NATIONAL Assessment Centre Services. (ver 1 Jan'05) : MNA 119160563

		Job description	Date & Time Completed	Done by
Date In:	5/12/19 15:17	SAS e-filing		
Ref No:	NA/INC/90/21513/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No:	FBP 1202U	i-Motor Claim Form	MT/1074486-001	5/12/19 15:39.
DEDA:	30/11/19 14:20.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) Reporting Only		i-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SLS 1440P. 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	Action

MA1909112

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. 1:

Cal. 2/3:

Invoice Preparation Checklist		Amt ($) Bill	Amt ($) Add'bill
1) AR : Accident Reporting ($30);		30.00	
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 (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/12/2019 15:29

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 witholding 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	05/12/2019 15:17
Date Of Accident	30/11/2019 14:20
Exact Location Of Accident	TAMPINES CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1202U
Insured/Policyholder	
Name Of Registered Owner	ONG JUN WEI
NRIC No	S8510650C
Email Address	JUNWEI02@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97394461
Alternative Phone No	OFFICE-97394461
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF125
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107374368
Cover Note Number	
Driver	
Name of Driver	ONG JUN WEI
NRIC No	S8510650C
Date Of Birth	06/04/1985
Occupation	INDOOR
Date Of Driving Pass	12/05/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97394461
Fax Number	
Contact Number	OFFICE-97394461
EMail Address	JUNWEI02@YAHOO.COM

Address	BLK 946 HOUGANG ST 92 #02-159
Postcode	530946
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	COLLISION - OPENING DOOR OF VEHICLE
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?	YES
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)	2
Passenger 1	NAME: : LIEW CHERRIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 60 HOUGANG AVE 9 , **POSTCODE:** 538775 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4890999 - **FAX NO**: 63128989
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191202/2067

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	SLS1440P
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 JUN WEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP1202U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIEW CHERRIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP1202U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

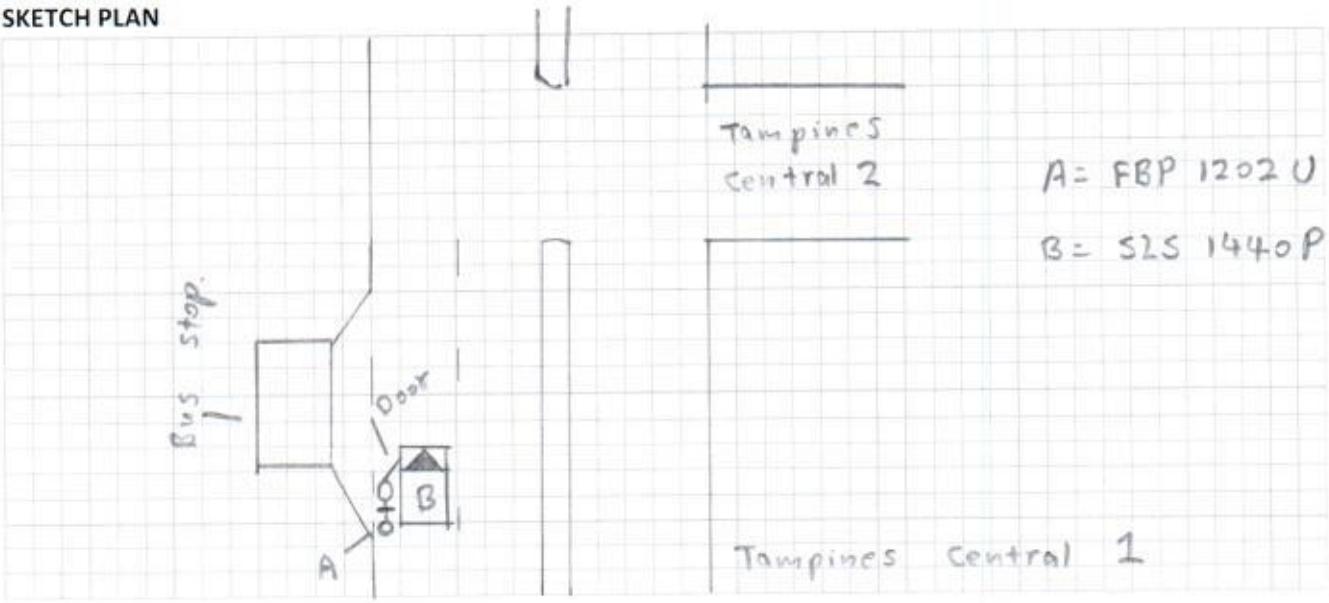
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191202/2067

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.:

ACCIDENT STATEMENT

ACCIDENT DATE:(30/ 11/ 19)(DD/MM/YYYY), TIME:(14 : 20)(HH:MM)

LOCATION: Tampines Central 1

1. **DETAILS OF VEHICLE**
   a)VEHICLE NUMBER: FBP 1202 U
   b)INSURANCE COMPANY: INC
   c)POLICY NUMBER:
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL:
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: Private 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: Ong Jun Wei (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT: 97394461
   c)ADDRESS:

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

* No of passenger (Including driver) (2)

3. **DRIVER**
   a)NAME: As Above (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT:
   c)ADDRESS:

   *d)DATE OF BIRTH: (____/____/____)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.
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: Hougang MPC
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SLS 1440 P. MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (__)

~~cherie~~ ~~liew~~ - conveyed.

Liew cherrie email = junwei02@yahoo.com

fax =

* Veh take photo. VIDEO = Yes.

SINGAPORE POLICE FORCE

T/20191202/2067

Report No. T/20191202/2067

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/12/2019 14:04		73

Informant's Particulars

Name of Informant: ONG JUN WEI			Address: APT BLK 946 HOUGANG STREET 92 #02-159 SINGAPORE 530946	
ID Type / ID No.: NRIC NO / S8510650C			Contact No.: Home/Office:	Mobile: 97394461
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 06/04/1985	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES CENTRAL 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1202U	Motorcycle	HONDA	CBF125NA	Grey	Slightly Damaged	1
SLS1440P	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1202U	NTUC Income Insurance Co-Operative Limited	5107374368	01/02/2019	03/02/2020

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG JUN WEI	ID No.	S8510650C
Related Vehicle	FBP1202U (Motorcycle)	Contact No.	97394461
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/11/2019 at about 1417hrs, I was riding my motorcycle (FBP1202U) with my wife (Cherie Liew, S8418212E, H/P: 92737160) as pillion on the extreme left lane along Tampines Central 1 toward Tampines Avenue 4 at the traffic junction, vicinity of Tampines Bus Interchange. Everything was in order, the traffic light was showing red thus all the vehicle had came to a stop. I then tried to pass by the left side of the vehicle (SLS1440P) that was ahead of me to get to the front of the traffic.

Out of a sudden the said vehicle front passenger door open, there was not enough time for me to react and slow down to a stop thus I collided onto the vehicle front passenger door and lost balance causing me and my wife to fall onto the road. The passenger(Gerald Chee, H/P: 96234612) and the driver (Chia Xin Wei, H/P: 92960570) then got out of the vehicle to make a check on us and called for ambulance.

Shortly ambulance and TP arrived, paramedics render medical attention to me and my wife. After which they informed that we are to be conveyed to the hospital however I informed the paramedics that I would prefer to go to my preferred private hospital. Thus I was conveyed to Mount Elizabeth Orchard and was given 5 day MC from 30/11/2019 to 04/12/2019 by DR Sim Kee Sheng Kevin (MC No: MEH2019120622002).

I have vehicle camera installed at the front and rear of my motorcycle and it has recorded the footage of the accident. I wish to state that my wife and I wear wearing helmet. My motorcycle was sent to the workshop however it is still pending the damage assessment.

I am lodging this report for insurance or third party claims purpose.

SINGAPORE POLICE FORCE

T/20191202/2067

Report No. T/20191202/2067

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 PETER GOH WEE HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 14:04
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

Authentication Stamp

NP168

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

TRAFFIC POLICE

AMENDMENT

NP 168 No.	: T/20191202/2067	Name	: ONG JUN WEI
Accident Date/Time	: 30/11/2019 @ 1417hrs	Address	: Blk 946 Hougang Street 92 #02-159
Vehicle(s) Involved	: FBP1202U SLS1440P	NRIC No	: S8510650C
		Tel No	: 97394461
		Date	: 02/12/2019

Dear Sir / Madam

Accident involving FBP1202U and SLS1440P along Tampines Central 1 on 30/11/2019 at 1417 hours

With reference to the above, I have on 02/12/2019 (date) 1439 hours (time) make a police report at Hougang NPC (Police Station/NPP/NPC)
In NP 168 – T/20191202/2067

On 02/12/2019 (date), 1439 hours (time) at Hougang NPC (Police Station/NPP/NPC), I make the following amendments to the above report;

Under details of person involved the Hospital is Mount Elizabeth Orchard, date of treatment is on 30/11/2019, date of discharge is on 30/11/2019, No. of Days granted Medical Leave is 5 days and the degree of injury is serious.
On the first paragragh of the report, the name of my wife is correctly spelled as Liew Cherrie and not Cherie Liew and the correct contact details should be H/P: 97394461.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: Sgt(2) T180212 Peter Goh
Date and Time	: 02/12/2019 1439hrs
Station Dairy No	: 82
Signature	:

HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
TEL: 1800-4890999

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	30/11/2019 16:02
Vehicle No.(For Motor)	FBP1202U	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107374368		ONG JUN WEI	S8510650C	GMC	Comprehensive	FBP1202U	FBP1202U	01/02/2019	03/02/2020

Continue

Claim Handling

Accident MT/1074486

Policy No.	5107374368	Vehicle No.	FBP1202U	GST Registration No.	
Certificate No.					
Policyholder Name	ONG JUN WEI			Policyholder NRIC	S8510650C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97394461	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	05/12/2019 15:34	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/11/2019	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CENTRAL 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	300.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 946 #02-159	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530946
Address 4		Address Type	Singapore address	Post Code	530946
Unit No.		Related Policy Number	5094724558-01		

OI Driver Info

Driver Name	Ong Jun Wei	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8510650C	Driver DOB	06/04/1985
Register Date of Driver License	01/01/2017	Driver Age	34	Driving Experience	2
Contact No.(Mobile)	97394461	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 946 #02-159	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530946
Address 4		Address Type	Singapore address	Post Code	530946
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG JUN WEI	Insured NRIC	S8510
Contact No.(Mobile)	97394461	Contact No. (Home)	67191048	Contact No. (Office)	
Email Address	junwei02@yahoo.com	OI Vehicle Number	FBP1202U	TP Vehicle Number	SLS14
Claim Description	FBP1202U / SLS1440P ON 30 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair No.					
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/12/2019 15:38	Claim Close Date		Date Received	05/12/
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1074486	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/12/2019 15:39

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:39	SAS		Normal	SAS 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:39	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:39	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Dec 2019 15:38	Photos		Normal	Photos 2019-12-5	

Video List

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