

**NATIONAL Assessment Centre Services**

(wef 1 Jan 05) **MNA 19 008574**

Date In: 18/1/19 - 18:45	Job description	Date & Time Completed	Done by
Ref No: NA/1401922/06/24	SAS e-filing		
Veh No: JKPS2263	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/1/19 - 8:00	i-Motor Claim Form	M/1028311-001	18/1/19 19:00
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: Unknown 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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	Amt (\$)	Amt (\$)
		Int Bill	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		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac 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	18/01/2019 18:40
Date Of Accident	18/01/2019 08:00
Exact Location Of Accident	AIRPORT BLVD TWDS TERMINAL 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP5726S
Insured/Policyholder	
Name Of Registered Owner	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA
NRIC No	S2711194G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228025
Alternative Phone No	OFFICE-85228025
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	5097164849
Cover Note Number	
Driver	
Name of Driver	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA
NRIC No	S2711194G
Date Of Birth	13/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228025
Fax Number	
Contact Number	OFFICE-85228025
E-Mail Address	NOEMAIL

Address	BLK 273B PUNGGOL PLACE #04-868
Postcode	822273
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: :- GENDER: : MALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190118/7007.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2019 (DD/MM/YYYY), TIME: 08:01 (HH:MM)

LOCATION: Airport Boulevard towards Terminal 2.

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: SKP 5726S
  - b) INSURANCE COMPANY: NTUC
  - c) POLICY NUMBER: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: HUMDAI ELANTRA
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE
  - 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: Wijesuriya Appuraniilane Chandra Thilaka Wijesuriya (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S2711946 CONTACT: 85228025
  - c) ADDRESS: 23B Punggul Place #104-666 C (B2223).

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(02) male

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

d) DATE OF BIRTH: 13/01/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4 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

No of passenger  
(including driver)  
(UNKNOWN)

a) VEHICLE NUMBER: UNKNOWN MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

fax =



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2019 13:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA		Address: APT BLK 692A CHOA CHU KANG CRESCENT #19-02 SINGAPORE 681692	
ID Type / ID No.: NRIC NO / S2711194G		Contact No.: Home/Office:	Mobile: 85228025
Nationality: SINGAPORE CITIZEN		Email: 2013wije@gmail.com	
Sex: Male	Age: 59	Date of Birth: 13/01/1960	Type of Informant: Driver
Race: Sinhalese		Language: English	Institution / School Name:
Occupation: Self-Employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/01/2019 08:00	Type of Location: Y-Junction
Location: T2 BOULEVARD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP5726S	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP5726S	NTUC Income Insurance Co-Operative Limited	5097164849	04/01/2018	23/03/2019



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA	ID No.	S2711194G
Related Vehicle	SKP5726S (Car)	Contact No.	85228025
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON 18/01/2019, AT ABOUT 08:01HR, I WAS DRIVING MY VEHICLE - SKP5726S, ALONG WITH A PASSENGER TO CHANGI AIRPORT. ALONG AIRPORT BOULEVARD, ENTERING TO TERMINAL 2 BOULEVARD, I WAS ON THE RIGHT LANE, WHEN SUDDENLY, A MAROON COLOURED HONDA MPV, CAME OUT FROM THE SIDE ROAD, WITHOUT STOPPING AT THE STOPLINE, AND GRAZED ACROSS MY VEHICLE'S REAR RIGHT PORTION. I THEN ALIGHTED MY VEHICLE, WITH INTENTION TO EXCHANGE PARTICULARS WITH THE DRIVER, BUT THE DRIVER DROVE OFF AND NEVER CAME BACK.

FROM MY IN-CAR CAMERA, I AM ABLE TO MAKE OUT HIS VEHICLE NUMBER - "SLA XXXX P".



**SINGAPORE  
POLICE FORCE**



T/20190118/7007

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

3 of 3

Report No. T/20190118/7007

**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 /  
ESTHER CHONG  
Contact No.: 65476368

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:  
18/01/2019 13:01

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S2711194G**

Name:

**WIJESURIYA APPUHAMILAGE  
CHANDRATHILAKA  
WIJESURIYA**

Birth Date: **13 Jan 1960**

Issue Date: **20 Oct 2014**



**REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2711194G**



Name

**WIJESURIYA APPUHAMILAGE  
CHANDRATHILAKA  
WIJESURIYA**

Race

**SINHALESE**

Date of birth

**13-01-1960**

Sex

**M**

Country of birth

**SRI LANKA**



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 20 Oct 2014

NP 428A



Licence No: S2711194G

4108790



NRIC No. S2711194G



Date of issue

01-10-2007

APT BLK 273B PUNGGOL PLACE #04-868  
SINGAPORE 822273

NRIC No: S2711194G

Date: 03/01/2012

No: 7009453

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097164849		WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA	S2711194G	GPC	drive CLASSIC	SKP5726S	SKP5726S	04/01/2018	23/03/2019

Continue

**Policy Information**

Policy No.	5097164849	Policyholder Name	WIJESURIYA APPUHAMILAGE CH	Policyholder NRIC	S2711194G
Certificate No.					
Address	BLK 273B #04-868 PUNGGOL PLACE SINGAPORE 822273				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/01/2018	Effective Date	04/01/2018 00:00	Expiry Date	23/03/2019 23:59
Excess Type		All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 273B #04-868	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 822273
Address 4		Address Type	Singapore address	Post Code	822273
Unit No.		Related Policy Number	5097164849		

**Insured Object: SKP57265**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1028511

Policy No.	5097164849	Vehicle No.	SKPS7265	GST Registration No.	
Certificate No.					
Policyholder Name	WJESURIYA APPUHAMILAGE CHANDRATHILAKA WJESURIYA			Policyholder NRIC	S2711194G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85228025	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NI
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 Embellment(%)	20	Private Hire	Yes

**Accident Details**

Report Date	18/01/2019 19:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	18/01/2019	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT BLVD TWDS TERMINAL 2				

**Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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 273B #04-868	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 822273
Address 4		Address Type	Singapore address	Post Code	822273
Unit No.		Related Policy Number	5097164849		

**OI Driver Info**

Driver Name	WJESURIYA APPUHAMILAGE CHANDRATHILAKA WJESURIYA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2711194G	Driver DOB	13/01/1960
Register Date of Driver License	20/10/2014	Driver Age	59	Driving Experience	4
Contact No.(Mobile)	85228025	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 273B	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 822273
Address 4		Address Type	Singapore address	Post Code	822273
Unit No.	04-868				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	WJESURIYA APPUHAMILAGE	Insured NRIC	S2711194G
Contact No.(Mobile)	98180205	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKPS7265	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKPS7265 / UNKNOWN ON 18 Jan 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	Received
Date Registered	18/01/2019 19:15	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/01/2019 19:16
Report Taken By	Jackson	Claim Close Date		Total Loss out Repaired	
Workshop Repairer					

Print AK letter

**Save** **Submit**

Attachment

Accident No.	MT/1028511	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2019 19:16

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	SAS	Normal	SAS 2019-1-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	Photos	Normal	Photos 2019-1-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	Photos	Normal	Photos 2019-1-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	Photos	Normal	Photos 2019-1-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:16	Photos	Normal	Photos 2019-1-18		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:15	Photos	Normal	Photos 2019-1-18		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jan 2019 19:15	Photos	Normal	Photos 2019-1-18		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				