

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 16/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008705/13	SAS e-filing		
Veh No: 5K67656U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/05/19 0800	i-Motor Claim Form	MT/1044847-	001
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: (TWINCAR Tel: Fax:)

TP Particulars:	Veh No: INDEX 123	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%; F: 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

NA/903654	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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	16/05/2019 14:54
Date Of Accident	15/05/2019 08:00
Exact Location Of Accident	RAFFLES AVE TWDS STAMFORD RD NEAR MARINA SQUARE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG7656U
Insured/Policyholder	
Name Of Registered Owner	TEE CHIN HOCK PETER
NRIC No	S1790693C
Email Address	PETERTEE@VINCEREINTERIOR.COM
Mobile Phone No	(LOCAL) +65-97569822
Alternative Phone No	OTHERS-97569822
Vehicle Particulars	
Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5101039155
Cover Note Number	
Driver	
Name of Driver	TEE CHIN HOCK PETER
NRIC No	S1790693C
Date Of Birth	02/10/1967
Occupation	INDOOR
Date Of Driving Pass	06/02/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97569822
Fax Number	
Contact Number	OTHERS-97569822
Email Address	PETERTEE@VINCEREINTERIOR.COM

Address	BLK 601 JURONG WEST ST 62 #04-173
Postcode	640601
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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/20190515/2063

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	IMDEX123
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96643424/96396329

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TEE CHIN HOCK PETER

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SKG7656U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN


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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:

 16/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Suntec

Raffles Blvd.

(A) SKG 7656 U.

(B) INDEX 123

Marina
Madrison

Marina
Square

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report

No: T/20190515/2063.

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.:

16/05/19



SINGAPORE POLICE FORCE



T/20190515/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190515/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 12:14	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: TEE CHIN HOCK			Address: APT BLK 601 JURONG WEST STREET 62 #04-173 SINGAPORE 640601		
ID Type / ID No.: NRIC NO / S1790693C			Contact No.: Home/Office: Mobile: 97569822		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 02/10/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RENOVATION CONTRACTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/05/2019 08:00	Type of Location:
Location: Along Road 1 RAFFLES AVENUE				
Along Raffles Ave towards Stamford Rd, Near Marina Square.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
IMDEX123	Car					0
SKG7656U	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190515/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190515/2063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG7656U	NTUC Income Insurance Co-Operative Limited	5101039155	05/06/2018	09/06/2019

Brief Details.

On 15/05/2019 at about 0800hrs, I was doing Grab, I had picked up one male passenger heading towards Marina Square, while I was driving my Car (SKG7656U) travelling on Raffles Ave towards Stamford Rd and I was travelling on the second lane suddenly one Car (IMDEX123) came out from a small road, knocked onto the rear of my vehicle.

Both parties alighted from our respective vehicle and exchanged particulars with each other, and we left the location.

I made a check with my male passenger, he is not injured.

No one was injured, no ambulance at scene, not attended by police.

My vehicle rear right bumper suffered scratches and dents, and my bonnet also suffered dents and scratches

My vehicle does not have an in car camera.

Driver of IMDEX123
Ong Toon Jiaw
S1230397A
96643424



**SINGAPORE
POLICE FORCE**



T/20190515/2063

3 of 3

Report No. T/20190515/2063

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Sgt 2 YONG SENG HOCK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable Signature : _____	Date/Time: 15/05/2019 12:14
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

Vehicle No.	SKG 7656 U	Model / Make	BMW 523i
Date of Accident	15/05/19		
Time of Accident	0800 HRS		
Location of Accident	Raffles Blvd towards Republic Blvd near Marina Square		
Exact purpose use during accident	Chauffeur		
Name of Owner	TEE chin Hock		
Telephone No.	H/P: 9756 9822	Home:	Office:
NRIC	S 1790693 C		
Address	BLK 601 Juncy West St 62 #04-173 (S) 640601		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	N.T.U.C.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5101039455		
Name of Driver	<u>As Above</u> If No,		
NRIC		Any Passengers:	01 (M)
Date of birth	02/10/1967		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	06/02/2007		
Gender	<u>Male</u> / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Owner	
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	TEE chin Hock (H/P: 9756 9822)		
Name And Contact No.			
Police Report	No, <u>If Yes, Where?</u>	Choa Chu Kang N.A.C.	
Vehicle B No.	INDEX 123	Any Passengers:	N.A.
Name of Driver		Contact No.:	9643424 / Mr LEE Hock (manager)
Vehicle C No.		Any Passengers:	96316329
Vehicle D No.		Any Passengers:	
Vehicle E No.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Right Rear Side		
Camera Recorder	Yes <u>No</u>		
Email Address	petertee@vincereinterior.com		

PARTICULAR WORKSHOP


CONTACT NO. 6842 0051 / 6744 0510
CONTACT PERSON Zi Tang
FAX NO 6741 0510
WORKSHOP Email ADDRESS sales@nhi.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1790693C**
Name: **TEE CHIN HOCK**

Birth Date: **02 Oct 1967**
Issue Date: **06 Feb 2007**

001477881H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1790693C**



Name: **TEE CHIN HOCK**

郑 进 福

Race: **CHINESE**

Date of birth: **02-10-1967** Sex: **M**

Country of birth: **SINGAPORE**


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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 06 Feb 2007

NP 428A

Licence No: **S1790693C**



4197655



NRIC No. **S1790693C**



Date of issue: **01-04-2008**

Address:
**APT BLK 601 JURONG WEST STREET 62
#04-173
SINGAPORE 640601**

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1790693C

Name : TEE CHIN HOCK

Issue Date : 23/03/2012

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	Description	Issue Date
02	TAXI VI	23/03/2012



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: 5101039155

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKG7656U**
Chassis Number : **WBAFP32000C865566**
2. Name of Policyholder : **TEE CHIN HOCK PETER**
3. Effective Date of Insurance : **05 Jun 2018**
4. Expiry Date of Insurance : **04 Jun 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TEE CHIN HOCK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: COSMO AUTOMOBILES 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 : COSMO INSURANCE AGENCY PTE. LTD. (00000573760)
Date of Issue : 05 Jun 2018 12:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1044847

Policy No.	5101039155	Vehicle No.	SKG7656U	GST Registration No.
Certificate No.				
Policyholder Name	TEE CHIN HOCK PETER			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97569822	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	16/05/2019 15:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/05/2019	Time of Accident hh:mm	08:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RAFFLES AVE TWDS STAMFORD RD NEAR MARINA SQUARE			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 601 #04-173	Address 2	JURONG WEST ST 62	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101039155	

▼ OI Driver Info

Driver Name	TEE CHIN HOCK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1790693C	Driver DOB
Register Date of Driver License	06/02/2007	Driver Age	51	Driving Experience
Contact No.(Mobile)	97569822	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 601	Address 2	JURONG WEST ST 62	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-173			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received	Insured Name	TEE CH
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	639711
Date Registered						Vehicle Number	SKG7656U
Report Taken By						SKG7656U / IMDEX123 ON 15 May 2019	
						Claim Close Date	
						Workshop Repairer	ROSLINDA

☒ Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1044847	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/05/2019 00:00
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:33	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:33	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:33	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 15:32	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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[Display in New Window](#)[Scan and uploading](#)