

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **NA119065514**

Date In: <b>21/1/14 - 15:52</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC1908955/14</b>	SAS e-filing		
Veh No: <b>PA-5533R</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>25/1/14 - 17:40</b>	i-Motor Claim Form	<b>27/1/14 044951-02</b>	<b>21/01/14 14:24</b>
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:

**CHAP0144**

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

**NA190373V**

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est. Bill

Add. Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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

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

3) TF: 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in 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	21/05/2019 15:52
Date Of Accident	15/05/2019 17:10
Exact Location Of Accident	NORMANTON PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5533R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEK HAN BOON
NRIC No	S7432932B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97211305
Alternative Phone No	OFFICE-97211305

### Vehicle Particulars

Manufacturer	KYMCO
Model	SK60AE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5061420143-05
Cover Note Number	

### Driver

Name of Driver	SONNY KEK HAN BOON
NRIC No	S7432932B
Date Of Birth	09/10/1974
Occupation	INDOOR
Date Of Driving Pass	05/08/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97211305
Fax Number	
Contact Number	OFFICE-97211305
EMail Address	NOEMAIL

Address	BLK 14 TOH YI DRIVE #09-31
Postcode	590014
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	COLLISION - ROUNDABOUT
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190516/7005.

#### 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	SHA8014H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN WEE KEONG (TIAN WEIQIANG)
NRIC/Passport Number	S7838323B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

SONNY KEK HAN BOON

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBF5533R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode




## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

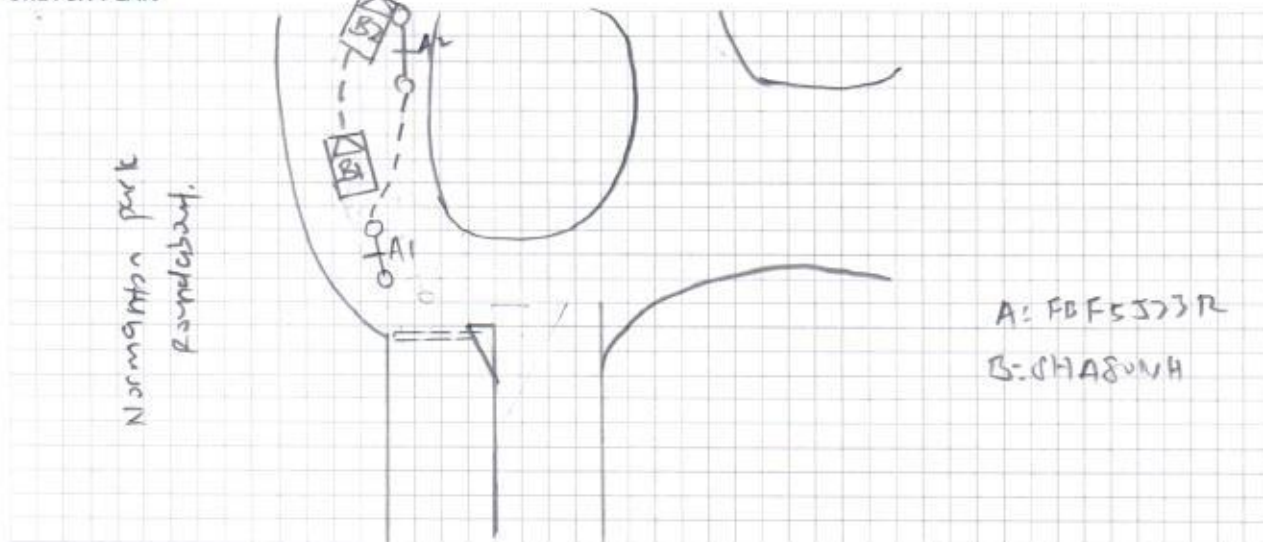
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20190516/7005.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 5 / 14) (DD/MM/YYYY), TIME: (17:12) (HH:MM)

LOCATION: Normanton Park.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBFJ333R  
b) INSURANCE COMPANY: LHUC  
c) POLICY NUMBER: 5061420143-25  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
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: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- A) NAME: Kek Han Boon (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S7432932B CONTACT: 97211205  
C) ADDRESS: Blk 14 Dh Y: 2 Ave #09-31 (5922M)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 4 / 10 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) \_\_\_\_\_

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 814H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Tan Wee Keng (Tan Wengiang)  
c) NRIC/FIN/PASSPORT: S7838323D CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passengers  
(including driver)  
(1)

\*No of passengers  
(including driver)  
(1)

\*No of passengers  
(including driver)  
(1)

Email = sonnykek@gmail.com

fax =

VIDEO =



# SINGAPORE POLICE FORCE



T/20190516/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 3

Report No. T/20190516/7005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 11:30	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

<b>Informant's Particulars</b>			
Name of Informant: SONNY KEK HAN BOON		Address: APT BLK 14 TOH YI DRIVE #09-31 SINGAPORE 590014	
ID Type / ID No.: NRIC NO / S7432932B		Contact No.: Home/Office: Mobile: 97211305	
Nationality: SINGAPORE CITIZEN		Email: sonnykek@gmail.com	
Sex: Male	Age: 44	Date of Birth: 09/10/1974	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other administrative and related associate professionals nec		Driving Licence Information: Class: 2B 2A 2 3 4 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2019 17:10	Type of Location: Roundabout
Location:  NORMANTON PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF5533R	Motorcycle					0
SHA8014H	Car	HYUNDAI		Yellow		0

## Details of Person Involved

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





# SINGAPORE POLICE FORCE



T/20190516/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No. 65470000

2 of 3

Report No. T/20190516/7005

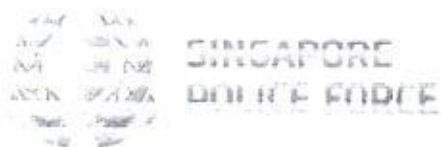
## CONTINUATION OF REPORT

<b>Rider</b>			
Name	SONNY KEK HAN BOON	ID No.	S7432932B
Related Vehicle	FBF5533R (Motorcycle)	Contact No.	97211305
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	15/05/2019	Date Discharge	15/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN WEE KEONG (TIAN WEIQIANG)	ID No.	S7838323B
Related Vehicle	SHA8014H (Car)	Contact No.	NIL
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

Accident involving Taxi SHA8014H and Motorcycle FBF5533R at Normanton roundabout.

This accident happened on 15/5/2019 at Normanton Park roundabout at around 5.10pm. I was travelling along science Park Drive towards Queensway. Traffic was light and I travel along behind a yellow taxi. Reaching the round about the taxi enters and I followed behind after checking it was safe to do so. In the roundabout the taxi suddenly brake and I immediately move to the right side to avoid it. At this point I was beside the taxi and then it made a sharp right turn and I was hit. The collision was with the taxi right front area and my motorcycle left side area. I fell and my motorcycle landed at the road divider opposite. Traffic police and ambulance came and I was brought to NUH hospital.



1120 1200 1017 000

Police Station Of Origin:  
1120 1200  
1500 Avenue 6 SINGAPORE 400600  
Tel No. 6547 6000

3 of 3

Report No. 1120 1200 1017 000

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
N 711B7  
MOHAMMAD SHAHRIL BIN ABDULLAH  
Contact No. 65476083

Authentication Stamp

1120 1200

Signature Of Informant:  
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
16/05/2019 11:30

Classification Of Case:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7432932B



Name  
**SONNY KEK HAN BOON**

Race  
**CHINESE**


Date of birth  
**09-10-1974**

Country of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE - DRIVING LICENCE




Licence Number  
**S7432932B**

Name  
**KEK HAN BOON (GUO HANWEN)**

Birth Date: **09 Oct 1974**

Issue Date: **20 Jan 2003**



3627736



NRIC No. **S7432932B**



Date of issue  
**23-10-2004**

Address  
**APT BLK 14 TOH YI DRIVE  
#09-31  
SINGAPORE 590014**


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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	05 Nov 2001
Class 2A	Motorcycles between 201 CC and 400 CC	05 Aug 2003
Class 2	Motorcycles > 400 CC	01 Nov 2003
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	15 Dec 1997
Class 4	Heavy motor cars and motor tractors > 2500 kg	17 Apr 2015

S7432932B

S / No. 9000172269

Licence No. S7432932B



NP 428A

eBaoTech

GeneralClaim

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="15/05/2019 17:10"/>
Vehicle No.(For Motor)	<input type="text" value="FBF5533R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5061420143-05		KEK HAN BOON	S7432932B	GMC	Third Party, Fire & Theft	FBF5533R	FBF5533R	25/08/2018	24/08/2019
<input type="button" value="Continue"/>										



## Claim Handling

EXIT

Accident MT/1044981

Policy No.	S061420143-05	Vehicle No.	FBF5533R	GST Registration No.	
Certificate No.					
Policyholder Name	KEK HAN BOON			Policyholder NRIC	S7432932B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KPI	<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(%)	20	Private Hire	No

**Accident Details**

Report Date	17/05/2019 13:12	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	15/05/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NORMANTON PARK ROUNDABOUT				

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**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 14 #09-31	Address 2	TOH YI DRIVE	Address 3	SINGAPORE S90014
Address 4		Address Type	Singapore address	Post Code	S90014
Unit No.		Related Policy Number	S061420143-05		

**OI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		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 Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	KEK HAN BOON	Insured NRIC	S7432932B
Contact No.(Mobile)	97211305	Contact No.(Home)	54677635	Contact No.(Office)	
Email Address	SONNYKEKMAIL@GMAIL.COM	OI Vehicle Number	FBF5533R	TP Vehicle Number	SHAS014H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBF5533R / SHAS014H ON 15 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2019 19:14	Claim Close Date		Date Received	21/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment


















Accident No.	MT/1044981	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/05/2019 19:16

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2607915

☐ Send Message [Upload](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:16	SAS	Normal	SAS 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:15	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:14	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:14	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2019 19:14	Photos	Normal	Photos 2019-5-21		<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	