

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MANAG 15101V**

Date In: <b>17/11/19-10:34</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/NCM/2023/24</b>	SAS e-filing		
Veh No: <b>JA 6750</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>14/11/19-10:35</b>	i-Motor Claim Form	<b>17/11/19 10:49</b>	<b>17/11/19 10:49</b>
OD <b>(TP)</b> 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: **276298x**

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

**HA/1908748**

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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 (N:n INC) against INC \$20

9) N12: Idac Mobile \$0

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	15/11/2019 10:34
Date Of Accident	14/11/2019 16:35
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6775J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RIVERLI
Co Reg No	53358656M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90288480
Alternative Phone No	OFFICE-90288480

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095819163-01
Cover Note Number	

### Driver

Name of Driver	KOH ENG ANN
NRIC No	S1630031D
Date Of Birth	12/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90288480
Fax Number	
Contact Number	OFFICE-90288480
Email Address	NOEMAIL

Address	BLK 370 BUKIT BATOK STREET 31 #08-221
Postcode	650370
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	6
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)	3
Passenger 1	NAME: : LUI AI MEI GENDER: : FEMALE
Passenger 2	NAME: : JESLYN KOH ZI LIN 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6298X
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) 2  
Passenger 1  
NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY5794J  
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) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD759D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 3  
Passenger 1

NAME: :

GENDER: :

Passenger 2  
NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GX2188U  
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) 1

**DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number	SML6318C
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)	1

**DETAILS OF INJURED PERSON 1**

Name	KOH ENG ANN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJA6775J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LUI AI MEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJA6775J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	JESLYN KOH ZI LIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJA6775J
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.

RIVERLL

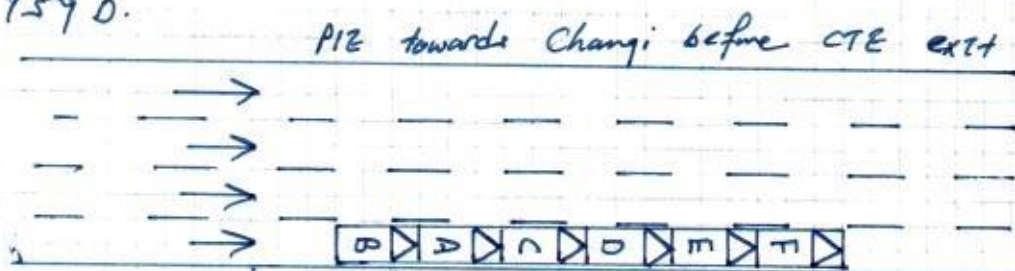
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

(A) SJA 6775J. (E) GX 2188U  
 (B) SLT 6298X. (F) SML 6318C.  
 (C) SJY 5794J.  
 (D) SHO 7590.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/11/19 at @ 1635 hrs, I was travelling in my vehicle (SJA 6775J) along PIE towards Changi before CTE exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicles ahead. I got down from my vehicle and found it was a chain collision involving 6 vehicles.

## DECLARATION

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

RIVERL  
 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.:

Vehicle No.	SJA 6775 J	Model / Make	Honda Airwave.
Date of Accident	14/11/19.		
Time of Accident	1635 HRS		
Location of Accident	PIC towards Chang: before CTE ext.		
Exact purpose use during accident	Private used.		
Name of Owner	Riverli.		
Telephone No.	H/P: 9028 8480	Home:	Office:
NRIC	S3358656 M		
Address	BLK 370 Bukit Batok Street 31 #08-221 (S) 650370.		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NJMC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5095819163-01.		
Name of Driver	As Above If No, KOH ENG ANN.		
NRIC	S1630031 D.	Any Passengers:	02 (F)
Date of birth	12/12/1964.		
Occupation	Outdoor / Indoor		
Driving License Pass Date	18/08/1983.		
Gender	Male / Female		
Contact No.	H/P: 9028 8480	Home:	Office:
Address	BLK 370 Bukit Batok Street 31 #08-221 (S) 650370.		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Owner	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No, If Yes, Who?		
Name And Contact No.	KOH ENG ANN (H/P: 9028 8480)		
Name And Contact No.	① LUI A3 MEI (H/P: 9455 0928) ② Jeelyn Koh Zi Lin (H/P: 8156 6766)		
Police Report	No, If Yes, Where?		
Vehicle B No.	SLT 6298 X	Any Passengers:	01 (F).
Name of Driver		Contact No.:	
Vehicle C No.	SJY 5794 J	Any Passengers:	N.A.
Vehicle D No.	SHD 759 D	Any Passengers:	02.
Vehicle E no.	GX 2188 U.	Any Passengers:	N.A.
Vehicle F No.	SML 6318 C.	Any Passengers:	N.A.
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Front and Rear Portion.		
Camera Recorder	Yes / No Retrieving		
Email Address	kelvinkoh370@gmail.com.		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tong		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

**Certificate of Insurance**

C221

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:** 5095819163-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJA6775J**  
Chassis Number : GJ11203414
2. Name of Policyholder : RIVERLI
3. Effective Date of Insurance : 17 Dec 2018
4. Expiry Date of Insurance : 16 Dec 2019
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH ENG ANN
NAMED DRIVER (1)	: LUI AI MEI
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 05 Dec 2018 09:54 hrs

INSURANCE AGENCY PTE LTD  
100B BENCOOLEN STREET  
#04-01 THE BENCOOLEN  
SINGAPORE 160648  
TEL: 6-334-0783 FAX: 6-334-0920  
Co. Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095819163-01		RIVERLI	53358656M	GPC	drive CLASSIC	SJA6775J	SJA6775J	17/12/2018	16/12/2019

 Policy Information

Policy No.	5095819163-01	Policyholder Name	RIVERLI	Policyholder NRIC	53358656M
Certificate No.					
Address	BLK 370 #08-221 BUKIT BATOK STREET 31 SINGAPORE 650370				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/12/2018	Effective Date	17/12/2018 00:00	Expiry Date	16/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 370 #08-221	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650370
Address 4		Address Type	Singapore address	Post Code	650370
Unit No.	08-221	Related Policy Number	5095819163-01		

 Insured Object: SJA6775J

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

## Accident MT/1071481

Policy No.	S095819163-01	Vehicle No.	SJA6775J	GST Registration No.	
Certificate No.					
Policyholder Name	RIVERLI	Cover Type	drive CLASSIC	Policyholder NRIC	S3358656M
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90288480	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes
<b>Accident Details</b>					
Report Date	15/11/2019 10:47	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/11/2019	Time of Accident (hh:mm)	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE CTE EXIT				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 370 #08-221	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650370
Address 4		Address Type	Singapore address	Post Code	650370
Unit No.	08-221	Related Policy Number	S095819163-01		
<b>OT Driver Info</b>					
Driver Name	KOH ENG ANN	Driver Type	Main Driver	Driver DOB	12/12/1964
Unnamed driver Name		Driver NRIC	S1630031D	Driving Experience	36
Register Date of Driver License	18/08/1983	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	90288480	Contact No.(Office)	0		
Address 1	BLK 370	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650370
Address 4		Address Type	Singapore address	Post Code	650370
Unit No.	08-221				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	RIVERLI	Insured NRIC	S3358656M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/A
Email Address		OT Vehicle Number	SJA6775J	TP Vehicle Number	SLT6298X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJA6775J / SLT6298X ON 14 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/11/2019 10:49	Claim Close Date		Date Received	15/11/2019 10:50
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

## Attachment

Accident No.	MT/1071481	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/11/2019 10:50
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
<div>Send Message</div>			
Attachment List			

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CD)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:50	SAS		Normal	SAS 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 15 Nov 2019 10:49	Photos		Normal	Photos 2019-11-15	
<b>Video List</b>						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						