

NATIONAL Assessment Centre Services

Date In	27/03/2019 14:48	Job description	Date & Time Completed	Done by
Ref No	NA/INC19005465/P4	SAS e-filing		
Veh No	SLR 5567L	E-mail (within 8hrs, AIC 2hrs)		
TP Insurer	26/03/2019 19:50	i-Motor Claim Form	MT/1037743-001	27/3/19 1757
Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No:	
Owner / Driver:	FBK990K INC () / Non-INC ()	
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 () / Paved-In (); Invoice: YES () / NO (); Towing Co: ()		

Remarks:	(INC hotline: 6788 6616)
1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed
2) QC Check / Post Repair Inspection ()	Done by
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Date/Time	Actions

NA1902244	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
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) NI: Idno DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
* N3: Courtesy Car / Tpt Allowance \$5			
* N6: Repair Co-ordination \$10			
* N7: Post Repair Inspection \$25			
* N8: DV / Collect Excess Coordination \$5			
TE (N11) : TP (Nva INC) against INC \$20			
9) N12: Idno Mobile \$0			
Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Editors' Comments:			

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	27/03/2019 14:48
Date Of Accident	26/03/2019 19:50
Exact Location Of Accident	PASIR PANJANG RD TWDS PASIR PANJANG DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5567L
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90266899
Alternative Phone No	OFFICE-90266899
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8E AT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5093520010-01
Cover Note Number	
Driver	
Name of Driver	LOW SAY KHIN
NRIC No	S1823982E
Date Of Birth	23/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90266899
Fax Number	
Contact Number	OTHERS-90266899
Email Address	NOEMAIL

Address	BLK 113 WOODLANDS STREET 13 #07-102
Postcode	730113
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?	NO
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20190326/2201

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK990K
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.
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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.

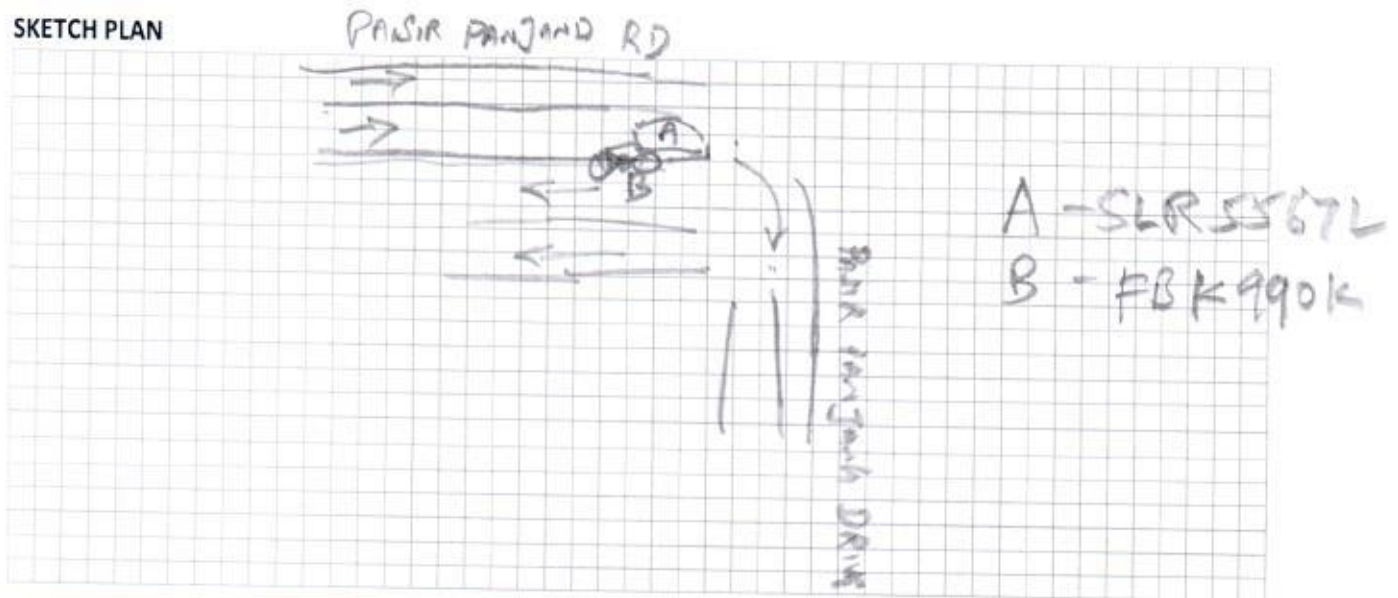
Policyholder's Signature
Date & Time:



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 the Police Report T/20190326/2201

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.:

27/3/2019



SINGAPORE POLICE FORCE



T/20190326/2201

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20190326/2201

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2019 22:24	Vide Report No.: D/20190326/0099	Station Diary No.: 626
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Informant's Particulars			
Name of Informant: LOW SAY KHIN		Address: APT BLK 113 WOODLANDS STREET 13 #07-102 SINGAPORE 730113	
ID Type / ID No.: NRIC NO / S1823982E		Contact No.: Home/Office: Mobile: 90266899	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 23/06/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2019 19:50	Type of Location: T-Junction
Location: Along Road 1 PASIR PANJANG ROAD ALONG PASIR PANJANG RD TOWARDS PASIR PANJANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK990K	Motorcycle				Slightly Damaged	0
SLR5567L	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190326/2201

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190326/2201

CONTINUATION OF REPORT

Driver			
Name	LOW SAY KHIN	ID No.	S1823982E
Related Vehicle	NIL	Contact No.	90266899
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
Rider			
Name	MUHAMMAD SAINI BIN NEN ASSAM	ID No.	S9025905I
Related Vehicle	NIL	Contact No.	97317420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/03/2019 at about 7.50pm, I was driving my grabcar SLR5567L when I was involved in an accident. I was driving along Pasir Panjang Rd on the left lane of 2 lanes when I wanted to change lane to turn right to proceed to Pasir Panjang Drive. In the midst of changing lane, suddenly a motorcycle ; FBK990K hit onto the right passenger door of my car. The rider of the motorcycle then fall to the ground. I then stop my car and went out of my car to assist the rider. There was no visible injuries on the rider however he claim that his finger could not bend. Ambulance then came to scene. The rider and I then exchange particulars before the rider conveyed to the hospital. There was visible damages on my car; the right passenger door was dented and the wheel's plastic rim came out. There was no injuries on me and my passenger. The rider was then conveyed to the hospital. There was an in-car camera in my car which recorded the footage. I am lodging this report as advised by the traffic police who came to scene reference D/20190326/0099.



**SINGAPORE
POLICE FORCE**



T/20190326/2201

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20190326/2201

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:

L /

Sgt 2 NUR FADILAH BINTE ARSHAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

26/03/2019 22:24

Classification Of Case:

Authentication Stamp

NP168

Signature: _____
Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1823982E



Name
LOW SAY KHIN

刘之权

Race
CHINESE

Date of birth
23-06-1967

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1823982E

Name
LOW SAY KHIN

Birth Date 23 Jun 1967

Issue Date 30 Oct 2013




002240145B

5346209



NRIC No. S1823982E



Date of issue
29-08-2014

Address
APT BLK 113 WOODLANDS STREET 13
#07-102
SINGAPORE 730113

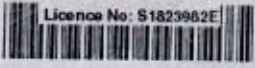
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Apr 1989
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	02 Jun 2000

NP 428A

Licence No: S1823982E



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: 5093520010-01

Cover : drivo CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLR5567L |
| Chassis Number | : ZVW516051257 |
| 2. Name of Policyholder | : RELIABLE RIDES PTE LTD |
| 3. Effective Date of Insurance | : 18 Aug 2018 |
| 4. Expiry Date of Insurance | : 17 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)	: 
EXCESS (SECTION 2)	: 
WINDSCREEN EXCESS	: 
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	: KENSO LEASING PTE LTD
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 : TAN INSURANCE BROKERS PTE LTD (00000690287)
 Date of Issue : 31 Jul 2018 18:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="26/03/2019 19:50"/>
Vehicle No.(For Motor)	<input type="text" value="SLR5567L"/>	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 checked="" type="radio"/>	5093520010-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR5567L	SLR5567L	18/08/2018	17/08/2019

▼ Policy Information

Policy No.	5093520010-01	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/07/2018	Effective Date	18/08/2018 00:00	Expiry Date	17/08/2019 23:59
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		

▶ Insured Object: SLR5567L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1037743

Policy No.	5093520010-01	Vehicle No.	SLR5567L	GST Registration No.
Certificate No.				
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90266899	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	27/03/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/03/2019	Time of Accident hh:mm	19:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PASIR PANJANG RD TWDS PASIR PANJANG DRIVE			

▼ Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	27/03/2019 17:45:26 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-50	Related Policy Number	S106937496	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	LOW SAY KHIN	Driver NRIC	S1823982E	Driving Experience
Register Date of Driver License	04/04/1989	Driver Age	51	Contact No.(Home)
Contact No.(Mobile)	90266899	Contact No.(Office)	0	Address 3
Address 1	BLK 113 #	Address 2	WOODLANDS STREET 13	Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RELIAB
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	SLR556
Claim Description	SLR5567L / FBK990K ON 26 Mar 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	27/03/2019 17:52	Preferred Workshop, Name unknown	GIA report Received
Report Taken By		Claim Close Date	
Print AK letter		Workshop Repairer	

Save Submit

Attachment



Accident No.	MT/1037743	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2019 17:45
Path *		Category *	
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Choose File No file chosen		Clear	Please Select <input type="text"/> NO <input type="text"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:51	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:50	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:47	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 17:47	Photos	Normal	Photos