

NATIONAL Assessment Centre Services

Date In 18/07/19	Job description	Date & Time Completed	Done by
Ref No. NA/INC19012677/13	SAS e-filing		
Veh No 5KE598K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 17/07/19 1830	i-Motor Claim Form	M7/1054157⁰⁰¹	19/7/19 15:06.
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 to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GB62638L	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer.

() **Total Loss Case** : to e-mail Insurer **URGENTLY**.

Drive-In () / Towed-In () ; Invoice: **YES** () / **NO** () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1905395	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) RT : 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):	OD*		
	*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		
Cat. 1:	9) N12: Idac Mobile \$0		
Cat. 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	18/07/2019 12:01
Date Of Accident	17/07/2019 18:30
Exact Location Of Accident	BUKIT BATOK WEST AVE 2 SLIP RD INTO BUKIT BATOK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE598K
Insured/Policyholder	
Name Of Registered Owner	YI RENTAL
Co Reg No	53386037K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91557911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5107243340
Cover Note Number	
Driver	
Name of Driver	SOO CHUN WHYE(SU ZHENGWEI)
NRIC No	S80301971
Date Of Birth	04/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97629502
Fax Number	
Contact Number	
EMail Address	WHYE197@HOTMAIL.COM

Address	BLK 123 BEDOK RESERVOIR ROAD #08-1003
Postcode	470123
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	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?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE AT THE SLIP RD OF BUKIT BATOK WEST AVE 2 TO GIVE WAY FOR ONCOMING VEH. SUDDENLY VEH(B) BEARING REG NO GBG2638L CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2638L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA CHEE HUA
NRIC/Passport Number	

Contact Number	91640936
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

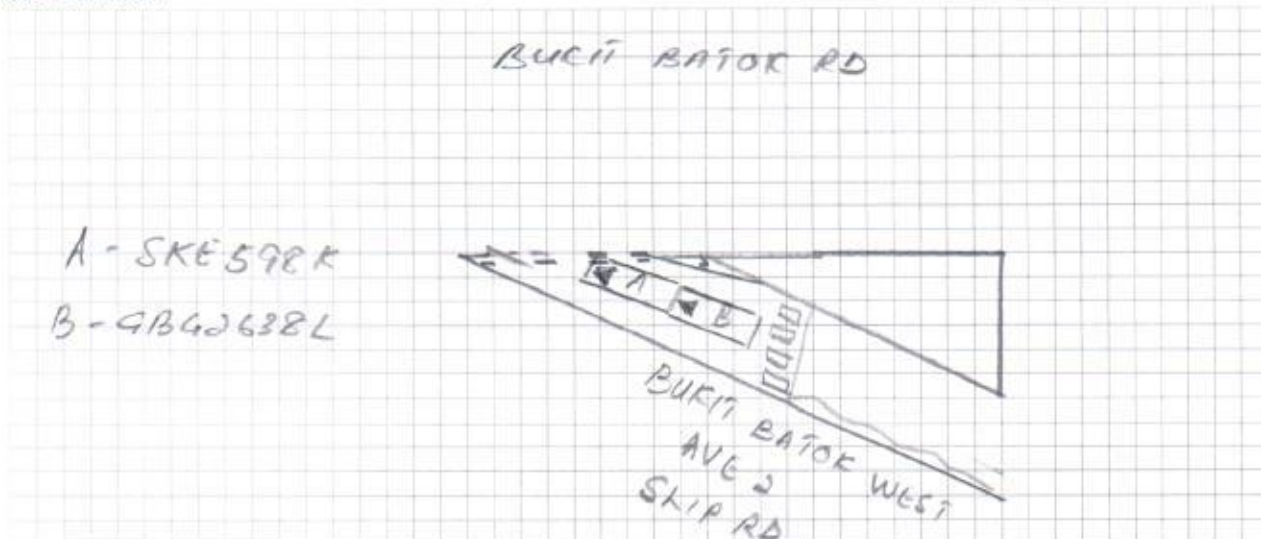


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/7/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/7/19

[Signature] 18/07/19

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

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 07 / 2019 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: Bukit Batok West Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 598K
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5107243340
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Vios
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
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: Yi Rental (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9155 7911
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Soo Chung Whye (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8030197I CONTACT: 97629502
c) ADDRESS: Blk 123 Bedok Reservoir Road 470123
#08-1003 sg 470123

*d) DATE OF BIRTH: 04 / 11 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19

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

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: GBC 2638L MODEL: Peugeot
b) DRIVER'S NAME: Chua Chee Hua
c) NRIC/FIN/PASSPORT: 8117642D CONTACT: 91640936

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(3)

IF IM

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

18/07/19

Email = why 197 @ hotmail.com

fax =

VIDEO = YES FRONT ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S80301971



Name
SOO CHUNG WHYE
(SU ZHENGWEI)
苏 振 威
Race
CHINESE
Date of birth 04-11-1980 Sex M
Country of birth SINGAPORE

For LKK/NAC Use Only

4651610



NRIC No. S80301971



For LKK/NAC Use Only

Date of issue 20-11-2010

APT BLK 123 BEDOK RESERVOIR ROAD #08-1003
SINGAPORE 470123
NRIC No: S80301971 Date: 03/11/2017.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S80301971



Name
SOO CHUNG WHYE
(SU ZHENGWEI)
苏 振 威
Birth Date 04 Nov 1980
Issue Date 02 Mar 2004

For LKK/NAC Use Only

001146687C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


PASS DATE 03 May 2020

For LKK/NAC Use Only

Licence No. S80301971

HP 428A

Land Transport Authority



VOCATIONAL LICENCE
Licence No : S80301971
Name : SOO CHUNG WHYE


For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	16/08/2018

For LKK/NAC Use Only



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: 5107243340

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKE598K |
| Chassis Number | : MR053HY9305285949 |
| 2. Name of Policyholder | : YI RENTAL |
| 3. Effective Date of Insurance | : 25 Jan 2019 |
| 4. Expiry Date of Insurance | : 24 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	: BENEFIT AUTO ENTERPRISE PTE LTD
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)

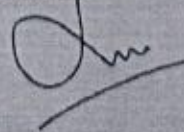
Agency : GI-SHOP (00000572282)
Date of Issue : 25 Jan 2019 09:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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="17/07/2019 18:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SKE598K"/>	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"/>	5107243340		YI RENTAL	53386037K	GFT	drivo CLASSIC	SKE598K	SKE598K	25/01/2019	28/06/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5107243340	Policyholder Name	YI RENTAL	Policyholder NRIC	53386037K
Certificate No.					
Address	BLK 227A #15-246 SUMANG LANE THE VERANDAH @ MATILDA SINGAPORE 821227				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/01/2019	Effective Date	25/01/2019 00:00	Expiry Date	24/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	5000.00		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GI-SHOP	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 227A #15-246	Address 2	SUMANG LANE	Address 3	THE VERANDAH @ MATILDA
Address 4	SINGAPORE 821227	Address Type	Singapore address	Post Code	821227
Unit No.	15-246	Related Policy Number	5107243340		

► Insured Object: SKE598K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/06/2019 00:00	Cancellation	000001287094372	Endorsement Take Effective	Thank you for having insured with Income. We refer to our reminder letter of outstanding premium payment of your policy. In view that you have not settled your outstanding premium of \$6,500.00 (inclusive of GST), we have cancelled your policy on 29 Jun 2019, 00:00 hr in accordance to the Policy Conditions. We wish to advise that under the Motor Vehicle (Third Party Risks and Compensation) Act, all motor vehicles must have a valid insurance cover. Please ensure that you have adequate insurance cover for your vehicle.
2	28/06/2019 00:00	Reinstatement after Cancellation	000001287097965	Endorsement Take Effective	We refer to your motor insurance policy. We confirm that your policy is reinstated from 28 Jun 2019 to 24 Jan 2020.

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1054157

Policy No.	5107243340	Vehicle No.	SKE598K	GST Registration No.
Certificate No.				
Policyholder Name	YI RENTAL			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91557911	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	19/07/2019 15:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/07/2019	Time of Accident hh:mm	18:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK WEST AVE 2 SLIP RD INTO BUKIT BATOK RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	19/07/2019 15:04:13 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 227A #15-246	Address 2	SUMANG LANE	Address 3
Address 4	SINGAPORE 821227	Address Type	Singapore address	Post Code
Unit No.	15-246	Related Policy Number	5107243340	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SOO CHUN WHY(E SU ZHENGWE	Driver NRIC	S8030197I	Driver DOB
Register Date of Driver License	03/05/2000	Driver Age	38	Driving Experience
Contact No.(Mobile)	97629502	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 123 #08-1003	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470123	Address Type	Singapore address	Post Code
Unit No.	08-1003			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	YI RENTA
Contact No.(Mobile)	91557911	Contact No.(Home)	
Email Address		OI Vehicle Number	SKE598K
Claim Description	SKE598K / GBG2638L ON 17 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation Date Registered		GIA report	Received
			19/07/2019 15:05
			Claim Close Date

Report Taken By

LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1054157	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/07/2019 15:06
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 15:06	Photos	Normal	Photos 2

Video List

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