

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MA119088736**

Date In: 8/7/19-15:22	Job description	Date & Time Completed	Done by
Ref No: NA/119088736	SAS e-filing		
Veh No: 173 682 184	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/7/19-15:10	i-Motor Claim Form	MA119088736-001	8/7/19 16:42
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: **6500 WIX**

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

NA119088736

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

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:-

QD*

*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 (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	08/07/2019 15:22
Date Of Accident	21/03/2019 15:10
Exact Location Of Accident	PIE (TUAS) NEAR STEVENS RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBC8218Y
Insured/Policyholder	
Name Of Registered Owner	DICKY SHARAIN BIN MOHAMED ANUAR
NRIC No	S9119457J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87521797
Alternative Phone No	OFFICE-87521797
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085603288-02
Cover Note Number	
Driver	
Name of Driver	DICKY SHARAIN BIN MOHAMED ANUAR
NRIC No	S9119457J
Date Of Birth	12/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87521797
Fax Number	
Contact Number	OFFICE-87521797
EMail Address	NOEMAIL

Address	BLK 462 SEMBAWANG DRIVE #11-233
Postcode	750462
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 - 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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190423/2122.

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	GBB2011X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	DICKY SHARAIN BIN MOHAMED ANUAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBC8218Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

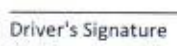
IMPORTANT NOTICE

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:

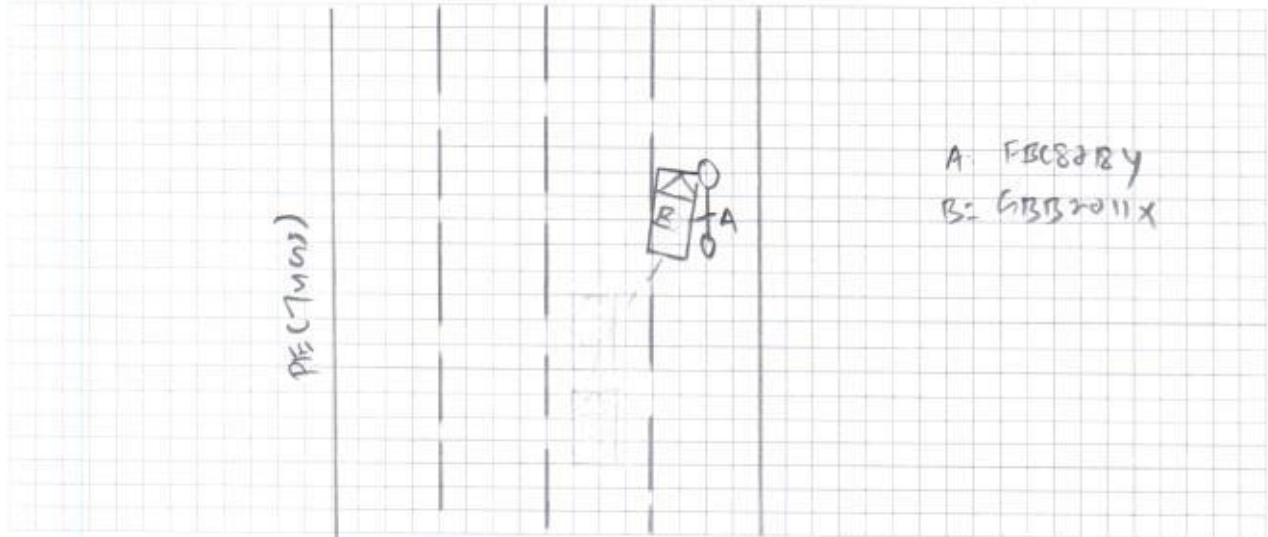
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 7/2019 04 24 22 22.

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: 21 / 3 / 19 (DD/MM/YYYY), TIME: 15 : 10 (HH:MM)

LOCATION: PE (Tug) near Sinaru rd bit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PDC8718Y
b) INSURANCE COMPANY: NIC
c) POLICY NUMBER: 5083603288-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Reky Shargin Bin Mohamed Anwar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 50105373 CONTACT: 87521797
c) ADDRESS: _____

* 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: 12 / 6 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 603211X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = rekyshargin1991@gmail.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20190423/2122

1 of 3

Report No: T/20190423/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
23/04/2019 16:56

Video Report No.:

Station Diary No.
141

Informant's Particulars

Name of Informant: DICKY SHARAIN BIN MOHAMED ANUAR		Address: APT. BLK 462 SEMBAWANG DRIVE #11-233 SINGAPORE 750462	
ID Type / ID No.: NRIC NO / S9119457J		Contact No.: Home/Office: Mobile: 87521797	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 12/06/1991	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: DESPATCH RIDER		Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/03/2019 15:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBC8218Y	Motorcycle	HONDA	CB400	Black	Seriously Damaged	0
GBB2011X	Van	FIAT	FIAT DOBLO CARGO 1.9MJTD	Silver	Slightly Damaged	0

Details of Vehicle Insurance

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

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999



T/20190423/2122

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Report No. T/20190423/2122

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBC8218Y	NTUC Income Insurance Co-Operative Limited	5085603288-02	01/11/2018	31/10/2019

Brief Details.

On 21/03/2019 at about 1510hrs, I was travelling along with my black in colour motorbike bearing of FBC 8218Y along Pan Island Expressway on the rightmost lane of a 4 lane road. There is one grey in colour van bearing of GBB 2011X which was beside me had then switch towards my lane without signalling and was driving in a fast manner. As such I could not break in time was the van had collided onto me.

I had then fall off from the motorbike and rolled to the divider.

I was then conveyed to Tan Tock Sheng Hospital by ambulance and admitted in hospital and was discharged on 16 April 2019. I was given a total of 57 days of Medical Leave by the hospital. I was diagnosed of fractured on both legs and right wrist area.

The damaged to my vehicles:

1. Suspension Handle bar dented.
2. Petrol Tank dented and scratches
3. Exhaust Pipe dented and scratches
4. Tail Box chipped off

The damaged to vehicle GBB 2011X

1. Right side mirror broken.

I wish to state that the accident took place during my work time as I am proceed to do my dispatch work.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20190423/2122

3 of 3

Report No: T/20190423/2122

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 KOH JIN BAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/04/2019 16:58

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

SN 085



Signature:

Singapore Police Force

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9119457J



Name
DICKY SHARAIN BIN
MOHAMED ANUAR

Race
JAVANESE

Date of birth
12-06-1991

Sex
M

Country of birth
SINGAPORE

S9119457J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9119457J

Name
DICKY SHARAIN BIN
MOHAMED ANUAR

Birth Date 12 Jun 1991

Issue Date 27 Jun 2013

002196797F



3893120



NRIC No. S9119457J

Date of issue
15-06-2006

APT BLK 462 SEMSAWANG DRIVE #11-233
SINGAPORE 780482
NRIC No: S9119457J Date: 30/11/2015

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class	Motorcycles	Effective Date
Class 2B	Motorcycles up to 200 CC	27 Jun 2013
Class 2A	Motorcycles between 201 CC and 400 CC	14 Oct 2016

S9119457J

S / No. 9000252739

Licence No: S9119457J

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="21/03/2019 15:10"/>
Vehicle No. (For Motor)	<input type="text" value="FBC8218Y"/>	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"/>	5085603286-02		DICKY SHARAIN BIN MOHAMED ANUAR	S9119457J	GMC	Third Party	FBC8218Y	FBC8218Y	01/11/2018	31/10/2019

Policy Information

Policy No.	5085603288-02	Policyholder Name	DICKY SHARAIN BIN MOHAMED	Policyholder NRIC	S9119457J
Certificate No.					
Address	BLK 462 #11-233 SEMBAWANG DRIVE SINGAPORE 750462				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/10/2018	Effective Date	01/11/2018 00:00	Expiry Date	31/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 462 #11-233	Address 2	SEMBAWANG DRIVE	Address 3	SINGAPORE 750462
Address 4		Address Type	Singapore address	Post Code	750462
Unit No.	11-64	Related Policy Number	5085603288-02		

Insured Object: FBC8218Y

Endorsements

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

Claim Handling

Exit

Accident MT/1052327

Policy No.	5085603288-02	Vehicle No.	FBC8218Y	GST Registration No.	
Certificate No.					
Policyholder Name	DICKY SHARAIN BIN MOHAMED ANUAR	Cover Type	Third Party	Policyholder NRIC	S9119457J
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	87521797	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/07/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	21/03/2019	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) NEAR STEVENS RD EXIT				

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 462 #11-233	Address 2	SEBBAWANG DRIVE	Address 3	SINGAPORE 750462
Address 4		Address Type	Singapore address	Post Code	750462
Unit No.	11-54	Related Policy Number	5085603288-02		

Q1 Driver Info

Driver Name	DICKY SHARAIN BIN MOHAMED ANUAR	Driver Type	Main Driver	Driver DOB	12/05/1991
Unnamed driver Name		Driver NRIC	S9119457J	Driving Experience	2
Register Date of Driver License	14/10/2016	Driver Age	27	Contact No. (Home)	011-
Contact No. (Mobile)	87521797	Contact No. (Office)	0	Address 3	SINGAPORE 750462
Address 1	BLK 462	Address 2	SEBBAWANG DRIVE	Post Code	750462
Address 4		Address Type	Singapore address		
Unit No.	11-233				
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 *	OD-MX	Insured Name	DICKY SHARAIN BIN MOHAMED	Insured NRIC	S9119457J
Contact No. (Mobile)	94780609	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	FBC8218Y	TP Vehicle Number	GBB2011X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBC8218Y / GBB2011X ON 21 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/07/2019 16:42	Claim Close Date		Date Received	08/07/2019 00:00
Report Taken By	Jackson				

☒ Print A/L letter

Save Submit



















Attachment

Accident No.	MT/1052327	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/07/2019 16:44

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	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:44	SAS	Normal	SAS 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:43	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:43	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:43	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:43	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:43	Photos	Normal	Photos 2019-7-8		Edit
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:42	Photos	Normal	Photos 2019-7-8		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"/>				