

# NATIONAL Assessment Centre Services

[wef 1 Jan'03]

MMA 119019246

Date In: 12/2/19 09:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19002459/64	SAS e-filing		
Veh No: GBB 8479 R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 112/19 12:35	1-Motor Claim Form	MT/1031694-001	12/2/19 16:42
OD / TP / Reporting Only	1-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: ( ) Tol: ( ) Fax: ( )

TP Particulars: ( ) Veh No: FBN 289L 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Actions: ( )



**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	12/02/2019 09:47
Date Of Accident	01/02/2019 12:35
Exact Location Of Accident	PAYA LEBAR RD TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GBB8479R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNION ENERGY PTE. LTD.
Co Reg No	200809207Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66031794

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086907329-02
Cover Note Number	-

**Driver**

Name of Driver	TAN SOON SENG
NRIC No	S1260386Z
Date Of Birth	23/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91765089
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 139 PASIR RIS ST 11 #07-191
Postcode	510139
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN289L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 

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.:

A = GIBB 8479R.  
B = FBN 289L

Paya Lebar Rd twds Guillemard Rd

Please Refer to Police Report

I/We declare the foregoing particulars are true in every respect.

Date &amp; Time:

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

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



# ACCIDENT STATEMENT

35

ACCIDENT DATE: (1 / 2 / 19) (DD/MM/YYYY), TIME: (12 : 35) (HH:MM)

LOCATION: Paya Lebar Rd turns Guillemard Rd at Paya

Lebar flyover.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 8479R  
 b) INSURANCE COMPANY: lmc  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working  
 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: Union Gas Energy Pte Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6603 1794.  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Tan Soon Seng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9176 5089.  
 c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: Macpherson NPP.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBN 289L. 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 passengers  
 (including driver)  
(1)

\*No of passenger  
 (including driver)  
( )

\*No of passenger  
 (including driver)  
( )

attach scene photo inside  
 email.

Email = carolheng@uniongas.com.sg  
 fax =  
 video = No.





# SINGAPORE POLICE FORCE



T/20190211/2129

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20190211/2129

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2019 16:44	Vide Report No.:	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: TAN SOON SENG			Address: APT BLK 139 PASIR RIS STREET 11 #07-191 SINGAPORE 510139	
ID Type / ID No.: NRIC NO / S1260386Z			Contact No.: Home/Office: Mobile: 91765089	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 23/10/1957	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: UNION SALES EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2019 12:35	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD  toward guillemard road before paya lebar flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: no collision			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8479R	Lorry				No Damage	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20190211/2129

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20190211/2129

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAN SOON SENG		ID No.	S1260386Z
Related Vehicle	GBB8479R (Lorry)		Contact No.	91765089
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 01/02/2019 at about 1235hrs, I was driving my company lorry, GBB8479R along Paya Lebar Road toward Guillemard Road direction before Paya Lebar flyover. I was on the second lane on the left and there was a heavy traffic at such the lorry was in a stationary position. I look at the rear window and spotted a motorcycle, FBN289L on my lane wobbling and subsequently fall onto the road. I get out of the lorry and made a check and there was no contact as the motorcycle landed about 5 metre away. I went to assist the rider and police and ambulance were at scene. The rider was subsequently conveyed by the ambulance. The traffic police informed me that I does not need to lodge a traffic report as there were no contact between by lorry and the motorcycle. I am lodging this report for record purpose as required by my company.



**SINGAPORE  
POLICE FORCE**



T/20190211/2129

3 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20190211/2129

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 ANG KAH LUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

11/02/2019 16:44

Classification Of Case:

Authentication Stamp

NP168





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1260386Z**

Name **TAN SOON SENG**

Birth Date **23 Oct 1957**

Issue Date **08 May 2003**

060462106D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1260386Z**

Name **TAN SOON SENG**

陳 徇 成

Race **CHINESE**

Date of Birth **23-10-1957**

Country of Birth **SINGAPORE**

Sex **M**



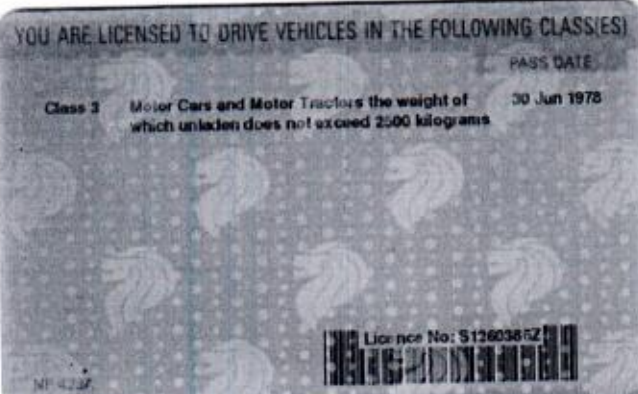
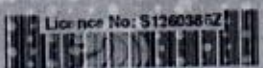


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE **30 Jun 1978**

Licence No: **S1260386Z**

1590142

Barcode

NRIC No **S1260386Z**

Blood Group **O+**

Date of issue **14-01-1994**

Address **APT BLK 139 PASIR RIS STREET 11  
#07-191  
SINGAPORE 1851**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

01/02/2019 17:39

Vehicle No.(For Motor)

GBB8479R

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"/>	5086907329-02		UNION ENERGY PTE. LTD.	200809207Z	GFT	Third Party	GBB8479R	GBB8479R	01/01/2019	



### Policy Information

Policy No.	5086907329-02	Policyholder Name	UNION ENERGY PTE. LTD.	Policyholder NRIC	200809207Z
Certificate No.					
Address	3 LORONG BAKAR BATU #07-04 UNION INDUSTRIAL CENTER SINGAPORE 348741				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/01/2019	Effective Date	01/01/2019 00:00	Expiry Date	31/12/2019 23:59
Third Party Excess	1000.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	56867.87		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	JARDINE LLOYD THOMPSON PTE	Agent Tel.	63336311	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	3 LORONG BAKAR BATU	Address 2	#07-04 UNION INDUSTRIAL CEI	Address 3	SINGAPORE 348741
Address 4		Address Type	Singapore address	Post Code	348741
Unit No.	08-00	Related Policy Number	5086907329-02		

### Insured Object: GBB8479R

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/01/2019 00:00	Basic Information Endorsement	000001286983846	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JTFAT35Y40K211760 02-01-2019 \$1,285.93 2. JTFAT35Y10K211862 02-01-2019 \$1,285.93 3. JTFAT35Y90K211883 02-01-2019 \$1,285.93 4. JTFAT35Y70K211753 02-01-2019 \$1,285.93 5. JTFAT35Y00K211755 02-01-2019 \$1,285.93 6. JTFAT35Y60K211758 02-01-2019 \$1,285.93 7. JTFAT35Y10K211764 02-01-2019 \$1,285.93 8. JTFAT35Y80K211762 02-01-2019 \$1,285.93 In view of this amendment, an additional premium of \$10,287.44 (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</p>

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1031694

Policy No.	5086907329-02	Vehicle No.	GBB8479R	GST Registration No.	2008092072
Certificate No.					
Policyholder Name	UNION ENERGY PTE. LTD.			Policyholder NRIC	2008092072
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	66031794	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
<b>Accident Details</b>					
Report Date	12/02/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	01/02/2019	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD TWDS GUILLEMARD RD				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/06/2008		
GST Registration No.	2008092072	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	3 LORONG BAKAR BATU	Address 2	#07-04 UNION INDUSTRIAL CE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	34874
Unit No.	08-00	Related Policy Number	5086907329-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN SOON SENG	Driver NRIC	S12603862	Driver DOB	23/10/1978
Register Date of Driver License	30/06/1978	Driver Age	61	Driving Experience	40
Contact No.(Mobile)	91765089	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 139 #07-191	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510139
Unit No.	07-191				
Does he own a Singapore Registered car?	<input checked="" 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 checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	UNION ENERGY PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	GBB8479R
Claim Description	GBB8479R / FBN289L ON 1 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/02/2019 16:41
			LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. Claim No.



MT/1031694

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/02/2019 16:42

Path \*

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Clear](#)

Category \*

Confidential

Urgency \*

<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:42	SAS	Normal	SAS 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:42	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:41	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:41	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:41	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:41	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:41	Photos	Normal	Photos 2019-2-12
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