

NATIONAL Assessment Centre Services

[wef 1 Jan 03] MHA 119046289

Date In: 9/4/9-15:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19026292/24	SAS e-filing		
Veh No: PA 71135	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/4/19-18:00	i-Motor Claim Form	M71039506-002	9/4/19 17:30
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: MHDV 010	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

NA19026292	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*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		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 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 09/04/2019 15:40
 Date Of Accident 05/04/2019 18:00
 Exact Location Of Accident ALONG CLARKE ST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA7113S
Insured/Policyholder
 Name Of Registered Owner TRAVEL GSH PTE LTD
 Co Reg No 199205400K
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91281115
 Alternative Phone No OFFICE-91281115

Vehicle Particulars

Manufacturer HIGER
 Model KLQ6119Q 6.7L MT ABS 17T TURBO
 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 BUS

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy YES
 Policy Number 5067996244-04
 Cover Note Number

Driver

Name of Driver QI LIE ZHONG
 Passport No/FIN G6763288K
 Date Of Birth 02/07/1971
 Occupation OUTDOOR
 Date Of Driving Pass 17/07/2013
 Driving Experience 5 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92362653
 Fax Number
 Contact Number OFFICE-92362653
 EMail Address NOEMAIL

Address	101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE
Postcode	058357
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	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?	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4201U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TONG
NRIC/Passport Number	
Contact Number	90466642
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

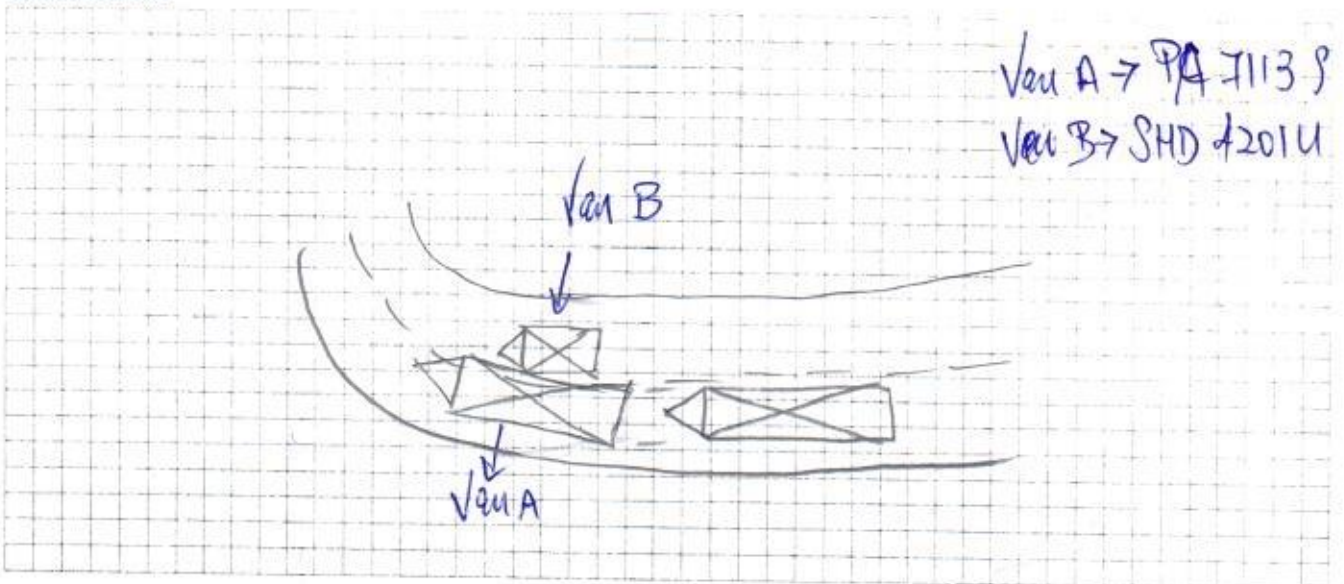


Policyholder's Signature
Date & Time:

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

I was driving along Clarke St while negotiating a bend and as I was driving a 30 seater bus, I would need a wider turn. Before negotiating the bend, I check the mirror and blindspot to confirm there is no veh. Thus I proceeded. Suddenly while turning at the bend, I heard a loud bang from the right side. I alighted from my vehicle and realise Veh B had tried to squeeze through the right side of my vehicle to overtake my vehicle.

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.:

VEHICLE NO: PA 7113 S

MAKE & MODEL :

DATE OF ACCIDENT	5 / 4 / 2019
TIME OF ACCIDENT	1800 AM / PM
LOCATION OF ACCIDENT	Along Clarke St
Exact Purpose use during accident	
NAME OF OWNER	Travel GSH Pte Ltd
TELP NO	923 91281115
NRIC	199205400K
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
INSURANCE CO.	NTUC
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	5067996244-04
NAME OF DRIVER	As above / If No: <u>Qi Lie Zhong</u>
NRIC	G6763288K Any passengers: 0
DATE OF BIRTH	02 / 07 / 1971
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	<u>24</u> / 01 / 2011
GENDER	<u>Male</u> / Female
CONTAC NO.	91281115 Office: 92362653 Home:
ADDRESS	101 Upper Cross Street People's Park Centre #B1-12 9(0583557)
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:
RELATIONSHIP	<u>Employee</u> / If No:
WEATHER CONDITION	<u>Clear</u> / Raining / Other :
ROAD SURFACE	<u>Dry</u> / Wet / Other :
ANY INJURIES	<u>No</u> / If yes : Who?
CONTAC NO.	
POLICE REPORT	No / If yes : Where?
VEHICLE B NO.	JHD A2014 Any Passenger :
NAME	Tong
CONTAC NO.	90466642
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	JD Motorsports Pte Ltd
TELP NO	
CONTACT PERSON	
FAX NO.	64514516
	Wei_845@outlook.com



Employer
LEX TRAVEL PTE LTD

Sector: **SERVICE**

Name

QI LIE ZHONG

Occupation

BUS DRIVER

Work Permit No.

0 7 4063438



Date of Application

30-05-2013

Date of Issue

20-03-2017

Date of Expiry

29-05-2019



0 7 4063438



L7741048

VISIT PASS
Immigration Regulations

Name
QI LIE ZHONG



Date of Birth	Sex	Nationality
02-07-1971	M	CHINESE
FIN	Date of Issue	Date of Expiry
G6763288K	20-03-2017	29-05-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G 6 7 6 3 2 8 8 K

Name:

QI LIE ZHONG

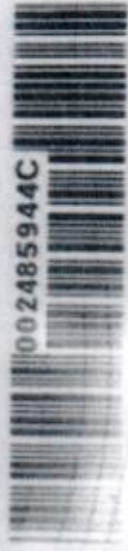


Birth Date: 02 Jul 1971

Issue Date: 22 Oct 2015

Valid Till 22/11/2020

002485944C



SG 50

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	23 Nov 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	24 Jan 2011



Licence No: G6763266K

NP 428A

Land Transport  Authority



VOCATIONAL LICENCE

Licence No. : G6763288K

Name : QI LIE ZHONG

Issue Date : 17/7/2013

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

03

Description

BUS VL

Issue Date

17/07/2013



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 : 5067996244-04

Cover : Comprehensive

- | | | |
|---|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | : | PA71135 |
| Chassis Number | : | LKLR1HSJ9BB570987 |
| 2. Name of Policyholder | : | TRAVEL GSH PTE LTD |
| 3. Effective Date of Insurance | : | 09 Oct 2018 |
| 4. Expiry Date of Insurance | : | 08 Oct 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 the carriage of passengers in connection with the Policyholder's business. | | |
| (b) Limited to carry 49 passengers | | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	:	WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY
EXCESS (SECTION I)	:	S\$3,000
EXCESS (SECTION II)	:	S\$1,500
WINDSCREEN EXCESS	:	S\$500
INSURE WITH COE	:	NO
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 09 Oct 2018 13:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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="05/04/2019 18:00"/>
Vehicle No.(For Motor)	<input type="text" value="PA7113S"/>	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"/>	5067996244-04		TRAVEL GSH PTE LTD	199205400K	GFT	Comprehensive	PA7113S	PA7113S	09/10/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5067996244-04	Policyholder Name	TRAVEL GSH PTE LTD	Policyholder NRIC	199205400K
Certificate No.					
Address	101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE SINGAPORE 058357				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	3000.00	Windscreen Excess	500.00
Additional Excess		OS Premium	1593.75		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	101 UPPER CROSS STREET	Address 2	#B1-17M PEOPLE'S PARK CENTRE	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	5104559207		

Insured Object: PA7113S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/11/2018 00:00	Basic Information Endorsement	000001286935289	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. PC7051B 01-11-2018 \$1,575.11 In view of this amendment, a refund of \$1,575.11 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	23/11/2018 00:00	Basic Information Endorsement	000001286948644	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm and endorse that from 26 Nov 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PC10BT 26-11-2018 \$1,350.86 An excess of S\$5,000.00 for both Section I & II is applicable for accidents arising in West Malaysia. In view of this amendment, an additional premium of \$1,350.86 (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</p>

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1039506

Policy No.	S067996244-04	Vehicle No.	PA71135	GST Registration No.	199205400K
Certificate No.					
Policyholder Name	TRAVEL GSH PTE LTD			Policyholder NRIC	199205400K
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91261115	Contact No.(Office)	0	Contact No.(Home)	0
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	No

Accident Details

Report Date	09/04/2019 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/04/2019	Time of Accident (hh:mm)	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLARKE ST				

Excess

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	26/10/1998
GST Registration No.	199205400K	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	101 UPPER CROSS STREET	Address 2	#B1-17H PEOPLE'S PARK CENT	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	S104559207		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/07/1971
Unnamed driver Name	QI LIE ZHONG	Driver NRIC	G6763288K	Driving Experience	5
Register Date of Driver License	17/07/2013	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	92362653	Contact No.(Office)	0	Address 3	SINGAPORE 058357
Address 1	101 UPPER CROSS STREET	Address 2	PEOPLE'S PARK CENTRE	Post Code	058357
Address 4		Address Type	Singapore address		
Unit No.	B1-17H				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TRAVEL GSH PTE LTD	Insured NRIC	199205400K
Contact No.(Mobile)	93805854	Contact No.(Home)		Contact No.(Office)	65363933
Email Address		OI Vehicle Number	PA71135	TP Vehicle Number	SHD4201U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PA71135 / SHD4201U ON 5 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/04/2019 17:30	Claim Close Date		Date Received	09/04/2019 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1039506	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/04/2019 17:31

Path *

Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal	
Browse... Clear Please Select	NO	Normal	
Browse... Clear Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NIC"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NIC"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NIC"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	SAS	Normal	SAS 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	Photos	Normal	Photos 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	Photos	Normal	Photos 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:31	Photos	Normal	Photos 2019-4-9		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:30	Photos	Normal	Photos 2019-4-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:30	Photos	Normal	Photos 2019-4-9		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Apr 2019 17:30	Photos	Normal	Photos 2019-4-9		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"/>				