

Date In: 11/10/19 17:49	Job description	Date & Time Completed	Done by
Pct Do: MA/IMC 19017999/64	SAS e-filing		
Veh Do: SMH 2231R	E-mail (within 3hrs, AIC 2hrs)		
TRUCK: 10/10/19 20:45	I-Motor Claim Form	MT11066537-001	11/10/19 18:02
CHI: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Incent:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SLP 5077Y, 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 repolar.

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

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

Remarks	INC () / Date: ()	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	Action

MA 1907676

Invoice Description	GL Code	Rate	Amount (\$)	Amount (\$)
1) AR: Accident Reporting	(530)		30.00	
2) DA: Damage Assessment	(510); INC (510)			
3) TP: Towing Fee		\$40/\$45		
4) FT: Follow-Through Survey		\$120		
5) FT: Follow-Through Survey (Resurvey)		\$30		
For claiming status INC Only (wef 10 Jan 2003)				
6) TR: Re-Inspection		\$75		
7) NI: Idan 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 (Non INC) against INC		\$20		
9) NI2: Idan Mobile		\$0		
Invoice dated		Fax Charged		
Invoice dated		Fax Charged		

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

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	11/10/2019 17:49
Date Of Accident	10/10/2019 20:45
Exact Location Of Accident	DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2231R
Insured/Policyholder	
Name Of Registered Owner	DEFINE LEASING PTE LTD
Co Reg No	201828674Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98897556

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5107029715
Cover Note Number	

Driver

Name of Driver	ONG PANG GAN
NRIC No	S6904738F
Date Of Birth	13/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98897556
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 672A EDGEFIELD PLAINS #08-541
Postcode	821672
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191010/7027

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5077Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG PANG GAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH2231R
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 **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.:

Date of Accident : 10/10/19 Accident Time: 20:45h4 (24-HR-Format)

Accident Place : Duncarn Rd

Vehicle No. (Car Plate No.) : SMH 2231R Make/Model: Toyota Prius

Insurance Company : NTUC Policy No: 5107029715

Owner or Company Name /IC No. : Define Leasing Pte Ltd (201B2B674Z)

Owner or Company Contact No. : - Owner's Hp - Company Tel

DRIVER'S Name / IC No. : Ong Pang Gon (S6904738F)

DRIVER'S Date Of Birth : 13/2/1969 DRIVER'S License Pass Date 9 mar 1993

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : Bk 672A Edgfield Plains #08-541 (S) 821672

DRIVER'S Contact No./ Alt No. : 1) 9889 7556 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : -

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): 01

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

Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: SLF 5077Y (B)	Vehicle No: _____
Vehicle Make/Model: Mazda 3	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 22:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ONG PANG GAN		Address: APT BLK 672A EDGEFIELD PLAINS #08-541 SINGAPORE 821672	
ID Type / ID No.: NRIC NO / S6904738F		Contact No.:	Mobile: 98897556
Nationality: SINGAPORE CITIZEN		Email: wilsonong7556@gmail.com	
Sex: Male	Age: 50	Date of Birth: 13/02/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GO JEK DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2019 20:45	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF5077Y	Car	MAZDA	Mazda 3	Grey	Slightly Damaged	0
SMH2231R	Car	TOYOTA	Prius	Grey	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	ONG PANG GAN	ID No.	S6904738F
Related Vehicle	SMH2231R (Car)	Contact No.	98897556
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/10/2019	Date Discharge	10/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 10 October 2019 at about 2045hrs I was driving my vehicle SMH2231R along Dunearn road towards city on lane 2 I wanted to exit to Newton circle, therefore I signal and filter left to lane 3. Suddenly a vehicle in front of me slow down and I follow suit. Suddenly I felt an impact coming from the rear of my vehicle. I go down my vehicle and realised that vehicle SLF5077Y had collided onto the rear of my vehicle.

I sustained injuries from the above mentioned accident and was given a 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20191010/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191010/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/10/2019 22:00

Classification Of Case:

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: 5107029715

Cover : drive CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMH2231R |
| Chassis Number | : ZVW506138176 |
| 2. Name of Policyholder | : DEFINE LEASING PTE LTD |
| 3. Effective Date of Insurance | : 16 Jan 2019 |
| 4. Expiry Date of Insurance | : 15 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.

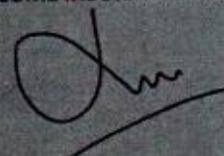
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT 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 : CCL INSURANCE AGENCY PTE LTD (00000614988)
Date of Issue : 14 Jan 2019 17:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

CCL INSURANCE AGENCY PTE LTD
BLK 9006 TAMMINES ST 93
#01-198 SINGAPORE 528840
TEL: 6344 9950 FAX: 6342 9088 / 6344 7554



Countersigned By:

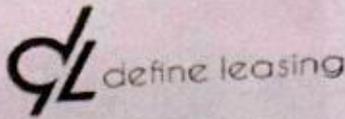
Authorised Officer

Chief Executive

Accident

Hotline: 96214 666

24 Hours / 7 Days



Define Leasing Pte Ltd co. Reg: 201828674Z
 26 Sin Ming Lane, #05-126 Singapore 573971 | Contact no: +65 9420 8692 | support@defineleasing.com

RENTAL AGREEMENT

Date: 10/1/2019

VEHICLE RECORD DETAILS

Make & Model: Prius S (silver)
 Vehicle Reg No: SMH 2324G SMH 2231R
 Chassis No: _____
 Vehicle Mileage(km): _____ Fuel Balance: _____
 Commencing Date: _____ End Date: _____
 Rental / Day: \$82 + \$6 Rental / Week: \$616/-
 Deposit paid: \$750/- Total Amt Collected: \$750/-

Additional Notes & Charges

-This Vehicle can be driven not further than state of JOHOR.

-Towing to be borne by Renter if Vehicle is outside Singapore.

Below are Charges to be imposed if:

1. Loss Key: \$350.00
2. Towing of vehicle due to default payment: \$300.00
3. Admin charges on top of Fine for payment of Fines on behalf of renter: \$50.00 per transaction

In the event of an accident RENTER must make a report within 24HRS to the company and only TOW to our Authorized Workshops.

HIRER'S DETAILS

Name: ONG PANG GAN Nric No: S6907738F Contact: 9889 7556
 DOB: 13/02/1969 Address: Blk 672A EDGEFIELD PLAINS #08-54(s) 821672

RELIEF DRIVER DETAILS

Name: _____ Nric No: _____ Contact: _____
 DOB: _____ Address: _____ (S) _____

REMARKS

If hirer return vehicle within _____ from the commencing start date, deposit of \$1500/- will be forfeited.

The Hirer must give 1 month notice for early termination of contract. Failure to do so all deposits will be forfeited.

Local Insurance Excess Fees OD Excess: \$500/- TP Excess: \$500/- Admin Fee: -

Malaysia Insurance Excess Fees OD Excess: \$1000/- TP Excess: \$1000/- Admin Fee: -

All payable(s) are to be made to Define Leasing Pte Ltd, OCBC Banking Account: 7128-7262-1001.

"Engagement with the "HIRER" as per above detail ONLY. Failure to comply or subletting would be penalized. "Define Leasing Pte Ltd" reserves all its rights.

[Signature]
 HIRER'S - Signature



Define Leasing Pte Ltd - Signature,

RENTER hereby agrees and understood all the terms & conditions of both sides of this agreement and signifies acceptance upon signing of agreement.

Collected \$750 rest of the remaining by installment within a month

Claim Handling

The premium on this policy has not been collected.

Accident MT/1066537

Policy No.	5107029715	Vehicle No.	SMH2231R	GST Registration No.	
Certificate No.					
Policyholder Name	DEFINE LEASING PTE LTD			Policyholder NRIC	201828674Z
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98897556	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	11/10/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/10/2019	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNEARN RD				

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	26 SIN MING LANE	Address 2	#05-126 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.		Related Policy Number	5111951819		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG PANG GAN	Driver NRIC	S6904738F	Driver DOB	13/02/1969
Register Date of Driver License	09/03/1993	Driver Age	50	Driving Experience	26
Contact No.(Mobile)	98897556	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 672A #08-541	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Address 4	SINGAPORE 821672	Address Type	Singapore address	Post Code	821672
Unit No.	08-541				
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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	DEFINE LEASING PTE LTD	Insured NRIC	201828674Z	
Contact No.(Mobile)	93663222	Contact No.(Home)		Contact No.(Office)	NEL	
Email Address		OI Vehicle Number	SMH2231R	TP Vehicle Number	SLF507	
Claim Description	SMH2231R / SLF5077Y ON 10 Oct 2019				Name of Preferred Workshop	0
Preferred Workshop Finalisation	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault	GIA report	Received	
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	11/10/2019 18:01	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Attachment

Accident No.	MT/1066537	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/10/2019 18:02
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o		NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-11

11 Oct 2019 18:02



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:02	SAS	Normal	SAS 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:02	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:02	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:02	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:02	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:02	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:01	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:01	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:01	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:01	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:01	Photos	Normal	Photos 2019-10-11
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 18:01	Photos	Normal	Photos 2019-10-11

Video List

Uploaded By/Date	Folder	Date	File Name	Source
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