

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNI A11908249

Date In: 27/1/19 19:32	Job description	Date & Time Completed	Done by
Ref No: NA INC 1901724/24	SAS e-filing		
Veh No: 6SD 45 69E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/6/19 07:45	i-Motor Claim Form	M711051608-001	27/1/19 19:32
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: VME 82416 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat 2 / 3:	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	02/07/2019 17:32
Date Of Accident	29/06/2019 07:45
Exact Location Of Accident	TPE TWDS LOYANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4569E
Insured/Policyholder	
Name Of Registered Owner	GOLDEN VIEW PLUMBING SERVICES
Co Reg No	53187710L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5068646716-04
Cover Note Number	

Driver

Name of Driver	BALA SUBRAMANIYA THEVAR SARAVANA KANNAN
Passport No/FIN	G7296694K
Date Of Birth	07/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85756192
Fax Number	
Contact Number	OFFICE-85756192
E-Mail Address	NOEMAIL

Address	5A LORONG 37 GEYLANG #02-03
Postcode	387914
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK8241G
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BALA SUBRAMANIYA THEVAR SARAVANA KANNAN
------	---

Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GBD4569E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must be **completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

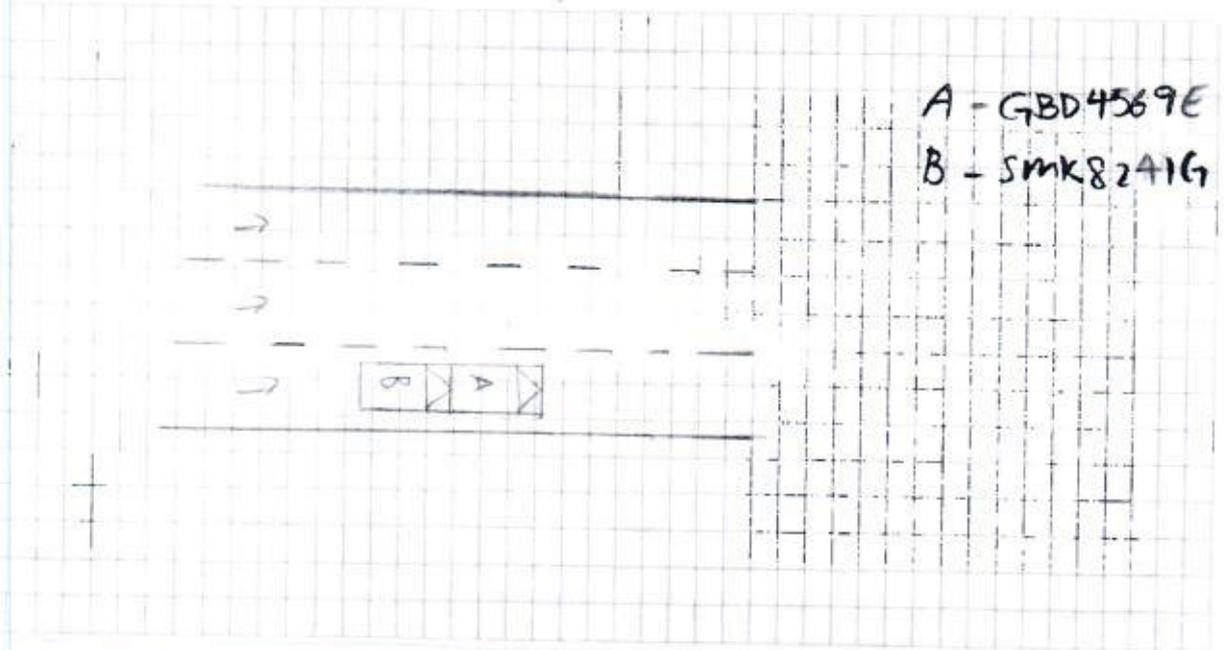


Policy holder's signature
Date / time:

B.S. _____
Driver's signature
(if driver is not policy holder)
Date / time:

_____ 
reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines Ave 10 towards TPE. I was stationary when vehicle B (SMK 8241G) hit on to the back portion of my vehicle.

DECLARATION

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



Policy holder's signature
Date & time:

B. S. [Signature]
Driver's signature
(if driver is not policy holder)
Date & time:

[Signature]
reporting centre personnel's signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	29/06/2019	(DD/MM/YY)
Time of accident	7:45	(HH:MM)
Exact location of accident	TPE towards Loyang.	

DETAILS OF VEHICLE

Vehicle registration number	GBD 4569 E		
Vehicle make and model	Nissan cabstar		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Golden View Plumbing Services	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	5318 7102		
Contact			
Address			

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

Name	Bala Subramaniya Thevar Saravana kannan	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	G7296694K		
Contact	8575 6192		
Address	Sunny Grove Apartment SA Lorong 37 Geylang #02-03 S(387914)		
Email address			
Date of birth	07/06/1981		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	02/03/2015		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	Bala Supramaniya Thevar Saravana kannan
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMK 8241G
Vehicle make model	BMW
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Bala subramaniya Thevar Saravana kannan
Injuries sustained	Neck & Back
Which vehicle person in?	Driver
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TESCON INTEGRATED PTE. LTD.



Name
BALA SUBRAMANIYA THEVAR SARAVANA KANNAN

Work Permit No. **0 32551777** Sector: **CONSTRUCTION**




K0054427



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7296694K**

Name:
BALA SUBRAMANIYA THEVAR SARAVANA KANNAN

Birth Date: **07 Jun 1981**
Issue Date: **02 Mar 2015**
Valid Till: **01 Mar 2020**

002400667E




Driver

VISIT PASS
Immigration Regulations

Name
BALA SUBRAMANIYA THEVAR SARAVANA KANNAN

File
G7296694K

Date of Birth: **07-06-1981** Sex: **M**

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

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



Download SGWorkPass App to check status

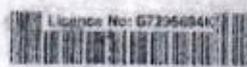



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Vehicle Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	02 Mar 2015
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver and other motor vehicles <= 2500kg	02 Mar 2015

NP 428A

Licence No: **G7296694K**



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068646716-04		GOLDEN VIEW PLUMBING SERVICES	53187710L	GCV	Comprehensive	GBD4569E	GBD4569E	29/10/2018	28/10/2019

Continue

Policy Information

Policy No.	5068646716-04	Policyholder Name	GOLDEN VIEW PLUMBING SERV	Policyholder NRIC	53187710L
Certificate No.					
Address	BLK 510 #09-41 WOODLANDS DRIVE 14 SINGAPORE 730510				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	25/10/2018	Effective Date	29/10/2018 00:00	Expiry Date	28/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	HON BROTHERS MOTOR	Agent Tel.	68446450	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 510 #09-41	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730510
Address 4		Address Type	Singapore address	Post Code	730510
Unit No.	09-41	Related Policy Number	5068646716-04		

Insured Object: GBD4569E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1051608

[Exit](#)

Policy No.	S068646716-04	Vehicle No.	GBD4569E	GST Registration No.	
Certificate No.					
Policyholder Name	GOLDEN VIEW PLUMBING SERVICES	Cover Type	Comprehensive	Policyholder NRIC	53187710L
Product Code	COMMERCIAL VEHICLE INSURAL	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	02/07/2019 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/06/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPB TWDS LOYANG				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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 Status Verified	Yes
GST Registration No.					
Modification History	02/07/2019 19:32:04 System changed GST Status verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 510 #09-41	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730510
Address 4		Address Type	Singapore address	Post Code	730510
Unit No.	09-41	Related Policy Number	S068646716-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/06/1961
Unnamed driver Name	BALA SUBRAMANIYA THEVAR S.	Driver NRIC	G7296694K	Driving Experience	4
Register Date of Driver License	02/03/2015	Driver Age	58	Contact No. (Home)	0
Contact No. (Mobile)	85756192	Contact No. (Office)	0	Address 3	SINGAPORE 387914
Address 1	5A LORONG 37 GEYLANG	Address 2	SUNNY GROVE	Post Code	387914
Address 4		Address Type	Singapore address		
Unit No.	02-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	GOLDEN VIEW PLUMBING SERV	Insured NRIC	53187710L
Contact No. (Mobile)	97651843	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GBD4569E	TP Vehicle Number	SMK8241G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD4569E / SMK8241G ON 29 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	02/07/2019 19:32	Claim Close Date		Date Received	02/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

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

Attachment

Accident No.	MT/1051608	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/07/2019 19:34

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	SAS	Normal	SAS 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit
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	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Jul 2019 19:33	Photos	Normal	Photos 2019-7-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				