

NATIONAL Assessment Centre Services

Date In: 20/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010914/13	SAS e-filing		
Veh No: SJ9812L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/06/19 1120	i-Motor Claim Form	MT/1049848-001	
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: () Tel: () Fax: ()

TP Particulars:	Veh No: WLQ9649	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

NA1904655

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

- | | Amt (\$)
1st Bill | Amt (\$)
Add Bill |
|---|----------------------|----------------------|
| 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 / 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	20/06/2019 11:25
Date Of Accident	19/06/2019 11:20
Exact Location Of Accident	TPE SLIP RD EXIT INTO PASIR RIS FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP9812L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN ABDUL JALIL
NRIC No	S8336811Z
Email Address	FARHN_MARCIANO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91690078
Alternative Phone No	OTHERS-91690078
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109846205
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN ABDUL JALIL
NRIC No	S8336811Z
Date Of Birth	09/11/1983
Occupation	INDOOR
Date Of Driving Pass	18/07/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91690078
Fax Number	
Contact Number	OTHERS-91690078
EMail Address	FARHN_MARCIANO@HOTMAIL.COM

Address	BLK 180C RIVERVALE CRESENT #14-369
Postcode	543180
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WLQ9649 (PRIVATE CAR)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190619/2044

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WLQ9649
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN LEE WEN
NRIC/Passport Number	A51760671
Contact Number	+6010899878
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FARHAN BIN ABDUL JALIL

Approximate Age

Injuries Sustain BACK & NECK

Injured person in which vehicle? SJP9812L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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: 20/06/2019
1150 am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

PASIR RIS FLYOVER TWO PASIR RIS
DRG

A - SJP 9812L

B-WLQ 9649

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190619/2044

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 20/06/2019

DATE: _____ 1150 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190619/2044

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

1 of 3

Report No. T/20190619/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2019 12:14	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars			
Name of Informant: MUHAMMAD FARHAN BIN ABDUL JALIL		Address: APT BLK 180C RIVERVALE CRESCENT #14-369 SINGAPORE 543180	
ID Type / ID No.: NRIC NO / S8336811Z		Contact No.: Home/Office: Mobile: 91690078	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 09/11/1983	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/06/2019 11:20	Type of Location: Bend
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE at the exit of Pasir Ris Drive 8/Tampines				
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
SJP9812L	Car	HONDA	STREAM 1.8X A	White	Slightly Damaged	0
WLQ9649	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP9812L	NTUC Income Insurance Co-Operative Limited	5109846205	03/06/2019	02/06/2020



**SINGAPORE
POLICE FORCE**



T/20190619/2044

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

2 of 3

Report No. T/20190619/2044

CONTINUATION OF REPORT

Brief Details.

On the 19th June 2019 at about 11.18am, I was driving along TPE exiting Pasir Ris Drive 8/Tampines and turning left into Pasir Ris Drive 8.

At the point of time I was about to filter left into the extreme left lane of Pasir Ris Drive 8. As there was a taxi approaching at the extreme left lane, as such I brake my vehicle before carry on filtering onto the extreme left lane of Pasir Ris Drive 8.

There was a Malaysia vehicle which suddenly collided onto my vehicle rear.

My vehicle rear sustained dented mark with scratches at the rear portion.

I would wish to state that no parties were injured during the point of accident. However I am feeling slight pain at the back of my neck at the moment.

There is a video recording device installed inside my vehicle aiming at the front and rear direction.



**SINGAPORE
POLICE FORCE**



T/20190619/2044

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

3 of 3

* Report No. T/20190619/2044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt CHUA WANGLONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

* Sr Staff Sgt ONG YONG HOCK

* Contact No.: 65476436

Signature Of Informant:

Date/Time:

19/06/2019 12:14


Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8336811Z**



Name
MUHAMMAD FARHAN BIN ABDUL JALIL
محمد فرھن بن عبدالجلیل

Race
MALAY

Date of birth
09-11-1983

Country/Place of birth
SINGAPORE

Sex
M

5237658

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8336811Z**

Name
MUHAMMAD FARHAN BIN ABDUL JALIL

Birth Date **09 Nov 1983**

Issue Date **12 Nov 2013**

002243984E

For LKK/NAC Use Only

5237658



NRIC No. **S8336811Z**



Date of issue
11-11-2013

Address
**APT BLK 180C RIVERVALE CRESCENT
#14-369
SINGAPORE 543180**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Description	Effective Date	Duration
Class 2B	Motorcycles <= 200 CC	20 May 2002	2
Class 2A	Motorcycles between 201 CC and 400 CC	03 Aug 2004	4
Class 2	Motorcycles > 400 CC	05 Aug 2014	
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/trailers <= 2500 kg	18 Jul 2005	

S8336811Z

S / No. 9000207792

NP 428A

License No: **S8336811Z**



SINGAPORE POLICE FORCE



T/20190619/2059

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

1 of 3

Report No. T/20190619/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2019 13:19	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars

Name of Informant: Chan Lee Wen		Address: 20 Jalan Mawar 6 Kamoung Oren	
ID Type / ID No.: PASSPORT / A51760671		Contact No.: Home/Office: Mobile: 0108998678	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 23	Date of Birth: 21/10/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Carpenter		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/06/2019 11:20	Type of Location: Bend
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE at the exit of Pasir Ris Drive 8			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Light	
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
SJP9812L	Car	HONDA	STREAM 1.8X A	Black	Slightly Damaged	0
WLQ9649	Car	TOYOTA	Unser	Silver	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20190619/2059

2 of 3

Report No. T/20190619/2059

CONTINUATION OF REPORT

Driver				
Name	Chan Lee Wen		ID No.	A51760671
Related Vehicle	NIL		Contact No.	0108998678
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 19/06/2019 at about 11.18am, I was driving along TPE exiting Pasir Ris Drive 6. I was behind the car (SJP9812L) and both of us have the intention to turn out for the exit towards Pasir Ris Drive 6. While turning, the front car (SJP9812L) jammed break and I hit rear of his car. I assume that there was a car in front of him that why he jammed break.

After which, I came down of my car and checked on both of the car. Driver of SJP9812L informed me that there was a taxi moving towards the left lane as such the driver jammed brake at the filter lane.

My car front bumper dropped off but no one was injured at the incident.

I wish to state that the car does not belong to me but from my company. I have in car camera but I not sure the camera able to function.



**SINGAPORE
POLICE FORCE**



T/20190619/2059

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

3 of 3

Report No. T/20190619/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 2 JOHNNY TAN KOK JOO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/06/2019 13:19

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

19/06/2019 11:20

Vehicle No.(For Motor)

SJP9812L

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109846205		MUHAMMAD FARHAN BIN ABDUL JALIL	S8336811Z	GPC	drivo CLASSIC	SJP9812L	SJP9812L	03/06/2019	02/06/2020

Claim Handling

The premium on this policy has not been collected.

Accident MT/1049848

Policy No.	5109846205	Vehicle No.	SJP9812L	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD FARHAN BIN ABDUL JALIL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91690078	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(%)	20	Private Hire

▼ Accident Details

Report Date	20/06/2019 16:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/06/2019	Time of Accident hh:mm	11:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE SLIP RD EXIT INTO PASIR RIS FLYOVER			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 180C #14-369	Address 2	RIVERVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109846205	

▼ OI Driver Info

Driver Name	MUHAMMAD FARHAN BIN ABDUL JALIL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8336811Z	Driver DOB
Register Date of Driver License	18/07/2005	Driver Age	35	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 180C	Address 2	RIVERVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#14-369			
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 *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	93690911	Contact No. (Home)	652590
Email Address	farhn_marciano@hotmail.com	OI Vehicle Number	SJP981
Claim Description	SJP9812L / WLQ9649 ON 19 Jun 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			20/06/2019 16:13
		Claim Close Date	

Report Taken By

ROSLINDA

Workshop Repairer

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1049848

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 20/06/2019 00:00

Path *

Category *

Confidential

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Please Select

Please Select

Please Select

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Please Select

NO

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:13	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:13	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 16:11	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
Display in New Window Scan and uploading		