


NATIONAL Assessment Centre Services. [Date: 1 Jan 09]. MNA 119010262.

Date In:	Job description	Date & Time Completed	Done by
22/11/19 08:57	SAS e-filing		
Ref No: N/A 11X019001393144	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SFR 8688Y	I-Motor Claim Form	MT/1028920- ⁰⁰¹	22/11/19 10:01
D.O.A: 22/11/19 10:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD:  Reporting Only	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: FS 2175U	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	Signature by
1) Apply for Transport Allowance () / Courtesy Car ()					
2) QC Check / Post Repair Inspection ()					
3) Upload Resurvey Photo [Repair Cost > \$3000] ()					

Injury : _____

[illegible]

Plaintiff's Particulars:		Invoice Particulars		Am (S)	Am (S)
Driver/Owner:		Invoice Particulars		Am (S)	Am (S)
Contact No:		Invoice Particulars		Am (S)	Am (S)
Damaged Portion:		Invoice Particulars		Am (S)	Am (S)
C Checked by (Engr-In-Charge):		Invoice Particulars		Am (S)	Am (S)
Auditors' Comments:		Invoice Particulars		Am (S)	Am (S)
NA 1900625		Invoice Particulars		Am (S)	Am (S)
		1) AR: Accident Reporting (\$30);		30.00	
		2) DA: Damage Assessment (\$100); INC (\$80)			
		3) TP: Towing Fee \$40/\$45			
		4) FT: Follow-Through Survey \$120			
		5) PT: Follow-Through Survey (Resurvey) \$30			
		For obtaining against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (Nil): TP (Non INC) against INC \$20			
		9) NI2: Idao Mobile 30			
		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	22/01/2019 08:57
Date Of Accident	21/01/2019 10:10
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFR8688Y
Insured/Policyholder	
Name Of Registered Owner	NG KOON HUAT
NRIC No	S0189654G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96980388
Alternative Phone No	OFFICE-96980388
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 CGI
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092281890-01
Cover Note Number	-
Driver	
Name of Driver	NG LIHUI, ALETHEA(HUANG LIHUI, ALETHEA)
NRIC No	S8209520I
Date Of Birth	07/04/1982
Occupation	INDOOR
Date Of Driving Pass	05/11/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97735881
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 650 SENJA LINK #04-04
Postcode	670650
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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)	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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FS2175U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FARIS ASHRAF BIN AHMAD
NRIC/Passport Number	S9021585Z
Contact Number	92355501
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

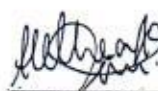
IMPORTANT NOTICE


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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along 716 towards Changi Airport before Lornie Road Exit. The traffic was heavy. Vehicles in front of me stood stationary hence I was stationary too. Out of sudden, I felt an impact from my vehicle rear portion. From my rear mirror, I saw motorcycle (B) hit onto me.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 21 Jan 2019 (DD/MM/YY) Time: 1008 (HH:MM)
Exact location of accident	Pte towards Changi Airport before Kallie Road Exit (25 km).

Details of vehicle

Vehicle registration number	SFR 8688Y
Vehicle make and model	Mercedes C180.
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third party claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC.
Policy number	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Ng Koon Hui	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S01896546.	
Contact	9698 0388.	
Address	Block 650 Senja Link #04-04 Singapore 670650.	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	Ng Li Hui Alethea	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S82095201	
Contact	9773 5881	
Address	As Above.	
Email address	alethea@yahoo.com.	
Date of birth	07 Apr 1982	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	05 Nov 2013.	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1 (B)

Name	Faris Ashraf Bin Ahmad.
Contact number	9235 5501
NRIC / Fin / Passport number	980215852
Vehicle registration number	FS 21754
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S82095201

Name: NG LIHUI, ALETHEA
(HUANG LIHUI, ALETHEA)

Birth Date: 07 Apr 1982

Issue Date: 05 Nov 2003

1000972409K




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S82095201

Name: NG LIHUI, ALETHEA
(HUANG LIHUI, ALETHEA)
黄丽慧

Race: CHINESE

Date of Birth: 07-04-1982

Sex: F

Country of Birth: SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Nov 2003

NP 428A

License No: S82095201

321505

NRIC No: S82095201

Blood Group: O+

Date of issue: 18-11-2000

APT BLK 050 SENJA LINK #04-04
SINGAPORE 670050

NRIC No: S82095201

Date: 28/02/2017




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="21/01/2019 08:56"/>							
Vehicle No.(For Motor)	<input type="text" value="SFR8688Y"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092281890-01		NG KOON HUAT	S0189654G	GPC	drivo CLASSIC	SFR8688Y	SFR8688Y	15/07/2018	14/07/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1028920

Policy No.	5092281890-01	Vehicle No.	SFR8688Y	GST Registration No.	
Certificate No.					
Policyholder Name	NG KOON HUAT			Policyholder NRIC	S018
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96980388	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	22/01/2019 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	21/01/2019	Time of Accident hh:mm	10:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 LORNIE RD EXIT				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 650 #04-04	Address 2	SENJA LINK	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	67061
Unit No.		Related Policy Number	5092281890-01		
OI Driver Info					
Driver Name	NG LIHUI,ALETHEA	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S82095201	Driver DOB	07/11
Register Date of Driver License	05/11/2003	Driver Age	36	Driving Experience	15
Contact No.(Mobile)	97735881	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 650 #04-04	Address 2	SENJA LINK	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	67061
Unit No.	04-04				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Handling

Accident MT/1028920

Policy No.	5092281890-01	Vehicle No.	SFR8688Y	GST Registration No.	
Certificate No.					
Policyholder Name	NG KOON HUAT			Policyholder NRIC	S018
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96980388	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	22/01/2019 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	21/01/2019	Time of Accident hh:mm	10:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 LORNIE RD EXIT				
Excess					
Total Excess Applicable					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

1/22/2019

Claim Handling(accident reporting Claim Task)

Excess Type	Windscreen Excess	100.00			
All Claims Excess					
YIED All Claim Excess	Driver is Covered?				
Total All Claim Excess Applicable					
OD Standard Excess	TP Standard Excess				
YIED OD Excess	YIED TP Excess	Driver is Covered?			
Additional Excess					
Total OD Excess Applicable	Total TP Excess Applicable				
Benefits					
Coverage	Sum Insured				
Excess Waiver	99999999.99				
GST Registered Information					
Policyholder Mailing Address					
Address 1	BLK 650 #04-04	Address 2	SENJA LINK	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	6706
Unit No.		Related Policy Number	5092281890-01		
OI Driver Info					
Driver Name	NG LIHUI,ALETHEA	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	582095201	Driver DOB	07/11
Register Date of Driver License	05/11/2003	Driver Age	36	Driving Experience	15
Contact No.(Mobile)	97735881	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 650 #04-04	Address 2	SENJA LINK	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	6706
Unit No.	04-04				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NG KOON HUAT
Contact No.(Mobile)	96980388	Contact No. (Home)	
Email Address	jamesng.cpm@gmail.com	O1 Vehicle Number	SFR8688Y
Claim Description	SFR8688Y / FS2175U ON 21 Jan 2019		
Preferred Workshop Consent No. Finalisation	0	Insured Liability	Not at Fault
Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	22/01/2019 10:00	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1028920	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/01/2019 10:01
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	SAS	Normal	SAS 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:01	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:00	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:00	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:00	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:00	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:00	Photos	Normal	Photos 2019-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 10:00	Photos	Normal	Photos 2019-1-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
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