

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 25/10/19         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC19018975/13 | SAS e-filing                             |                       |         |
| Veh No: SK27356K          | E-mail (within 8hrs, A/C 2hrs)           |                       |         |
| D.O.A: 21/10/19 1815      | i-Motor Claim Form                       | MT/1068566-001        |         |
| 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: GBC1027G   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| NA1908228                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>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             |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) RT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Cat. 1:                         | 6) TR : Re-inspection \$75                      |                      |                      |
| Cat. 2/3:                       | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | ON*   |                      |                      |
|                                 | *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) N12: Idac Mobile 30                          |                      |                      |
|                                 | Invoice dated                                   | Fee Charged          |                      |
|                                 | Insurance 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             | 25/10/2019 11:00   |
| Date Of Accident           | 21/10/2019 18:15   |
| Exact Location Of Accident | ALONG COLLYER QUAY |
| Country/State of Loss      | SINGAPORE          |

| DETAILS OF OWN VEHICLE   |  |
|--|--|
| Vehicle Registration Number  | SKZ7356K                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | TRAVEL GSH PTE LTD                     |
| Co Reg No  | 199205400K                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-86133011                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | HONDA                                  |
| Model  | -                                      |
| 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   | PRIVATE CAR                            |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | YES                                    |
| Policy Number  | 5112417558                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | NG TERNG YONG,JONATHAN                 |
| NRIC No  | S8625876E                              |
| Date Of Birth  | 10/09/1986                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 23/04/2010                             |
| Driving Experience   | 9 YEARS AND 5 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-86133011                   |
| Fax Number   |  |
| Contact Number   |  |
| Email Address  | JONATHAN.NG@TRAVELGSH.COM              |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 271 PASIR RIS ST 21<br>#08-464 |
| Postcode  | 510271                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OTHER - DIRECTOR                   |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                        |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                        |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| 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)   | 4                                       |
| Passenger 1   | NAME: : XINYUN SHEN<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : HU PEIJU<br>GENDER: : FEMALE    |
| Passenger 3   | NAME: : NATHAN NG<br>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

PLS REFER TO THE ATTACHED 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 | GBG1027G           |
| Vehicle Make/Model/Colour   | NISSAN             |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |

|                                     |          |
|-------------------------------------|----------|
| Contact Number                      | 98555025 |
| 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: 25/10/19

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

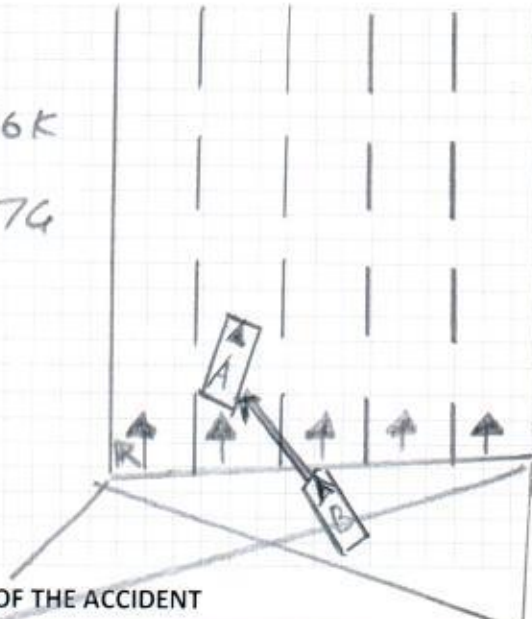
Handwritten signature and date 25/10/19.

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

SKETCH PLAN

A - SKZ7356K  
B - GBG1027G

ALONG  
COLLYER QUAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Collyer Quay. The traffic was heavy and slow moving. Suddenly I felt an impact on my rear right side of my vehicle. ~~the~~ vehicle B had hit my vehicle while trying to cut into my lane and due to misjudgement hit my vehicle.

DECLARATION

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



Policyholder's Signature

Date & Time: 25/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

25/10/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Google Maps Church St



Image capture: Jul 2016 © 2019 Google

Singapore



Street View - Jul 2016



## ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 10 / 2019) (DD/MM/YYYY), TIME: (18 : 15) (HH:MM)

LOCATION: Church Street towards Fullerton Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK273561K  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 86133011  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Jonathan Ng Jerng Yang (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8625876F CONTACT: 86133011  
c) ADDRESS: 101 Upper Cross Street People's Park Centre  
31-17 m S(058357)

\*d) DATE OF BIRTH: (12 / 09 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Director

### 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: G8G 1027G MODEL: Nissan  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT: 98555025

### 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)  
(4)

Xinyun Shen (F)

Hu Peiju (F)

Hathan Ng (M)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

Email =

fax =

Video =



**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: 5112417558-000001

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SKZ7356K ✓  
Chassis Number : JHMRC1880GC201694
2. Name of Policyholder : TRAVEL GSH PTE LTD
3. Effective Date of Insurance : 09 Oct 2019
4. Expiry Date of Insurance : 08 Oct 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : YES   |
| 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
Date of Issue : 08 Oct 2019 14:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1068566

|                     |  |                     |  |                |
|---------------------|--|---------------------|--|----------------|
| Policy No.          | 5112417558   | Vehicle No.         | SKZ7356K   | GST Registr    |
| Certificate No.     | 5112417558-000001                                  |                     |  |                |
| Policyholder Name   | TRAVEL GSH PTE LTD                                 |                     |  | Policyholder I |
| Product Code        | FLEET MASTER INSURANCE                             | Cover Type          | drive PREMIUM                                      | Loading        |
| Contact No.(Mobile) | 86133011   | Contact No.(Office) | 0  | Contact No.(I  |
| Email Address       |  | Special Remark      |  | eCode          |
| KFK                 | <input type="radio"/> No <input type="radio"/> Yes | TCA                 | <input type="radio"/> No <input type="radio"/> Yes | eCode Reaso    |
| NCD Protection      | No   | NCD Entitlement(%)  | 0  | Private Hire   |

Accident Details

|                   |                    |                               |       |               |
|-------------------|--------------------|-------------------------------|-------|---------------|
| Report Date       | 25/10/2019 14:09   | Accident Report Within 24 hrs | Yes   | Accident Type |
| Date of Accident  | 21/10/2019         | Time of Accident hh:mm        | 18:15 | Country of Ac |
| Reporting Centre  |                    | Orange Force                  |       | ICM No.       |
| Accident Location | ALONG COLLYER QUAY |                               |       |               |

Total Excess Applicable

|                            |              |                            |        |                |
|----------------------------|--------------|----------------------------|--------|----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00 |                |
| OD Standard Excess         | 600.00       | TP Standard Excess         | 0.00   |                |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00   | Driver is Covi |
| Additional Excess          | 0.00         |                            |        |                |
| Total OD Excess Applicable | 600.00       | Total TP Excess Applicable | 0.00   |                |

Benefits

GST Registered Information

|                      |  |                       |            |
|----------------------|--|-----------------------|------------|
| GST Registered       | Yes  | GST Registration Date | 26/10/1998 |
| GST Registration No. | 199205400K   | GST Status Verified   | Yes        |
| Modification History | 25/10/2019 14:12:39 System changed GST Registered from No to Yes<br>25/10/2019 14:12:39 System changed GST Registration No. from null to: 199205400K<br>25/10/2019 14:12:39 System changed GST Registration Date from null to 26/10/1998 |                       |            |

Policyholder Mailing Address

|           |                        |                       |                            |           |
|-----------|------------------------|-----------------------|----------------------------|-----------|
| Address 1 | 101 UPPER CROSS STREET | Address 2             | #B1-17M PEOPLE'S PARK CENT | Address 3 |
| Address 4 |                        | Address Type          | Singapore address          | Post Code |
| Unit No.  |                        | Related Policy Number | 5112417558                 |           |

OI Driver Info

|   |  |                     |                     |               |
|---|--|---------------------|---------------------|---------------|
| Driver Name                             | Unnamed Driver                                     | Driver Type         | Unnamed Driver      |               |
| Unnamed driver Name                     | NG TERNG YONG, JONATHAN                            | Driver NRIC         | S8625876E           | Driver DOB    |
| Register Date of Driver License         | 23/04/2010   | Driver Age          | 33                  | Driving Exper |
| Contact No.(Mobile)                     | 86133011   | Contact No.(Office) | 0                   | Contact No.(I |
| Address 1                               | BLK 271  | Address 2           | PASIR RIS STREET 21 | Address 3     |
| Address 4                               |  | Address Type        | Singapore address   | Post Code     |
| Unit No.                                | #08-464  |                     |                     |               |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  |                     | Driver Insure |

Declaration

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

Modification History

Claim 001 OD-MX

New

|   |                                    |                         |                                  |
|---|------------------------------------|-------------------------|----------------------------------|
| Claim Type *  | OD-MX                              | Insured Name            | T                                |
| Contact No.(Mobile)                                 | 93805854                           | Contact No. (Home)      |                                  |
| Email Address                                       |                                    | OI Vehicle Number       | 5                                |
| Claim Description                                   | SKZ7356K / GBG1027G ON 21 Oct 2019 |                         |                                  |
| Preferred Workshop                                  |                                    | Insured Liability       | Not at Fault                     |
| Contact No. Finalisation                            | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered                                     |                                    | GIA report              | Received                         |
| Report Taken By                                     |                                    | Claim Close Date        | 25/10/2019 14:15                 |
|   |                                    | Workshop Repairer       | ROSLINDA                         |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |



Save

Submit

Attachment

Accident No. M7/1068566

Claim No. 001

Last Doc. Received 

Yes

No

Upload Date 25/10/2019 00:00

Path \*

Category \*

Confid.

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Message Read

Attachment List

| Attachment  | Uploaded By/Date   | Category              | ? | Urgency |          |
|---|--|-----------------------|---|---------|----------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:15 | NRIC/ Driving License | Y | Normal  | NRIC/ Dr |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | SAS                   |   | Normal  |          |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2019 14:14 | Photos                |   | Normal  | PI       |

Video List

| Uploaded By/Date | Folder Date | File Name | ? |
|------------------|-------------|-----------|---|
|------------------|-------------|-----------|---|

Display in New Window

Scan and uploading