

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA11950449-01**

Date In: 13/11/19-19:09	Job description	Date & Time Completed	Done by
Ref No: NA/2019/22189/24	SAS e-filing		
Veh No: JPH2843P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/11/19-19:02	i-Motor Claim Form	M7/1031280-001	13/11/19 19:28
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: NBH5808M 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac 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) N12: Idac Mobile 30		
	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	13/11/2019 19:09
Date Of Accident	12/11/2019 19:00
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2893P
Insured/Policyholder	
Name Of Registered Owner	NG KIM SIONG
NRIC No	S1543026E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90609049
Alternative Phone No	OFFICE-90609049

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104742435
Cover Note Number	

Driver

Name of Driver	NG YU ZHONG
NRIC No	S9831267F
Date Of Birth	18/09/1998
Occupation	INDOOR
Date Of Driving Pass	06/04/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600631
Fax Number	
Contact Number	OFFICE-90600631
E-Mail Address	NOEMAIL

Address	BLK 632 PASIR RIS DRIVE 3 #07-400
Postcode	510632
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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: : TAN LEE HIANG GENDER: : FEMALE
Passenger 2	NAME: : NG KIM GEOK 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5808M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

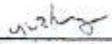
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

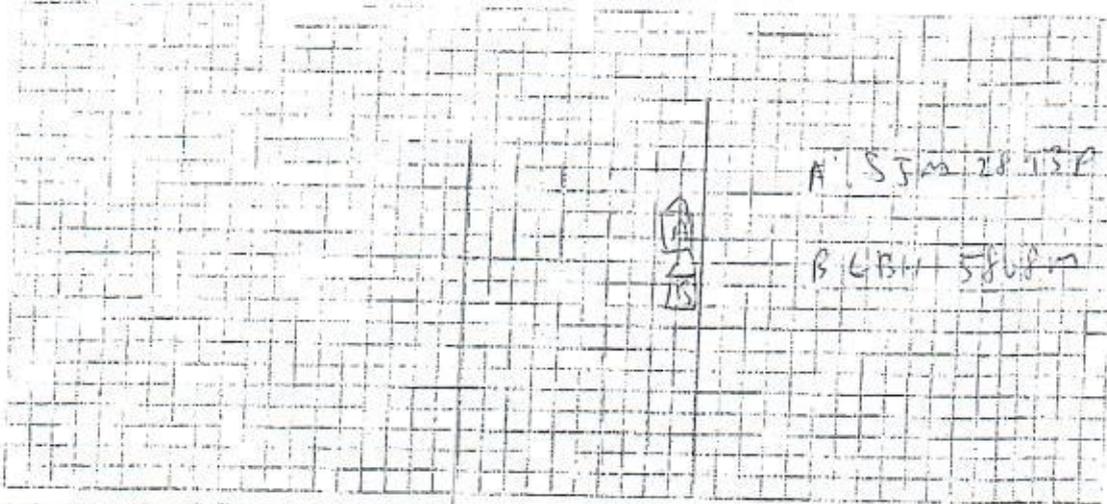


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



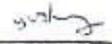
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Saka Ennis. The vehicle in front slowed down & stop. I then slowed down & stop suddenly. I felt a huge impact from the rear. I got down & realized vehicle B (LGBH 5808m) hit across the rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:


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


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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: ⁿ 11/11/19	(DD/MM/YY) Time: 7:00pm (HH:MM)
Exact location of accident	Julian Euns	

Details of vehicle

Vehicle registration number	SIM 2893QP		
Vehicle make and model	Hyundai Avante		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	Ng Kim Siang	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1543026K	
Contact	9060 9049	
Address	632 Pasir Ris Drive 3 #07-40 S(510632)	

Driver

Same as insured above (skip to D.O.B)

Name	Ng Yu Zhong	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S983127F	
Contact	9060 0631	
Address	632 Pasir Ris Drive 3 #07-40 S(510632)	
Email address		
Date of birth	18/4/1998	
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>
Driving date pass	6/4/11	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3 (Inclusive of driver)

Passenger 1

Name	Ng Yu Thung
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	Tan Lee Hing
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 3

Name	Ng Kim Jee
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBH 58 of m
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119150449 Vehicle Registration No: SJM2893P
 Name(as shown in NRIC) : NG KIM SIONG NRIC/FIN/Passport No : S1543026E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 90609049
 Email Address : _____
 Date of Accident : 12/11/2019 Time of Accident : 19:00
 Place of Accident : JALAN EUNOS
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend date of accident _____

 Policyholder / Driver's Signature
 Date:



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

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104742435		NG KIM SIONG	S1543026E	GPC	drive CLASSIC	SJM2893P	SJM2893P	17/10/2018	28/12/2019

Continue

▼ Policy Information

Policy No.	5104742435	Policyholder Name	NG KIM SIONG	Policyholder NRIC	S1543026E
Certificate No.					
Address	BLK 632 #07-400 PASIR RIS DRIVE 3 SINGAPORE 510632				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/10/2018	Effective Date	17/10/2018 00:00	Expiry Date	28/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	JAREN ONG JUN GUI	Agent Tel.	96155358	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 632 #07-400	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE 510632
Address 4		Address Type	Singapore address	Post Code	510632
Unit No.		Related Policy Number	5095079678-02		

▶ Insured Object: SJM2893P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/10/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 20 Oct 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: NG YU ZHONG In view of this amendment, an additional premium of \$352.60 (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, credit card or NETS.
2	20/10/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 20 Oct 2018, the following amendment(s) is/are made to this policy: In view of this amendment, a cheque refund of \$172.34 (inclusive of GST) will be mailed to you separately.
3	05/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Jan 2019, the following amendment(s) is/are made to this policy: Conversion of your vehicle from Off-peak Car Scheme to Normal Car Scheme.
4	05/01/2019 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 05 Jan 2019, the following amendment(s) is/are made to this policy:

Continue Cancel

Claim Handling

Accident MT/1071280

Policy No.	S104742435	Vehicle No.	SIM2893P	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIM SIONG	Policyholder NRIC	S1543026E		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90609049	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	13/11/2019 19:26	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2019	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BUNDS				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 632 #07-400	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE S10632
Address 4		Address Type	Singapore address	Post Code	S10632
Unit No.		Related Policy Number	5095079678-02		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/09/1998
Unnamed driver Name	NG YU ZHONG	Driver NRIC	S9831267F	Driving Experience	2
Register Date of Driver License	05/04/2017	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	90600631	Contact No.(Office)	0	Address 3	SINGAPORE S10632
Address 1	BLK 632	Address 2	PASIR RIS DRIVE 3	Post Code	S10632
Address 4		Address Type	Singapore address		
Unit No.	07-400				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG KIM SIONG	Insured NRIC	S1543026E	
Contact No.(Mobile)	90609049	Contact No.(Home)	67456509	Contact No.(Office)		
Email Address	ngkimsiong@yahoo.com	DI Vehicle Number	SIM2893P	TP Vehicle Number	GBH5808M	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>			
Claimant Address	<input type="text"/>					
Claim Description	SIM2893P / GBH5808M ON 12 Nov 2019				Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/11/2019 19:28	Claim Close Date	<input type="text"/>	Date Received	13/11/2019 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1071280	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/11/2019 19:29

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	SAS		Normal	SAS 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Nov 2019 19:28	Photos		Normal	Photos 2019-11-13	

[Video List](#)

Uploaded By/Date	Folder Date	File Name		Source	Action
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[Display in New Window](#)
[Scan and uploading](#)