

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA1901464T**

Date In: 25/1/19-18:06	Job description	Date & Time Completed	Done by
Ref No: NA1901464T	SAS e-filing		
Veh No: 5DD7447D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/1/19-12:55	i-Motor Claim Form	27/1/033604-001	25/1/19-19:06
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: 5DD7447D	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

NA1901464T	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
QC Checked by (Engr-In-Charge):	9) N12: Idac Mobile		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 & 3:	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	25/02/2019 18:06
Date Of Accident	23/02/2019 17:55
Exact Location Of Accident	EAST COAST PARK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD7447D
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD
Passport No/FIN	201726851N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5102815515
Cover Note Number	

Driver

Name of Driver	KEE CHIA HOW, DESMOND (JI JIAHAO)
NRIC No	S8517907A
Date Of Birth	04/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87877993
Fax Number	
Contact Number	OFFICE-87877993
Email Address	NOEMAIL

Address	BLK 451A BUKIT BATOK WEST AVENUE 6 #21-707
Postcode	651451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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

REFER TO STATEMENT.

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	SLD5723B
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)	

DETAILS OF INJURED PERSON 1

Name	KEE CHIA HOW, DESMOND (JI JIAHAO)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBD7447D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

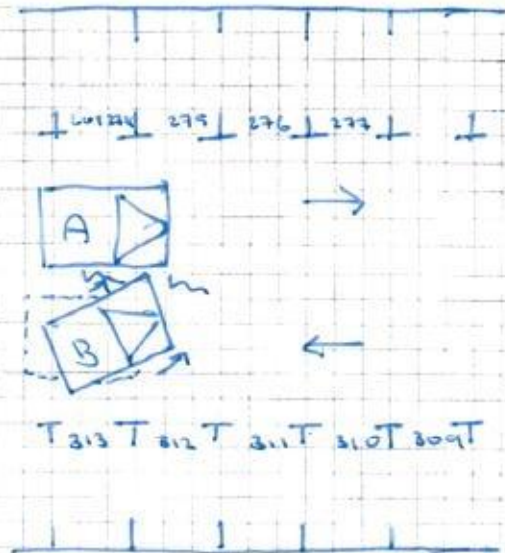
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

EAST COAST PARK CAR PARK C2

VEHICLE A
- SBD 7447 D

VEHICLE B
- SLD 5723 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in the driveway of Car Park C2.
While somewhere near parking lot 274, while going straight ahead, suddenly a vehicle which going in the same direction as me but at the opposite direction lane swerved into my lane and hit onto the right front portion of my vehicle.
Alighted from my vehicle and realized it was a vehicle with licence plate (SLD 5723 B) that going against the traffic and swerved into my lane and hit onto my vehicle. (Refer to sketch plan)
The accident footage was captured by my in-car camera.
Vehicle A - SBD 7447 D
Vehicle B - SLD 5723 B

DECLARATION

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

Policyholder's Signature
Date & Time: 01

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

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

Vehicle No.	SBD 7447 D	Model / Make	TOYOTA MSH
Date of Accident	23/02/2019		
Time of Accident	17 55	HRS	
Location of Accident	EAST COAST PARK (CARPARK C2) NEAR LOT 274		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD		
Telephone No.	H/P: 81833239	Home :	Office :
NRIC	20172651N		
Address	421 TAGORE INDUSTRIAL AVE, #01-20 TAGORE 8 S(787805)		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5102815515		
Name of Driver	As Above If No, KEE CHIA HOW, DESMOND		
NRIC	58517907A	Any Passengers : NIL	
Date of birth	04 JUN 1985		
Occupation	Outdoor / Indoor		
Driving License Pass Date	05 FEB 2016		
Gender	Male / Female		
Contact No.	H/P: 8787 7993	Home :	Office :
Address	BLK 451A BUKIT BATOK WEST AVE 6 #21-707 S(651451)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee,	If no, state RENTAL / LEASING	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	DESMOND KEE, 8787 7993		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SLD 5723 B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT FRONT PORTION		
Camera Recorder	Yes/ No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

S8517907A



KEE CHIA HOW, DESMOND
(JI JIAHAO)

紀傢豪

CHINESE

04-08-1985

M

SINGAPORE

REPUBLIC

DRIVING LICENCE

Licence Number: S8517907A

Name:

KEE CHIA HOW, DESMOND
(JI JIAHAO)

Birth Date: 04 Jun 1985

Issue Date: 24 Jun 2005



NRIC No: S8517907A



Date of issue
07-07-2015

APT BLK 451A BUKIT BATOK WEST AVENUE 6 #21-707
SINGAPORE 651451

NRIC No: S8517907A

Date: 25/01/2019

5493310

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

(Class 2)
(Class 3)

MOTORCYCLES NOT EXCEEDING 200 CC
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF
WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS

PASS DATE

24 Jun 2005
08 Feb 2016

S8517907A

S / No.9000231308

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5102815515

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SBD7447D**
Chassis Number : JTDGJ20W90S002389
2. Name of Policyholder : PRIVILEGE LIMOUSINE SERVICES PTE LTD
3. Effective Date of Insurance : 14 Aug 2018
4. Expiry Date of Insurance : 13 Aug 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
Date of Issue : 31 Jul 2018 17:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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="23/02/2019 17:55"/>							
Vehicle No.(For Motor)	<input type="text" value="SBD7447D"/>	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"/>	5102815515		PRIVILEGE LIMOUSINE SERVICES PTE LTD	201726851N	GFT	drive CLASSIC	SBD7447D	SBD7447D	14/08/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5102815515	Policyholder Name	PRIVILEGE LIMOUSINE SERVICE	Policyholder NRIC	201726851N
Certificate No.					
Address	103 DEFU LANE 10 #01-05 FNA GROUP BUILDING SINGAPORE 539223				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/07/2018	Effective Date	01/08/2018 00:00	Expiry Date	31/07/2019 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	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	103 DEFU LANE 10	Address 2	#01-05 FNA GROUP BUILDING	Address 3	SINGAPORE 539223
Address 4		Address Type	Singapore address	Post Code	539223
Unit No.	01-05	Related Policy Number	5103663784		

Insured Object: SBD7447D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	14/08/2018 00:00	Basic Information Endorsement	null	Entry Rejected	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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SBD7447D 14-08-2018 \$1,692.30 In view of this amendment, an additional premium of \$1,692.30 (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 or NETS.
2	14/08/2018 00:00	Basic Information Endorsement	000001286881653	Endorsement Take Effective	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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJY3004U 14-01-2019 \$956.73 In view of this amendment, an additional premium of \$956.73 (inclusive of GST) is payable under

Claim Handling

- **Exit**

Accident MT/1033604

Policy No.	S102815515	Vehicle No.	SBD7447D	GST Registration No.	
Certificate No.					
Policyholder Name	PRIVILEGE LIMOUSINE SERVICES PTE LTD			Policyholder NAIC	201726851N
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	81833239	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<div><div></div></div>
KRI	<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	Yes
<div><div></div> Accident Details</div>					
Report Date	25/02/2019 19:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/02/2019	Time of Accident Minimum	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST COAST PARK CARPARK				
<div><div></div> Excess</div>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
<div><div></div> Policyholder Mailing Address</div>					
Address 1	103 DEFU LANE 10	Address 2	#01-05 PNA GROUP BUILDING	Address 3	SINGAPORE 539223
Address 4		Address Type	Singapore address	Post Code	539223
Unit No.	01-05	Related Policy Number	S103663784		
<div><div></div> OI Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	KEE CHIA HOW, DESMOND (31)	Driver NAIC	S8517907A	Driver DOB	04/06/1985
Register Date of Driver License	05/02/2016	Driver Age	33	Driving Experience	3
Contact No. (Mobile)	87877993	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 451A	Address 2	BLKIT BATOK WEST AVENUE 6	Address 3	WEST TERRA @ BUKIT BATOK
Address 4	SINGAPORE 651451	Address Type	Singapore address	Post Code	651451
Unit No.	21-707				
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		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	PRIVILEGE LIMOUSINE SERVICE	Insured NRIC	201726851N
Contact No.(Mobile)	96939889	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	S8D7447D	TP Vehicle Number	SLD5723B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S8D7447D / SLD5723B ON 23 Feb 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	25/02/2019 19:06	Claim Close Date		Date Received	25/02/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1033604	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2019 19:07

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

Please Select

%

Normal









Please Select

%

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:07	SAS	Normal	SAS 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:07	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:07	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:07	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:07	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:06	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:06	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:06	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:06	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:06	Photos	Normal	Photos 2019-2-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Feb 2019 19:06	Photos	Normal	Photos 2019-2-25		Edit

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"/>				