

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA/INC 19091342**

Date In: 12/1/19 12:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC 190913424	SAS e-filing		
Veh No: FB 61212	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/3/19 10:50	i-Motor Claim Form	12/1/19 13:16:00	12/1/19 14:02
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: **6061216C**

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

NA/INC 19091342

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

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	12/07/2019 17:27
Date Of Accident	09/07/2019 10:50
Exact Location Of Accident	UPP PICKERING ST TURNING RIG TO SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG121Z
Insured/Policyholder	
Name Of Registered Owner	FARAH DIYANAH BINTE MOHAMMED TAYIB
NRIC No	S9130418Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98779486
Alternative Phone No	OFFICE-98779486

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	5058381020-06
Cover Note Number	

Driver

Name of Driver	MOHAMMED TAYIB BIN ISMAIL
NRIC No	S1124077A
Date Of Birth	28/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98779486
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 503A CABBERRA LINK #12-05 SINGAPORE 751503
Postcode	751503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE STATEMENT ATTACHED.

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	GBG1216C
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)

DETAILS OF INJURED PERSON 1

Name	MOHAMMED TAYIB BIN ISMAIL
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	FBG121Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 503A CANBERRA LINK #12-05 SINGAPORE 751503
Postcode	751503

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

I was about to turn Right ^{at} the mention traffic. VEH B Suddenly change lane to mine lane. we both collided. I suffered some injuries in my Right hand.

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.:



SINGAPORE POLICE FORCE



T/20190709/2209

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20190709/2209

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2019 23:51	Vide Report No.:	Station Diary No.: 125
--	------------------	---------------------------

Informant's Particulars

Name of Informant: MOHAMMED TAYIB BIN ISMAIL			Address: APT BLK 503A CANBERRA LINK #12-05 SINGAPORE 751503		
ID Type / ID No.: NRIC NO / S1124077A			Contact No.: Home/Office: Mobile: 98779486		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 28/02/1955	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: RETIREE			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER PICKERING STREET SOUTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG121Z	Motorcycle	YAMAHA	FZ16	Red	Slightly Damaged	0
GBG1216C	Van	NISSAN	NV200	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG121Z	NTUC Income Insurance Co-Operative Limited	5058381020-06	17/02/2019	16/02/2020



**SINGAPORE
POLICE FORCE**



T/20190709/2209

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20190709/2209

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED TAYIB BIN ISMAIL	ID No.	S1124077A
Related Vehicle	FBG121Z (Motorcycle)	Contact No.	98779486
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 09/07/2019 at about 1050hrs I was riding along Upper Pickering Street towards South Bridge Road. I was in the 1st lane as I wanted to turn right at the junction. I was riding on the left side of the van. There was a construction on the 2nd lane. After the construction, suddenly the van tried to change lane towards the left into the 2nd lane. The van then hit into my right side. I managed to control the motorcycle and did not fall. We then stopped at the side to change particulars but he does not speak English. I then left. I observed the van had P plate on.

The damage to my motorcycle was scratches at the front mudguard and right side mirror twisted but I managed to fixed it. The damage to the van is left side mirror broke off. None of us have any invehicle CCTVs. I am going to see doctor after this. There is pain in my right elbow. The van driver is not injured.



**SINGAPORE
POLICE FORCE**



T/20190709/2209

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20190709/2209

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 /

Staff Sgt KOH XIU MING

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

09/07/2019 23:51

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

65470000



Signature:

SN 085

Singapore Police Force

REPUBLIC OF SINGAPORE **DRIVER'S LICENSE**

Portrait photo of Mohammed Tayib Bin Ismail

License Number: **S1124077A**

Name: **MOHAMMED TAYIB BIN ISMAIL**

Birth Date: **28 Feb 1955**

Issue Date: **07 Nov 2013**

Barcode: 002242680A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1124077A**

Portrait photo of Mohammed Tayib Bin Ismail

Name: **MOHAMMED TAYIB BIN ISMAIL**

Race: **MALAY**

Date of Birth: **28-02-1955** Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 1	Motorcycles up to 250 cc	27 Dec 1977
Class 2A	Motorcycles between 251 cc and 400 cc	27 Dec 1977
Class 2	Motorcycles > 400 cc	27 Dec 1977
Class 3	Motor Cars up to 3500kg with not passengers exclusive of the driver, and other motor vehicles up to 3500kg	26 Aug 1978

Barcode: S1124077A

Barcode: 1575928

Barcode: 002242680A

NRIC No: **S1124077A**

Portrait photo of Mohammed Tayib Bin Ismail

Board Group: **A+** Date of issue: **08-01-1994**

APT BLK 503A CANBERRA LINK #12-05
SINGAPORE 751503

NRIC No: **S1124077A** Date: **09-09-2006** (R) No: **8150310**

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5058381020-06
The Policyholder	: FARAH DIYANAH BINTE MOHAMMED TAYIB BLK 503A #12-05 CANBERRA LINK SINGAPORE 751503

Period of Insurance	: 17 Feb 2019 To 16 Feb 2020
Sum Insured	: N/A
Premium (inclusive GST)	: S\$174.76

Interest Insured

Cover Type	: Third Party	
Named Driver (1)	: FARAH DIYANAH BINTE MOHAMMED TAYIB	
Named Driver (2)	: MOHAMMED TAYIB B ISMAIL	
Make/Model	: YAMAHA/FZ 16	
Capacity	: 150cc	Number of Seater : 2
Registration Number	: FBG121Z	Registration Year : 2012
Chassis Number	: ME121C071C2022453	Insure with COE : N/A
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: A.S. PHOON PTE LTD	

Memo A : N/A

Endorsement Operative: M1

Agency	: INCOME-BRANCH SERVICES (00000083865)
Date of Issue	: 07 Feb 2019 16:46 hrs
Reprint	: 07 Feb 2019 16:46 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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="09/07/2019 10:50"/>
Vehicle No. (For Motor)	<input type="text" value="FBG121Z"/>	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"/>	5058381020-06		FARAH DIYANAH BINTE MOHAMMED TAYIB	S9130418Z	GMC	Third Party	FBG121Z	FBG121Z	17/02/2019	16/02/2020

▼ Policy Information

Policy No.	5058381020-06	Policyholder Name	FARAH DIYANAH BINTE MOHAM	Policyholder NRIC	S9130418Z
Certificate No.					
Address	BLK 503A #12-05 CANBERRA LINK SINGAPORE 751503				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/02/2019	Effective Date	17/02/2019 00:00	Expiry Date	16/02/2020 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	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 503A #12-05	Address 2	CANBERRA LINK	Address 3	SINGAPORE 751503
Address 4		Address Type	Singapore address	Post Code	751503
Unit No.	12-05	Related Policy Number	5058381020-06		

🔍 Insured Object: FBG121Z

▼ Endorsements

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

Claim Handling

[Exit](#)

Accident MT/1053161

Policy No.	5058381020-06	Vehicle No.	FBG1212	GST Registration No.	
Certificate No.					
Policyholder Name	FARAH DIYANAH BINTE MOHAMMED TAYIB			Policyholder NRIC	S9130418Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98779486	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	No

Accident Details

Report Date	12/07/2019 18:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/07/2019	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	URP PICKERING ST TURNING RIG TO SOUTH BRIDGE RD				

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 503A #12-05	Address 2	CANBERRA LINK	Address 3	SINGAPORE 751503
Address 4		Address Type	Singapore address	Post Code	751503
Unit No.	12-05	Related Policy Number	5058381020-06		

OT Driver Info

Driver Name	MUHAMMAD TAYIB B ISMAIL	Driver Type	Named Driver	Driver DOB	28/02/1955
Unnamed Driver Name		Driver NRIC	S1124077A	Driving Experience	41
Register Date of Driver License	27/10/1977	Driver Age	64	Contact No.(Home)	0
Contact No.(Mobile)	98779486	Contact No.(Office)	0	Address 3	MONTREAL SPRING
Address 1	BLK 503A	Address 2	CANBERRA LINK	Post Code	751503
Address 4	SINGAPORE 751503	Address Type	Singapore address		
Unit No.	12-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 [New](#)

Claim Type *	OD-Mix	Insured Name	FARAH DIYANAH BINTE MOHAM	Insured NRIC	S9130418Z
Contact No.(Mobile)	92372414	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	FBG1212	TP Vehicle Number	GBG1216C
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBG1212 / GBG1216C ON 9 Jul 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	12/07/2019 19:02	Claim Close Date		Date Received	12/07/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

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

Attachment

Accident No.	MT/1053161	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/07/2019 19:03

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Browse...	Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
Browse...	Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal	
	Clear Please Select	<input type="radio"/> NO	<input type="radio"/> 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	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:03	SAS	Normal	SAS 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Jul 2019 19:02	Photos	Normal	Photos 2019-7-12		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"/>	