

NATIONAL Assessment Centre Services

part 1 Jan 09

MNA 119039081

Date In: 25/3/19 17:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA/INC/19005303/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SME 7744K	I-Motor Claim Form	MT/1037357	25/3/19 17:44
D.O.A: 24/3/19 11:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / GW: (

Tel:

Fax:

TP Particulars: Veh No: G00385FC 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 reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:

INC No: 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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

MNA 1902163

Invoice Description	Amount (\$)	PAID (\$)
1) AIR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100) INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/ef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Ideal DA + SMRT Survey \$160		
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpt Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (K'm INC) against INC \$20		
9) N12: Ideal 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	25/03/2019 17:06
Date Of Accident	24/03/2019 11:05
Exact Location Of Accident	JUNC OF ADMIRALTY RD & WOODLANDS CENTRE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7744K
Insured/Policyholder	
Name Of Registered Owner	CAR EMPIRE LEASING PTE LTD.
Co Reg No	201819518K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313775

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5102934720
Cover Note Number	-

Driver

Name of Driver	AHMAD FAHMI ABDUL RAOOF
NRIC No	S9121501B
Date Of Birth	11/06/1991
Occupation	INDOOR
Date Of Driving Pass	18/02/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90112771
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 15 MARSILING LANE #09-169
Postcode	730015
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	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?	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)	4
Passenger 1	NAME: : MAISHA ADRIANA AHMAD FAHMI GENDER: : FEMALE
Passenger 2	NAME: : MARSHA AUDRIANA AHMAD FAHMI GENDER: : FEMALE
Passenger 3	NAME: : MIRSHA ARIANA BINTE AHMAD FAHMI GENDER: : FEMALE

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

Circumstances of Accident

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	GBD3858C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD DINO ALFIAN BIN YACOB
NRIC/Passport Number	S9050111I
Contact Number	81012110
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MAISHA ADRIANA AHMAD FAHMI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME7744K
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.

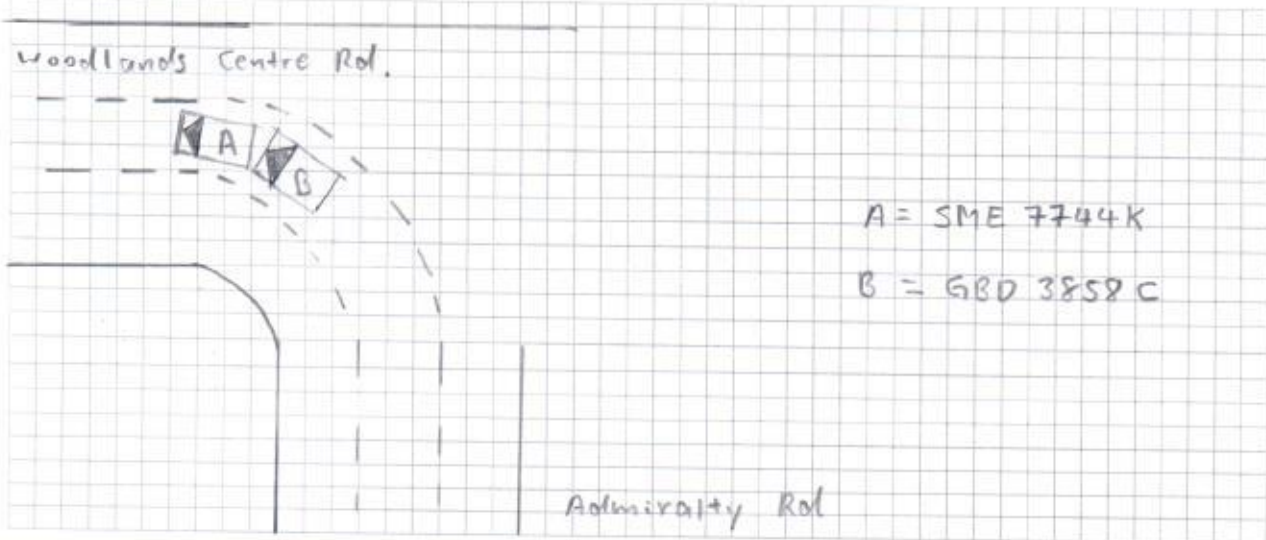


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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 POLICE FORCE



T/20190325/7000

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

1 of 4

Report No. T/20190325/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2019 09:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD FAHMI ABDUL RAOOF			Address: APT BLK 15 MARSILING LANE #09-169 SINGAPORE 730015		
ID Type / ID No.: NRIC NO / S9121501B			Contact No.: Home/Office: Mobile: 90112771		
Nationality: SINGAPORE CITIZEN			Email: ahmadfahmi7948@gmail.com		
Sex: Male	Age: 27	Date of Birth: 11/06/1991	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Working proprietor (transport, storage and courier)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2019 11:05	Type of Location:
Location: ADMIRALTY ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3858C	Van	TOYOTA	Hiace	White		0
SME7744K	Car					0

Details of Person Involved

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



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

CONTINUATION OF REPORT

Driver			
Name	Muhammad Dino Alfian Bin Yacob	ID No.	S90501111
Related Vehicle	GBD3858C (Van)	Contact No.	81012110
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
Passenger			
Name	Maisha Adriana Ahmad Fahmi	ID No.	T0914485J
Related Vehicle	SME7744K (Car)	Contact No.	90112771
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	AHMAD FAHMI ABDUL RAOOF	ID No.	S9121501B
Related Vehicle	SME7744K (Car)	Contact No.	90112771
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.

In the car i was driving,my eldest daughter was sitting in the front passenger seat while another two daughters were at the rear seat.I was moving off from a traffic light junction beside An-Nur Mosque along Admiralty road towards Woodlands centre road as the traffic light turned green.Traffic was moderately heavy at that point of time.My car came to a complete stop about 15meters from the move off point.A goods van with vehicle reigstration number GBD3858C then smashed into the rear of my car.Nobody was conveyed to hospital during the accident.I later drove my daughter to KKH A&E who was sitting at the front passenger seat complaining her right arm and neck pain and is currently admitted for further observation.I have photos of the accident.Pictures of Particulars of the driver of GBD3858C was taken.



**SINGAPORE
POLICE FORCE**



T/20190325/7000

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

3 of 4

Report No. T/20190325/7000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190325/7000

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

4 of 4

Report No. T/20190325/7000

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 / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:

25/03/2019 09:41

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Ahmad Fahmi Abdul Raof

License Number: S9121501B

Name: AHMAD FAHMI ABDUL RAOOF

Birth Date: 11 Jun 1991

Issue Date: 18 Feb 2015

Barcode: 002397981F

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9121501B

Portrait of Ahmad Fahmi Abdul Raof

Name: AHMAD FAHMI ABDUL RAOOF

Arabic Name: احمد فاهمي ابدل راوف

Race: MALAY

Date of birth: 11-06-1991

Sex: M

Country of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	29 Jun 2011
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	15 Feb 2013
Class 2	MOTORCYCLES EXCEEDING 400 CC	21 Oct 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	18 Feb 2015

S / No. 9000241279

NP 428A

Barcode: Licence No: S9121501B

Barcode: 5896880

Portrait of Ahmad Fahmi Abdul Raof

NRIC No. S9121501B

Date of issue: 23-06-2006

APT BLK 15 MARSILING LANE #09-169
SINGAPORE 730015

NRIC No: S9121501B Date: 05/04/2012 No: 7017557

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="24/03/2019 16:56"/>
Vehicle No.(For Motor)	<input type="text" value="SME7744K"/>	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"/>	5102934720		CAR EMPIRE LEASING PTE LTD.	201819518K	GFT	drive CLASSIC	SME7744K	SME7744K	31/01/2019	

▼ Policy Information

Policy No.	5102934720	Policyholder Name	CAR EMPIRE LEASING PTE LTD.	Policyholder NRIC	201819518K
Certificate No.					
Address	33 UBI AVENUE 3 #01-74 VERTEX SINGAPORE 408868				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/08/2018	Effective Date	06/08/2018 00:00	Expiry Date	25/07/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	800.30		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	GS ASSURANCE AGENCY PTE. L	Agent Tel.	96967969	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#01-74 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	01-74	Related Policy Number	5105382791		

► Insured Object: SME7744K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/08/2018 00:00	Basic Information Endorsement	000001286877566	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 07 Aug 2018, the Hire Purchase Company is amended as follows for Vehicle Number SMC3665S: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING PTE LTD</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLB1732L 10-08-2018 \$2,000.75 In view of this amendment, an additional premium of \$2,000.75 (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.</p>
2	10/08/2018 00:00	Basic Information Endorsement	000001286879210	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLB1732L 10-08-2018 \$2,000.75 In view of this amendment, an additional premium of \$2,000.75 (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.</p>
3	10/08/2018 00:00	Basic Information Endorsement	000001286879250	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/1037357

Policy No.	5102934720	Vehicle No.	SME7744K	GST Registration No.	
Certificate No.					
Policyholder Name	CAR EMPIRE LEASING PTE LTD.			Policyholder NRIC	201811
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96313775	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
Accident Details					
Report Date	25/03/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	24/03/2019	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	JUNC OF ADMIRALTY RD & WOODLANDS CENTRE RD				
Excess					
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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	33 UBI AVENUE 3	Address 2	#01-74 VERTEX	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408861
Unit No.	01-74	Related Policy Number	5105382791		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AHMAD FAHMI ABDUL RAOF	Driver NRIC	S9121501B	Driver DOB	11/06/
Register Date of Driver License	18/02/2015	Driver Age	27	Driving Experience	4
Contact No.(Mobile)	90112771	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 15 #09-169	Address 2	MARSILING LANE	Address 3	MARSILING LANE
Address 4	SINGAPORE 730015	Address Type	Singapore address	Post Code	730015
Unit No.	09-169				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CAR EMPIRE LEASING PTE LTD.
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		Vehicle Number	SME7744K
Claim Description	SME7744K / GBD385BC ON 24 Mar 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/03/2019 17:42	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

Claim No.

MT/1037357

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

25/03/2019 17:44

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 *

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal


















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:44	SAS	Normal	SAS 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:44	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2019 17:43	Photos	Normal	Photos 2019-3-25

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