BINTI IBRAHIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SBV2219J

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


I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

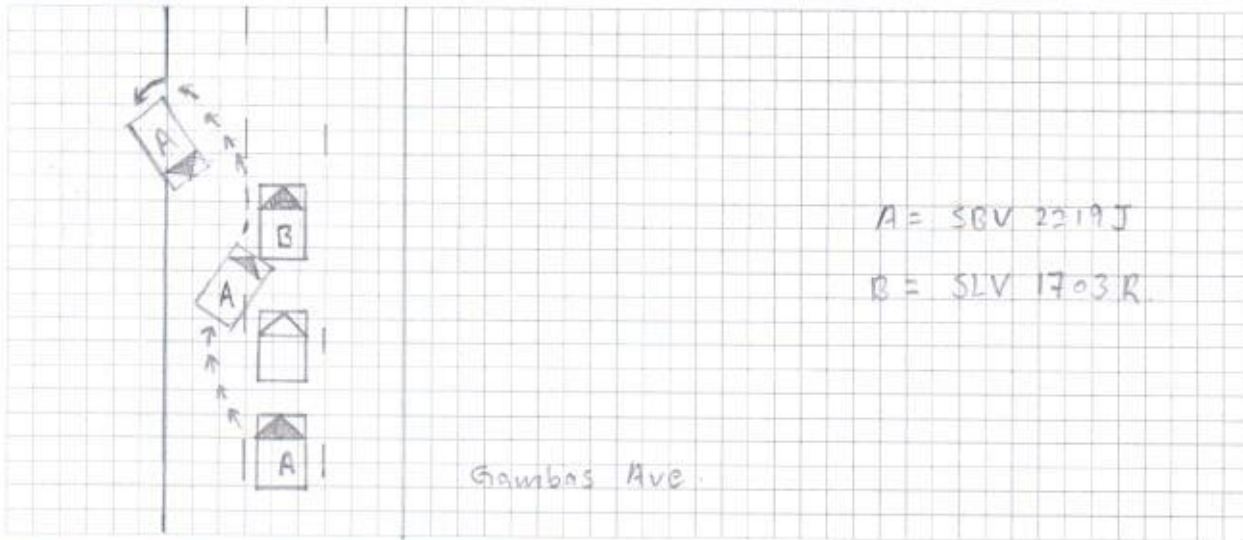


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 12 / 18) (DD/MM/YYYY). TIME: (21 : 45) (HH:MM)

LOCATION: Gambas Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBV 2219J
b) INSURANCE COMPANY: INC.
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 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: Siti Nur 'Ain binti mohamad ^{Shariff} (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97206671
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shangar s/o Sivalkumar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87512978
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friends

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 1703 ~~1730 R~~ 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: _____

Shameera binti Ibrahim.

Email = SHANUBER 88@gmail.com

fax =

VIDEO = No.

* waiting police Report.

* No of passenger
(including driver)
(42)

F.

Injuries.

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()



**SINGAPORE
POLICE FORCE**



T/20181222/7002

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

1 of 3

Report No. T/20181222/7002

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|----------------------------|-----------------|
| Date/Time Report Made: 22/12/2018 10:38 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SHANGAR S/O SIVAKUMAR | | | Address: APT BLK 165 YISHUN RING ROAD #09-713 SINGAPORE 760165 | | |
| ID Type / ID No.: NRIC NO / S8817559Z | | | Contact No.: Home/Office: Mobile: 87512978 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: shanuber88@gmail.com | | |
| Sex: Male | Age: 30 | Date of Birth: 29/04/1988 | Type of Informant: Driver | | |
| Race: Indian | | Language: English | | Institution / School Name: | |
| Occupation: Fire and safety inspector | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 02/12/2018 21:45 | Type of Location: Straight Road |
| Location: Gambas ave | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 70 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|-------|-------|-------------------|-----------------|
| SBV2219J | Car | HONDA | Civic | Blue | Seriously Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181222/7002

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

2 of 3

Report No. T/20181222/7002

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Name | SHANGAR S/O SIVAKUMAR | ID No. | S8817559Z |
| Related Vehicle | SBV2219J (Car) | Contact No. | 87512978 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 03/12/2018 | Date Discharge | 04/12/2018 |
| No. of Days granted Medical Leave | 24 | Degree of Injury | Serious |

Brief Details.

On the above said and time I was travelling along gambas ave. I was in the centre lane making an overtaking to the left when my car lose control and bang on to slv 1703 r.I had one passenger with me while the other party had 6 passenger. Im making this report for insurance reporting purpose only.



**SINGAPORE
POLICE FORCE**



T/20181222/7002

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

3 of 3

Report No. T/20181222/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/12/2018 10:38

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8817559Z**



Name
SHANGAR S/O SIVAKUMAR

Race
INDIAN

Date of birth
29-04-1988

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence No: **S8817559Z**

SHANGAR S/O SIVAKUMAR

Birth Date: **29 Apr 1988**

Issue Date: **01 Jul 2016**

002583987C

5624676



NRIC No. **S8817559Z**



Date of issue
01-07-2016

Address
**APT BLK 165 YISHUN RING ROAD
#09-713
SINGAPORE 760165**


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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **12 May 2008**

NP 428A

Licence No: **S8817559Z**



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="22/12/2018 10:11"/> |
| Vehicle No.(For Motor) | <input type="text" value="SBV2219J"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|---|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5101784646 | | SITI NUR'AIN BINTI MOHAMAD SHARIFF | S8844341A | GPC | Third Party | SBV2219J | SBV2219J | 09/07/2018 | 31/03/2019 |

Claim Handling

Accident MT/1022557

| | | | | | |
|---|--|-------------------------------|----------------------|------------------------|--------|
| Policy No. | 5101784646 | Vehicle No. | SBV22193 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SITI NUR'AIN BINTI MOHAMAD SHARIFF | | | Policyholder NRIC | SB844 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Not av |
| ▼ Accident Details | | | | | |
| Report Date | 04/12/2018 17:30 | Accident Report Within 24 hrs | Yes | Accident Type | Unknov |
| Date of Accident | 02/12/2018 | Time of Accident hh:mm | 21:45 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG GAMBAS AVE TWDS WOODLANDS AVE 12 | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| ▼ Benefits | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 477C #05-576 | Address 2 | UPPER SERANGOON VIEW | Address 3 | SINGA |
| Address 4 | | Address Type | Singapore address | Post Code | 53347 |
| Unit No. | | Related Policy Number | 5101784646 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 New

| | | | |
|-------------------------|-----------------------------------|-------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | SITI NUR'AIN BINTI MOHAMAD |
| Contact No.(Mobile) | 97206671 | Contact No.(Home) | 63823757 |
| Email Address | AJNLDV06@GMAIL.COM | Vehicle Number | SBV22193 |
| Claim Description | SBV22193 / SLV1703R ON 2 Dec 2018 | | |
| Preferred Workshop No. | Yes | Insured Liability | Fully at Fault |
| Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 24/12/2018 09:12 | Claim Close Date | |
| Report Taken By | LIEW SHAN HUI | | |
| Print AK letter | | | |

Save Submit

Attachment

| | | | |
|----------------------------|------------|---------------------|------------------------|
| Accident No. | MT/1022557 | Claim No. | 002 |
| Last Doc. Received | Yes No | Upload Date | 24/12/2018 09:13 |
| Path * | | Category * | Confidential Urgency * |
| Choose File No file chosen | | Clear Please Select | NO Normal |

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

ClearPlease SelectNONormal








ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|---|-----------------------|---------|----------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:13 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:13 | SAS | Normal | SAS 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:13 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:13 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:13 | Photos | Normal | Photos 2018-12-24 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:13 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:12 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:12 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:12 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:12 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:12 | Photos | Normal | Photos 2018-12-24 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 09:12 | Photos | Normal | Photos 2018-12-24 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
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