

NATIONAL Assessment Centre Services

[Part 1 Jan 2003]

MNA 119042110

Date In: 114/19 15:27	Job description	Date & Time Completed	Done by
Ref No: MA11MC19005700164	SAS e-filing		
Veh No: 5BN 600X	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 29/3/19 17:30	I-Motor Claim Form	MT/1038272	114/19 16:04
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBG 1283H

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: (

)

Comments:

(INC Hotline 6748 6016)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

MNA1902335

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

Invoice Refutation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ref 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Inc in INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Am't (\$)

STAB (\$)

30.00

Bad bin

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	01/04/2019 15:27
Date Of Accident	29/03/2019 17:30
Exact Location Of Accident	BLK 423 PASIR RIS DR 6 OPEN CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBN600X
Insured/Policyholder	
Name Of Registered Owner	TAN KOK CHUAN
NRIC No	S7618335Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86616867
Alternative Phone No	OFFICE-86616867
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	300SL-24 AT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5106323885
Cover Note Number	-
Driver	
Name of Driver	TAN KOK CHUAN (CHEN GUOZHUAN)
NRIC No	S7618335Z
Date Of Birth	23/06/1976
Occupation	INDOOR
Date Of Driving Pass	01/09/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86616867
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 139 PASIR RIS ST 11 #03-189
Postcode	510139
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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	GBG1283H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 3 / 19) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: BIK 423 Rati Pasir R.3 Dr 6 open carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBM 600X
 b) INSURANCE COMPANY: INC
 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: Parked
 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: Tan Kok chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8661 6867
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 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: owner.

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: Pasir R.3 NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G B G 1 2 8 3 H 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 passenger
 (Including driver)
 (0)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

writing license by
 today

Email = KCTAN177@GMAIL.COM.

fax =

VIDEO = NO.

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

Please Refer to Sketch

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:

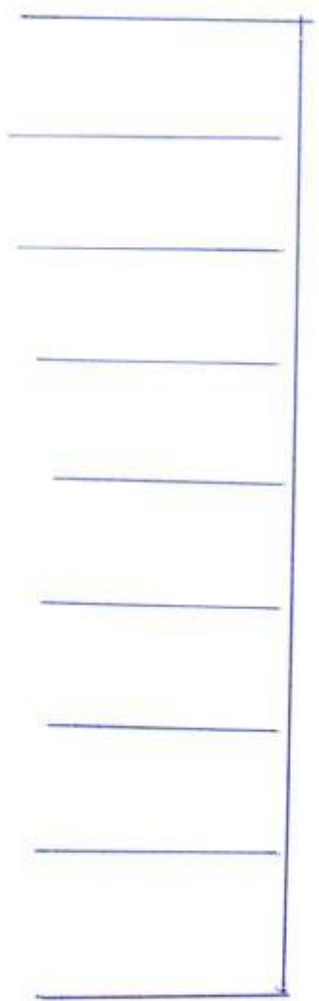
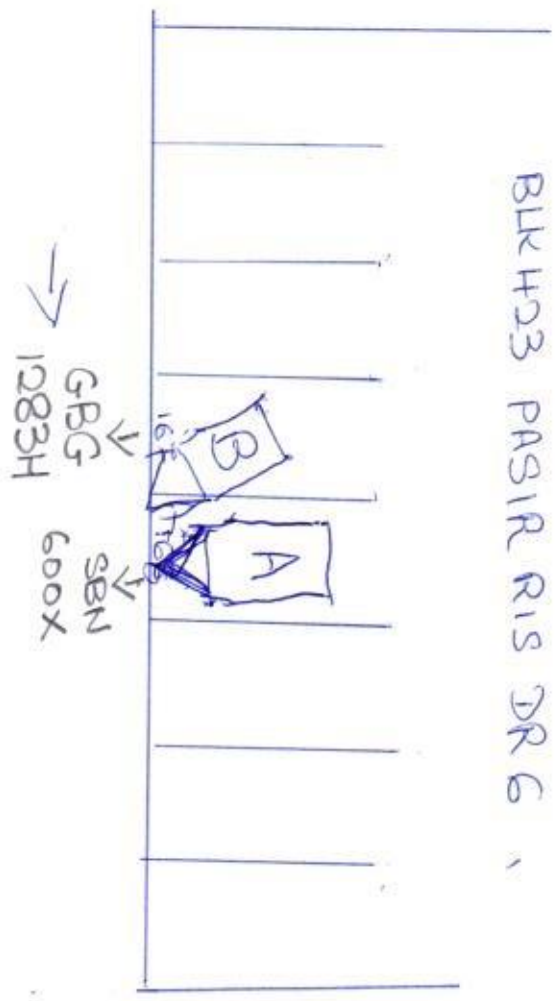
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

09/3/2019
SBN 600X
1730PM
~~HP 8661686f~~

BLK H23 PASIR RIS DRG





**SINGAPORE
POLICE FORCE**



T/20190329/2183

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20190329/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 18:43	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars

Name of Informant: TAN KOK CHUAN			Address: APT BLK 139 PASIR RIS STREET 11 #03-189 SINGAPORE 510139		
ID Type / ID No.: NRIC NO / S7618335Z			Contact No.: Home/Office: Mobile: 86616867		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 23/06/1976	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2019 17:20	Type of Location: Car Park
Location: Along Road 1 PASIR RIS DRIVE 6 Open carpark of 423 Pasir Ris Dr 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBN600X	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190329/2183

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190329/2183

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN KOK CHUAN	ID No.	S7618335Z
Related Vehicle	SBN600X (Car)	Contact No.	86616867
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 29/03/19 at about 1430hrs, I parked my vehicle bearing the plate number SBN600X at the open space car park lot number 168. I made a checked around my vehicle and there was no damage before I left.

At about 1740hrs when I left home, I notice something weird with my vehicle from the back view. My neighbour from block 424 Pasir Ris Dr 6 #01-113 told me that at about 1720hrs, she was chit chatting with her friends at a pavilion in between block 423 and 424 when they heard a loud bang. Shortly after, when they came out to take a look, she saw a white van driving off in a fast speed. I suspected that the white van was the vehicle that hit my vehicle. however, my neighbour was unable to see the licence plate number of the white van. I do not notice any camera around the vicinity. There are CCTV at the entrance of the carpark gantry. Only the front bumper and front right signal light of my vehicle were damaged. From the damages, I believed that the vehicle was parked beside me on the right side and the lot number is 167. I would like to state that there was no in car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190329/2183

3 of 3

Report No. T/20190329/2183

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2019 18:43

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168



10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

14 Jan 2019

Our ref 1401190203N057025807

TAN KOK CHUAN
APT BLK 139 PASIR RIS STREET 11
#03-189
SINGAPORE 510139

000091



Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKH6211X WITH VEHICLE REGISTRATION NO. SBN600X

You may be pleased to know that your application of 14 Jan 2019 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SBN600X (Previously SKH6211X)
Vehicle Make : MERCEDES BENZ
Vehicle Model : 300SL-24 AT
Chassis No. : WDB1290612F040292
Engine No./ Motor No. : 10498122012228 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : WDB1290612F040292, Engine No./ Motor No. : 10498122012228 / -) to display the new/ replacement registration number, SBN600X by 17 Jan 2019. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20190114114239244257 or the vehicle registration number when making your enquiry.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7618335Z



Name

TAN KOK CHUAN
(CHEN GUOZHUAN)

陈 国 专

Race

CHINESE

Date of birth

23-06-1976

Sex

M

Country of birth

SINGAPORE



29/3/2019
SBN 600X
1730 PM

~~HP~~ 86616867



4711862



NRIC No. S7618335Z

Date of issue

06-04-2011

APT BLK 139 PASIR RIS STREET 11 #03-189
SINGAPORE 510139

NRIC No. S7618335Z

Date: 18/06/2018

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 7 6 1 8 3 3 5 Z**
Name:

TAN KOK CHUAN
(CHEN GUOZHUAN)

Birth Date: **23 Jun 1976**

Issue Date: **02 May 2014**

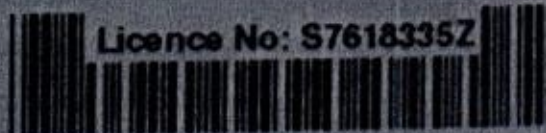


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 01 Sep 1994

NP 428A



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="29/03/2019 11:22"/>
Vehicle No.(For Motor)	<input type="text" value="SKH6211X"/>	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"/>	5106323885		TAN KOK CHUAN	S7618335Z	GPC	Third Party	SKH6211X	SKH6211X	13/12/2018	12/12/2019

Claim Handling

Accident MT/1038272

Policy No.	5106323885	Vehicle No.	SKH6211X	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KOK CHUAN			Policyholder NRIC	S76183
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86616867	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	01/04/2019 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	29/03/2019	Time of Accident hh:mm	17:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 423 PASIR RIS DR 6 OPEN CARPARK				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			0.00
Third Party Excess	0.00	Outside Singapore TP Excess			0.00
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 139 #03-189	Address 2	PASIR RIS STREET 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51013
Unit No.		Related Policy Number	5098674022-01		
▼ OI Driver Info					
Driver Name	TAN KOK CHUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7618335Z	Driver DOB	23/06/
Register Date of Driver License	06/02/2001	Driver Age	42	Driving Experience	18
Contact No.(Mobile)	86616867	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 139 #03-189	Address 2	PASIR RIS STREET 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51013
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN KOK CHUAN
Contact No.(Mobile)	86616867	Contact No. (Home)	NIL
Email Address	tan.tkc@gmail.com	Vehicle Number	SKH6211X
Claim Description	SKH6211X / GBG1283H ON 29 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1038272	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

01/04/2019 16:04

Path *

Category *

Confidential

Urgency *

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

Please Select

NO

Normal

Clear

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 01 Apr 2019 16:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:04	SAS	Normal	SAS 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:04	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:03	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:03	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:03	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 16:03	Photos	Normal	Photos 2019-4-1
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