

# NATIONAL Assessment Centre Services

|                           |  |                       |               |
|---------------------------|--|-----------------------|---------------|
| Date In: 28/12/2018 16:09 | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC18023275/14 | SAS e-filing                             |                       |               |
| Veh No: SKW 7609Y         | E-mail (within 3hrs, AIC 2hrs)           |                       |               |
| D.O.A: 28/12/2018 08:45   | i-Motor Claim Form                       | MT/1025585-001        | 29/12/18 1035 |
| 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: Barrier  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| NA1808557                       | Invoice Preparation Checklist                   | Amnt (\$)   | Amnt (\$) |
|                                 |   | Est. Bill   | Add Bill  |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               |             |           |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |           |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |           |
|                                 | 6) TR: Re-inspection \$75                       |             |           |
|                                 | 7) N1: Idao DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | on:   |             |           |
|                                 | *N5: Courtesy Car / Tp 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             | 28/12/2018 16:09                  |
| Date Of Accident           | 28/12/2018 08:45                  |
| Exact Location Of Accident | T2 OPEN CARPARK AT CHANGI AIRPORT |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKW7609Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHOO TECK LYE        |
| NRIC No                     | S0171637I            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97699289 |
| Alternative Phone No        | OTHERS-97699289      |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | HONDA           |
| Model  | CITY 1.5 SV CVT |
| 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 HIRE    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5101418558                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHOO TECK LYE         |
| NRIC No              | S0171637I             |
| Date Of Birth        | 08/02/1953            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 08/05/1978            |
| Driving Experience   | 40 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97699289  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97699289       |
| Email Address        | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 941 HOUGANG STREET 92<br>#11-07 |
| Postcode  | 530941                              |
| 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   | HIT BY FALLEN TREE / OTHER OBJECTS |
| Weather Conditions | CLEAR                              |
| Road Surface       | DRY                                |

#### Other Information

|   |    |
|---|----|
| Was any foreign vehicle involved in this accident?  | NO |
| Number of vehicles (including own vehicle) involved in the accident                         | 1  |
| Was any body injured in the Accident?   | NO |
| Was any injured conveyed to hospital by ambulance?  | NO |
| Was any other material or property damaged?   | NO |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |




## 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:

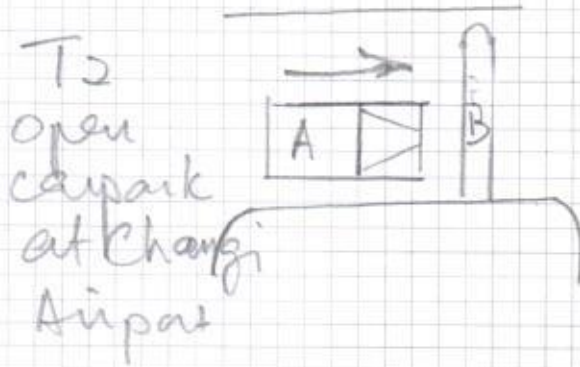
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/12/2018  
NRIC/FIN No.:

# SKETCH PLAN



A - S KW 7609Y  
B - carpark barrier.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was going out from T2 open carpark at Changi Airport to the driveway. Upon reaching the carpark gantry, I stopped. On seeing that the barrier was opened, I proceed to leave the carpark. While I was in the process, the barrier came down and hit onto my rear windscreen frame causing a small dent. No one was injured. This happen on 28/12/2012 @ 0845hrs. That's all.

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S0171637I**






Name  
**CHOO TECK LYE**

Race  
**CHINESE**

Date of birth  
**08-02-1953**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S0171637I**  
Name  
**CHOO TECK LYE**

Birth Date **08 Feb 1953**  
Issue Date **22 Jul 2003**



5349113



NRIC No. **S0171637I**



Date of issue  
**19-08-2014**


Address  
**APT BLK 941 HOUGANG STREET 92  
#11-07  
SINGAPORE 530941**

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

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 05 Aug 1982 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 08 May 1973 |

NP 425A

Licence No: **S0171637I**



## 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:** 5101418558

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKW7609Y          |
| Chassis Number  | : MRHGM6660GP000352 |
| 2. Name of Policyholder   | : CHOO TECK LYE     |
| 3. Effective Date of Insurance  | : 19 Jun 2018       |
| 4. Expiry Date of Insurance   | : 18 Jun 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.  |                     |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)                   | : S\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : CHOO TECK LYE                                   |
| NAMED DRIVER (1)                     | : CHOO CHYE HONG ELAINE (ZHU CAIFENG)             |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : HONG LEONG FINANCE 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 : CHESA INSURANCE AGENCIES PTE. LTD. (00000615068)  
Date of Issue : 19 Jun 2018 14:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/> | 5101418558 |                    | CHOO TECK LYE     | S01716371         | GPC     | drivo CLASSIC | SKW7609Y    | SKW7609Y       | 19/06/2018    | 18/06/2019  |



## ▼ Policy Information

|                             |   |                             |                  |                   |                  |
|-----------------------------|---|-----------------------------|------------------|-------------------|------------------|
| Policy No.                  | 5101418558  | Policyholder Name           | CHOO TECK LYE    | Policyholder NRIC | S01716371        |
| Certificate No.             |   |                             |                  |                   |                  |
| Address                     | BLK 941 #11-07 HOUGANG STREET 92 SINGAPORE 530941 |                             |                  |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE                             | Plan                        |                  | Group Policy Flag | N                |
| Policy issue Date           | 19/06/2018  | Effective Date              | 19/06/2018 00:00 | Expiry Date       | 18/06/2019 23:59 |
| Third Party Excess          | 1500  | Own damage Excess           | 2000             | Windscreen Excess | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                |                   |                  |
| Outside Singapore OD Excess | 2000  | Outside Singapore TP Excess | 1500             |                   |                  |
| Agent                       | CHESSA INSURANCE AGENCIES                         | Agent Tel.                  | 68424331         | GST Flag          | Y                |
| Co-insurance Flag           | No  |                             |                  |                   |                  |
| Open Policy Info            |   |                             |                  |                   |                  |
| Certificate Info            |   |                             |                  |                   |                  |

## ▼ Policyholder Mailing Address

|           |                |                       |                   |           |                  |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 941 #11-07 | Address 2             | HOUGANG STREET 92 | Address 3 | SINGAPORE 530941 |
| Address 4 |                | Address Type          | Singapore address | Post Code | 530941           |
| Unit No.  |                | Related Policy Number | 5101418558        |           |                  |

## ► Insured Object: SKW7609Y

## ▼ Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

## Claim Handling

Accident MT/1025585

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5101418558  | Vehicle No.         | SKW7609Y  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | CHOO TECK LYE   |                     |   | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive CLASSIC   | Loading              |
| Contact No.(Mobile) | 97699289  | Contact No.(Office) | 0   | Contact No.(Home)    |
| Email Address       |   | Special Remark      |   | eCode                |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         |

## ▼ Accident Details

|                   |                                   |                               |       |                     |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|
| Report Date       | 29/12/2018 09:39                  | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 28/12/2018                        | Time of Accident hh:mm        | 08:45 | Country of Accident |
| Reporting Centre  |                                   | Orange Force                  |       | ICM No.             |
| Accident Location | T2 OPEN CARPARK AT CHANGI AIRPORT |                               |       |                     |

## ▼ Excess

|                       |          |                             |          |                   |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0        | Windscreen Excess |
| Unnamed Driver Excess | 0.00     | Outside Singapore OD Excess | 2,000.00 |                   |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |

## ▼ 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 941 #11-07 | Address 2             | HOUANG STREET 92  | Address 3 |
| Address 4 |                | Address Type          | Singapore address | Post Code |
| Unit No.  |                | Related Policy Number | 5101418558        |           |

## ▼ OI Driver Info

|   |   |                     |                   |                    |
|---|---|---------------------|-------------------|--------------------|
| Driver Name                             | CHOO TECK LYE   | Driver Type         | Main Driver       |                    |
| Unnamed driver Name                     |   | Driver NRIC         | S01716371         | Driver DOB         |
| Register Date of Driver License         | 01/01/1998  | Driver Age          | 65                | Driving Experience |
| Contact No.(Mobile)                     | 97699289  | Contact No.(Office) | 0                 | Contact No.(Home)  |
| Address 1                               | BLK 941   | Address 2           | HOUANG STREET 92  | Address 3          |
| Address 4                               |   | Address Type        | Singapore address | Post Code          |
| Unit No.                                | #11-07  |                     |                   |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Com |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 OD-MX

New

|                     |                                   |                         |                                  |
|---------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type *        | OD-MX                             | Insured Name            | CHOO 1                           |
| Contact No.(Mobile) | 97699289                          | Contact No. (Home)      | 638761                           |
| Email Address       |                                   | OI Vehicle Number       | SKW76                            |
| Claim Description   | SKW7609Y / BARRIER ON 28 Dec 2018 |                         |                                  |
| Preferred Workshop  |                                   | Insured Liability       | Partially at Fault               |
| Finalisation        | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered     |                                   | GIA report              | Received                         |
| Report Taken By     |                                   | Claim Close Date        | 29/12/2018 10:36                 |
|                     |                                   | Workshop Repairer       |                                  |

Print AK letter



Save Submit

## Attachment



|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1025585  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 29/12/2018 09:43 |

|   |                |                                      |  |                                 |
|---|----------------|--------------------------------------|--|---------------------------------|
| 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 | Des             |
|------------|--|-----------------------|---------|-----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:35 | NRIC/ Driving License | Normal  | NRIC/ Driving L |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:34 | SAS                   | Normal  | SAS 2(          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:33 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:33 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:33 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:33 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 10:32 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2018 09:43 | Photos                | Normal  | Photos ;        |