

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA11900085

Date In: 2/1/19-16:19	Job description	Date & Time Completed	Done by
Ref No: NA/14 C19000085/14	SAS e-filing		
Veh No: PP98736	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/1/18-22:13	i-Motor Claim Form	M/10v6093-001	2/1/19 20:07
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: 5K581L	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 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:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	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:-		
	QD:		
	*N5: Courtesy Car / Tpl 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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:			
Dat 2 / 3:			

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	02/01/2019 16:19
Date Of Accident	18/12/2018 22:10
Exact Location Of Accident	JUNC CHOA CHU KANG WAY & CHO A CHU KANG AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FP9813G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HELMIE BIN AZHAR
NRIC No	S9732865Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88589947
Alternative Phone No	OFFICE-88589947
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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	THIRD PARTY
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	5087970451-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HELMIE BIN AZHAR
NRIC No	S9732865Z
Date Of Birth	26/09/1997
Occupation	INDOOR
Date Of Driving Pass	21/11/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88589947
Fax Number	
Contact Number	OFFICE-88589947
Email Address	NOEMAIL

Address	BLK 517 JELAPANG ROAD #05-185
Postcode	670517
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	COLLISION - CROSS JUNCTION
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	2
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20181222/7010.

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	SJX5581L
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)

1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HELMIE BIN AZHAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FP9813G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

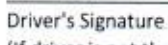
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

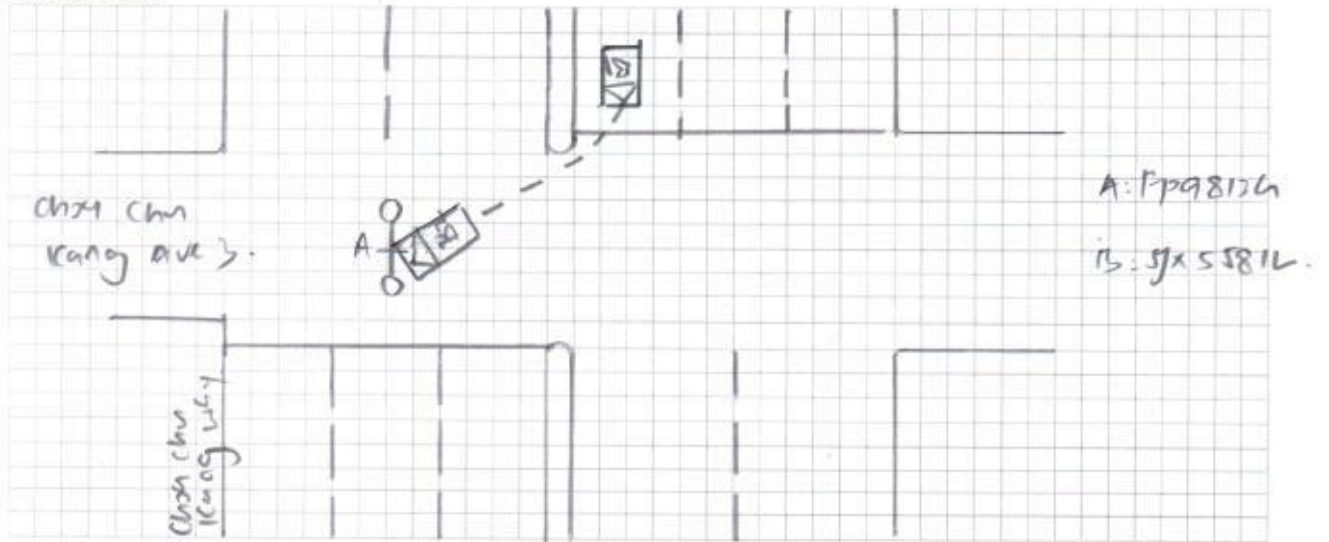
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

Refer to police report - 1/2018/222/7010.

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: (18 / 12 / 18) (DD/MM/YYYY), TIME: (22 : 10) (HH:MM)

LOCATION: Choa Chu Kang Way * Choa Chu Kang Ave 3.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PP 9813G
b) INSURANCE COMPANY: WTC
c) POLICY NUMBER: 5087970451-01
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: Muhammad Helmi Bin Azzar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 597328652 CONTACT: 88589947
c) ADDRESS: Blk 517 Jelapang Road 005-185 (670517)

* 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: (26 / 9 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21 1/2 years

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)
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: SJX 5581L 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)
(1)

* No of passenger
(including driver)
(1)

Email =

fax =

video =

X T201812227010....



**SINGAPORE
POLICE FORCE**



T/20181222/7010

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

1 of 3
Report No. T/20181222/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2018 16:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD HELMIE BIN AZHAR			Address: APT BLK 517 JELAPANG ROAD #05-185 SINGAPORE 670517	
ID Type / ID No.: NRIC NO / S9732865Z			Contact No.: Home/Office: Mobile: 88589947	
Nationality: SINGAPORE CITIZEN			Email: herumihimari1@gmail.com	
Sex: Male	Age: 21	Date of Birth: 26/09/1997	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 22:10	Type of Location: X-Junction
Location: CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP9813G	Motorcycle	YAMAHA	RXZ	Blue	Seriously Damaged	0
SJX5581L	Car	FORD		Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP9813G	NTUC Income Insurance Co-Operative Limited	5087970451-01	06/03/2018	05/03/2019



**SINGAPORE
POLICE FORCE**



T/20181222/7010



T201812227010....

**SINGAPORE
POLICE FORCE**

T/20181222/7010

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

2 of 3

Report No. T/20181222/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HELMIE BIN AZHAR	ID No.	S9732865Z
Related Vehicle	FP9813G (Motorcycle)	Contact No.	88589947
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	11	Degree of Injury	Serious

Brief Details.

On 18/12/2018 at about 2210 hrs , I was riding my motorcycle along lane 2 at choa Chu Kang way traveling straight, the traffic light was on my favour. Suddenly a vehicle SJX5581L with intention to Turn Right collided side to front on my bike . I sustained injuries on my left hand , forehead and my leg I was given 11 days of mc.

**SINGAPORE
POLICE FORCE**

T/20181222/7010

Police Station Of Origin:
Traffic Police

3 of 3

Report No. T/20181222/7010



T201812227010....



**SINGAPORE
POLICE FORCE**



T/20181222/7010

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

3 of 3

Report No. T/20181222/7010

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 /
MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367


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 16:44

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9732865Z**





Name
MUHAMMAD HELMIE BIN AZHAR

Race
MALAY

Date of birth
26-09-1997

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number
Name **S9732865Z**
MUHAMMAD HELMIE BIN AZHAR

Birth Date: **26 Sep 1997**
Issue Date: **21 Nov 2016**



002631163H

5606827



NRIC No. **S9732865Z**




Date of issue
14-05-2016

Address
**APT BLK 517 JELAPANG ROAD
#05-185
SINGAPORE 670517**

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

EFFECTIVE DATE
21 Nov 2016

Class 2B Motorcycles \leq 200 cc



Licence No: **S9732865Z**

NP 428A

eBaoTech

GeneralClaim

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"/>	5087970451-01		MUHAMMAD HELMIE BIN AZHAR	S9732865Z	GMC	Third Party	FP9813G	FP9813G	06/03/2018	05/03/2019

Policy Information

Policy No.	5087970451-01	Policyholder Name	MUHAMMAD HELMIE BIN AZHAF	Policyholder NRIC	S9732865Z
Certificate No.					
Address	BLK 517 #05-185 JELAPANG ROAD SINGAPORE 670517				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/03/2018	Effective Date	06/03/2018 00:00	Expiry Date	05/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 517 #05-185	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670517
Address 4		Address Type	Singapore address	Post Code	670517
Unit No.	05-185	Related Policy Number	5087970451-01		

Insured Object: FP9813G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/09/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 21 Sep 2018, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$73.20 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	22/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Sep 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: AZHAR BIN TALIB

Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/1026093

Policy No.	5087970451-01	Vehicle No.	PP9813G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HELMIE BIN AZHAR			Policyholder NRIC	S9732865Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	88589947	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	10	Private Hire	No

Accident Details

Report Date	02/01/2019 20:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	18/12/2018	Time of Accident hh:mm	22:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG CHUA CHU KANG WAY & CHUA CHU KANG AVE 3				

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 517 #05-185	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670517
Address 4		Address Type	Singapore address	Post Code	670517
Unit No.	05-185	Related Policy Number	5087970451-01		

OI Driver Info

Driver Name	MUHAMMAD HELMIE BIN AZHAR	Driver Type	Main Driver	Driver DOB	26/09/1997
Unnamed driver Name		Driver NRIC	S9732865Z	Driving Experience	2
Register Date of Driver License	21/11/2016	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	88589947	Contact No.(Office)	0	Address 3	SINGAPORE 670517
Address 1	BLK 517	Address 2	JELAPANG ROAD	Post Code	670517
Address 4		Address Type	Singapore address		
Unit No.	05-185				
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	MUHAMMAD HELMIE BIN AZHAR	Insured NRIC	S9732865Z
Contact No.(Mobile)	88589947	Contact No.(Home)		Contact No.(Office)	
Email Address	HERUMIHSMARTI@GMAIL.COM	OI Vehicle Number	PP9813G	TP Vehicle Number	SJX5581L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	Z.Z	Claimant NRIC *			
Claimant Address					
Claim Description	PP9813G / SJX5581L ON 18 Dec 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/01/2019 20:13	Claim Close Date		Date Received	02/01/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1026093	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2019 20:14

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...
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☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:14	SAS	Normal	SAS 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Jan 2019 20:13	Photos	Normal	Photos 2019-1-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> Display in New Window Scan and uploading </div>				