

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MNA119092878**

Date In: 16/1/19-12:08	Job description	Date & Time Completed	Done by
Ref No: MNA119092878/14/14	SAS e-filing		
Veh No: SCM 46945	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/19-13:45	i-Motor Claim Form	M11055592-001	16/1/19 12:31
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLW7293D	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

NA1905301	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	16/07/2019 12:08
Date Of Accident	15/07/2019 13:45
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCM4694S
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92389179
Alternative Phone No	OFFICE-92389179
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094576865-01
Cover Note Number	
Driver	
Name of Driver	AMUTHA D/O MURUGIAN
NRIC No	S7430372B
Date Of Birth	25/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98560424
Fax Number	
Contact Number	OFFICE-98560424
Email Address	NOEMAIL

Address	BLK 522 WOODLANDS DRIVE 14 #01-379
Postcode	730522
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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)	2
Passenger 1	NAME: : S GANESAN GENDER: : MALE

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	SLW7297D
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED PAHMEE BIN MOHAMED RAWI
NRIC/Passport Number	S0050224C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AMUTHA D/O MURUGIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SCM4694S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	S GANESAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SCM4694S
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 revoke 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.



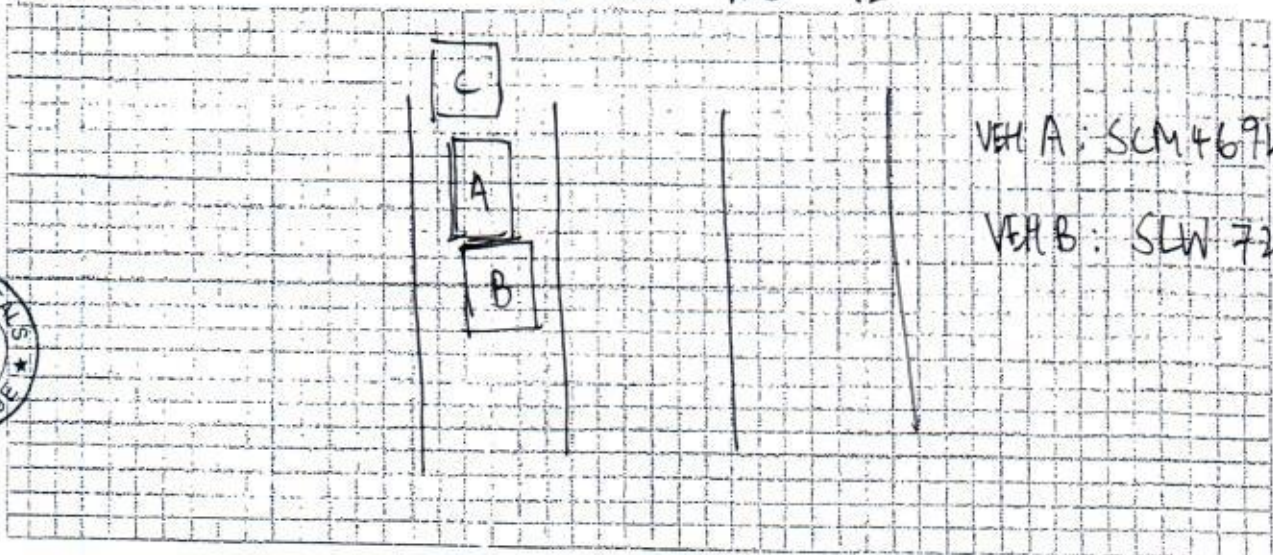
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Along Woodlands Ave 12



VEH A: SCM 46945

VEH B: SLW 72790

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh A and there was a heavy jam. My veh was coming to a stop as the car in front of me stopped. Suddenly, I felt an impact from the back. I was hit by vehicle He hit my vehicle twice continuously.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time: 23629

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Two injury Driver + passenger

Date of Accident : 15/07/19 Accident Time: 1344 (24-HR-Format)
Accident Place : Along Woodlands Ave 12
Vehicle Reg. No. (Car Plate No.) : SCM46945
Vehicle Make/Model : Kia Cerato Forte
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : EAZY Rental
Owner or Company Contact No. : _____ Owner's Hp 92389179 Company Tel _____
DRIVER'S Name / IC No. : AMUTHA DP MORGAN
DRIVER'S Date Of Birth : 25/08/74 DRIVER'S License Pass Date 22/06/12
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : BK 522 WOODLANDS Drive 14 #01-379 555730522
DRIVER'S Contact No. / Alt No. : 1) 98560424 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : PLATINUMWERKZ@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLW 7197D</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>LEXUS</u>	Vehicle Make/Model: _____
Name Driver: <u>MOHAMED FAHMEER BIN MOHAMED RAWI</u>	Name Driver: _____
IC No. Driver: <u>50050224C</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7430372B



Name
AMUTHA D/O MURUGIAN

For UKK/NAC Use Only

Race
INDIAN

Date of birth
25-08-1974

Sex
F

Country of birth
SINGAPORE



3617924



NRIC No. S7430372B

For UKK/NAC Use Only



Date of issue
28-09-2004

APT BLK 522 WOODLANDS DRIVE 14 #01-379
SINGAPORE 730522

NRIC No: S7430372B Date: 13-10-2005 No: 5275746

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7430372B
Name: AMUTHA D/O MURUGIAN

Birth Date: 25 Aug 1974
Issue Date: 22 Jun 2012

For LKK/NAC Use Only

002030096D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASS

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 22 Jun 2012

For LKK/NAC Use Only

NP 428A

Licence No: S7430372B

REPUBLIC OF SINGAPORE
CARD NO. S7143329C



Name
S GANESAN

For LKK/NAC Use Only

Race
INDIAN

Date of Birth
25-11-1971

Country of Birth
SINGAPORE

Sex
M



183350

For LKK/NAC Use Only



Blood Group
B+

Date of Issue
11-12-1991

APT BLK 522 WOODLANDS DRIVE 14 #01-379
SINGAPORE 730522

S7143329C

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094576865-01

Cover : drive CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SCM46945 |
| Chassis Number | : KNAFW411MA5114410 |
| 2. Name of Policyholder | : EAZY RENTALS PTE LTD |
| 3. Effective Date of Insurance | : 09 Jan 2019 |
| 4. Expiry Date of Insurance | : 08 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder, | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

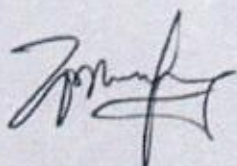
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

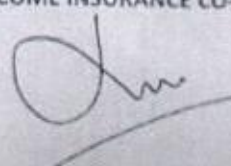
Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 24 Sep 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_R00601

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="15/07/2019 13:45"/>
Vehicle No. (For Motor)	<input type="text" value="SCM4694S"/>	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"/>	5094576865-01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SCM4694S	SCM4694S	09/01/2019	

Policy Information

Policy No.	5094576865-01	Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629E
Certificate No.					
Address	10 BUROH STREET #02-20 WEST CONNECT BUILDING SINGAPORE 627564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	25/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	984.95		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILDING	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

Insured Object: SCM4694S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/09/2018 00:00	Basic Information Endorsement	000001286908786	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 2. SME5126H 09-10-2018 \$1,281.61 In view of this amendment, an additional premium of \$2,563.22 (inclusive of GST) is payable under your policy. Please</p>
		Basic Information		Endorsement Take	

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1053597

Policy No.	5094576865-01	Vehicle No.	SCM46945	GST Registration No.	
Certificate No.					
Policyholder Name	EAZY RENTALS PTE LTD			Policyholder NRIC	201723629E
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92389179	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N/A"/>
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(%)	0	Private Hire	Yes

Accident Details

Report Date	16/07/2019 12:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/07/2019	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 12				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	10 BURCH STREET	Address 2	#02-20 WEST CONNECT BUILDI	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AMUTHA D/O MURUGIAN	Driver NRIC	S74303728	Driver DOB	25/08/1974
Register Date of Driver License	22/06/2012	Driver Age	44	Driving Experience	7
Contact No.(Mobile)	98560424	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 522	Address 2	WOODLANDS DRIVE 14	Address 3	FRAGRANT WOODS
Address 4	SINGAPORE 730522	Address Type	Singapore address	Post Code	730522
Unit No.	01-279				
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
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Modification History

Claim 001 New














Claim Type *	DO-MX	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	201723629E
Contact No.(Mobile)	88694660	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	SHAWN.APEXAUTOMOTIVE@GN	O1 Vehicle Number	SCM46945	TP Vehicle Number	SLW7297D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SCM46945 / SLW7297D ON 15 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	16/07/2019 12:31	Claim Close Date		Date Received	16/07/2019 00:00
Report Taken By	Jackson				

Attachment

Accident No.	MT/1053597	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2019 12:32
Path *		Category *	
	<input type="text" value="Browse..."/> <input type="button" value="Clear"/>		<input type="text" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="text" value="Browse..."/> <input type="button" value="Clear"/>		<input type="text" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="text" value="Browse..."/> <input type="button" value="Clear"/>		<input type="text" value="Please Select"/> <input type="button" value="Clear"/>

<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_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Jul 2019 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Jul 2019 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Jul 2019 12:31	SAS	Normal	SAS 2019-7-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Jul 2019 12:31	Photos	Normal	Photos 2019-7-16		Edit
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Video List

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