

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAA1907139**

Date In: <b>31/1/19 - 17:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC1920967924</b>	SAS e-filing		
Veh No: <b>SMF20557</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>30/1/19 - 14.10</b>	i-Motor Claim Form	<b>MT/1047041-01</b>	<b>31/1/19 14:22</b>
OD: <b>(TP)</b> 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: <b>FD359310</b>	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

<b>NA1904111</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b> In Bill	<b>Amt (\$)</b> 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) 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:-		
	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	

**Auditors' Comments:-**

Ref 1:

Ref 2 / 3:



## 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	31/05/2019 13:56
Date Of Accident	30/05/2019 19:10
Exact Location Of Accident	JUNC OPHIR RD & VICTORIA ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2055T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE LTD
Co Reg No	201420728H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92270221
Alternative Phone No	OFFICE-92270221

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105393463
Cover Note Number	

### Driver

Name of Driver	KHOO CHANG LIP (QIU CHANGLI)
NRIC No	S7524785J
Date Of Birth	24/07/1975
Occupation	INDOOR
Date Of Driving Pass	28/04/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98731382
Fax Number	
Contact Number	OFFICE-98731382
EMail Address	NOEMAIL

Address	BLK 249 YISHUN AVENUE 9 #04-205
Postcode	760249
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: ; - GENDER: ; FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T20190530/2185.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE3593K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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.

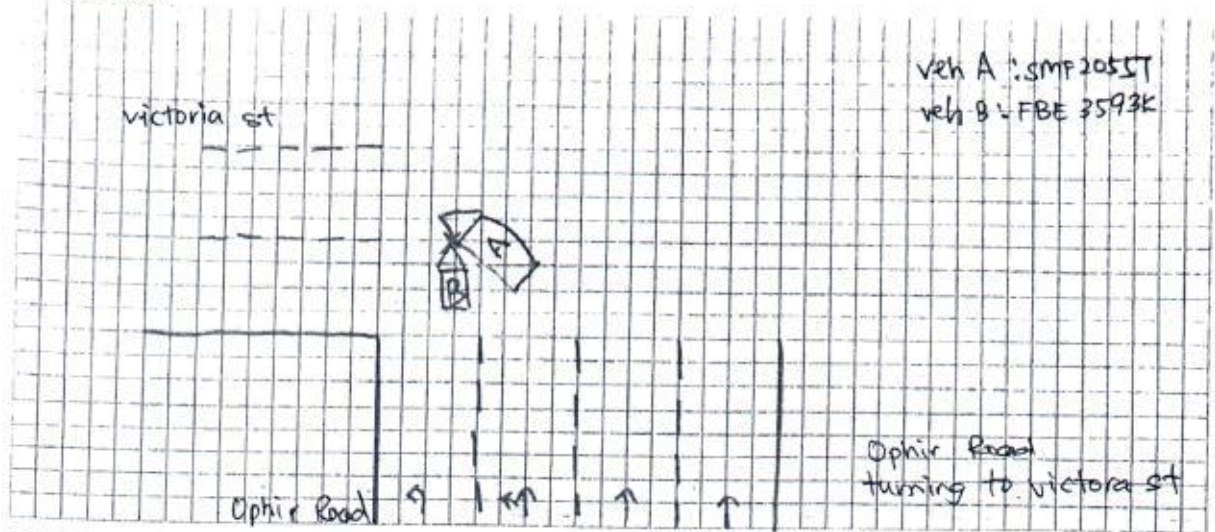


Policyholder's Signature  
Date & Time:

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 —

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.:



Date of Accident : 30 May 2019 Accident Time: 1910 (24-HR-Format)  
Accident Place : Opbir Road towards Victoria st  
Vehicle Reg. No. (Car Plate No.) : SMF2055T  
Vehicle Make/Model : Mazda 3  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Jun Express  
Owner or Company Contact No. : 92270221 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Khoo Chang Lip S7524785J  
DRIVER'S Date Of Birth : 24 Jul 1975 DRIVER'S License Pass Date 28 Apr 2006  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental  
DRIVER'S Address : 249 Yishun Ave 9 #04-205  
DRIVER'S Contact No. / Alt No. : 1) 92731382 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@mycar.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 1 female

Was there any video Captured by car camera: (YES) NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>FBE 3593K</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



# SINGAPORE POLICE FORCE



T/20190530/2185

1 of 3

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No. T/20190530/2185

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2019 22:48	Vide Report No.: E/20190530/0136	Station Diary No.: 139
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**Informant's Particulars**

Name of Informant: KHOO CHANG LIP	Address: APT BLK 249 YISHUN AVENUE 9 #04-205 SINGAPORE 760249
ID Type / ID No.: NRIC NO / S7524785J	Contact No.: Home/Office: Mobile: 98731382
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 43 Date of Birth: 24/07/1975	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: GO JEK DRIVER	Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2019 19:10	Type of Location: X-Junction
Location: Along Road 1 OPHIR ROAD towards Victoria St	Road Surface: Dry	Road Speed Limit:	Traffic Volume: Heavy	Anyone conveyed by ambulance: No
Weather: Clear	Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Type of Collision: Between Moving Vehicles - Head To Side	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3593K	Motorcycle				Slightly Damaged	0
SMF2055T	Car				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20190530/2185

2 of 3

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No. T/20190530/2185

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KHOO CHANG LIP	ID No.	S7524785J
Related Vehicle	NIL	Contact No.	98731382
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
<b>Rider</b>			
Name	Juzantuni Bin Junadi	ID No.	S8734010D
Related Vehicle	NIL	Contact No.	98999195
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/05/2019 at about 1910hrs, while I am driving my vehicle SMF2055T along Ophir Road, turning towards Victoria street, I was driving along on the 2nd lane where the lane is able to go straight or turn left and the traffic light was green, however when I was making the turn one motorcycle FBE3593K suddenly collide onto the left side of my vehicle, after which I stop my vehicle and alight from my vehicle to make a check on the motorcyclist namely Juzantuni Bin Junadi S8734010D H/P:98999195 and observed that there is some superficial wounds on his arm area and legs area. Upon traffic police and ambulance arrival, the ambulance conveyed Juzantuni Bin Junadi to hospital. And after traffic police recorded my statement and took my vehicle dash cam sd card I left the scene subsequently.

Due to the accident my vehicle left rim, left front bumper there is some scratches and my left mirror was damaged as well. When the accident happen I do have a passenger on board, and my insurance company did came down to scene to conduct check on the damage on my vehicle SMF2055T.

I am lodging the report as instructed by traffic police and for insurance claim purpose. the incident number for my accident is E/20190530/0136



**SINGAPORE  
POLICE FORCE**



T/20190530/2185

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20190530/2185

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /  
Sgt 2 LUM JUN KAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI  
Contact No.: 65476214

SIN 085

Authentication Stamp  
NP168

Signature of:

Signature Of Informant:

Date/Time:  
30/05/2019 22:48

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7524785J



Name  
KHOO CHANG LIP  
(QIU CHANGLI)  
邱 昌 立

Race  
CHINESE

Date of birth  
24-07-1975

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Name  
KHOO CHANG LIP  
(QIU CHANGLI)

Date of birth  
24 Jul 1975

Issue Date  
28 Apr 2006



3355434



NRIC No. S7524785J



Date of issue  
06-08-2005

APT BLK 249 YISHUN AVENUE 9 #04-205  
SINGAPORE 760249

NRIC No. S7524785J Date: 04/11/2007 No: S7524785J

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

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

PASS DATE  
28 Apr 2006

HP 429A

Licence No: S7524785J



For LKK/NAC Use Only

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="30/05/2019 19:10"/>
Vehicle No. (For Motor)	<input type="text" value="SMF2055T"/>	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"/>	5105393463		JUN EXPRESS GROUPS PTE. LTD.	201420728H	GPC	Third Party	SMF2055T	SMF2055T	09/11/2018	08/11/2019



## ▼ Policy Information

Policy No.	5105393463	Policyholder Name	JUN EXPRESS GROUPS PTE. LTD	Policyholder NRIC	201420728H
Certificate No.					
Address	68 KAKI BUKIT AVENUE 6 #02-08 ARK@KB SINGAPORE 417896				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/11/2018	Effective Date	09/11/2018 00:00	Expiry Date	08/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1000	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1000		Young/Inexperience Driver Excess
Agent	YAN XUDONG	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	01-16	Related Policy Number	5109407575		

▶ Insured Object: SMF2055T

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

## Claim Handling

• Exit

Accident MT/1047041

Policy No.	5105393463	Vehicle No.	SMP2055T	GST Registration No.	
Certificate No.					
Policyholder Name	JUN EXPRESS GROUPS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201420728H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92270221	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	31/05/2019 14:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	30/05/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG PHEASANT RD & VICTORIA ST				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	31/05/2019 14:21:22 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	60 KAKI BLKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	01-16	Related Policy Number	S109407575		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/07/1975
Unnamed driver Name	KHOO CHANG LIP (QIU CHANG)	Driver NRIC	S7524785J	Driving Experience	13
Register Date of Driver License	28/04/2006	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	96731382	Contact No.(Office)	0	Address 3	YISHUN SUNSHINE
Address 1	BLK 249	Address 2	YISHUN AVENUE 9	Post Code	760249
Address 4	SINGAPORE 760249	Address Type	Singapore address		
Unit No.	04-205				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	JUN EXPRESS GROUPS PTE. LTD	Insured NRIC	201420728H
Contact No.(Mobile)	81383333	Contact No.(Home)	NIL	Contact No.(Office)	66778899
Email Address	junexpressgroups@gmail.com	DI Vehicle Number	SMP2055T	TP Vehicle Number	FBE3593K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP2055T / FBE3593K ON 30 May 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	31/05/2019 14:22	Claim Close Date		Date Received	31/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1047041	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/05/2019 14:23		
Path *		Category *	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	



**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	SAS	Normal	SAS 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 May 2019 14:23	Photos	Normal	Photos 2019-5-31		<a href="#">Edit</a>
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**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"/>				