

NATIONAL Assessment Centre Services

Date In: 10/12/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19021786/13	SAS e-filing		
Veh No SLF95764	E-mail (w/ Inp. Slats. AP. 2hrs)		
D.O.A 09/12/19 2200	i-Motor Claim Form	MT/1075181 - 001	
OD <input checked="" type="radio"/> 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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: GBF3918C	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

NA1909265	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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:-		
	Q1*		
	*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	10/12/2019 17:01
Date Of Accident	09/12/2019 22:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY/MIDDLE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF9576Y
Insured/Policyholder	
Name Of Registered Owner	RABBIT CAR RENTAL PTE. LTD.
Co Reg No	201916547M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92211066
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5110778790
Cover Note Number	
Driver	
Name of Driver	LEONG XIA WEN
NRIC No	S8728497B
Date Of Birth	16/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98298521
Fax Number	
Contact Number	
E-Mail Address	LEONG.XIAWEN@GMAIL.COM

Address	21 ELLIOT ROAD
Postcode	458703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191210/2000

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3918C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD NUR ISKANDAR BIN MOKHTAR
NRIC/Passport Number	
Contact Number	86504340
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEONG XIA WEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF9576Y
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.
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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:

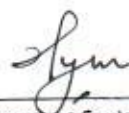
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



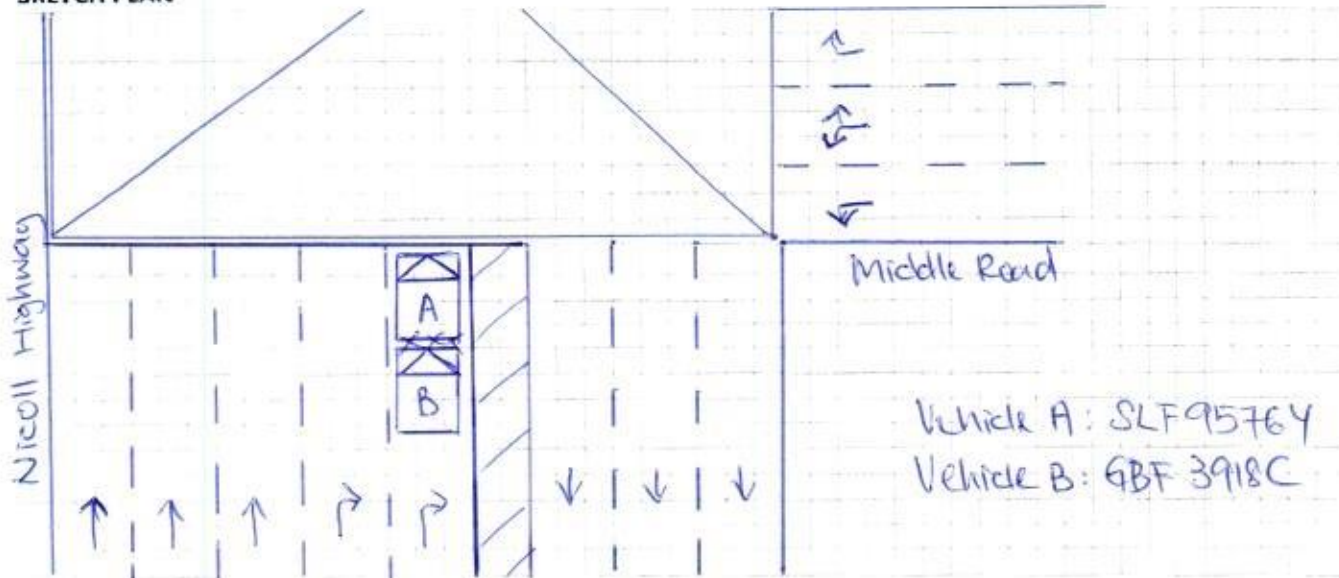
Driver's Signature
(If driver is not the policyholder)
Date & Time:



10/12/19

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

SKETCH PLAN



Vehicle A: SLF9576Y

Vehicle B: GBF 3918C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20191210/2000

DECLARATION

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



Policyholder's Signature

Date & Time:

[Handwritten Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Handwritten Signature] 10/12/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191210/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20191210/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 00:28	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LEONG XIA WEN			Address: 21 ELLIOT ROAD #04-02 SINGAPORE 458703		
ID Type / ID No.: NRIC NO / S8728497B			Contact No.: Home/Office: Mobile: 98298521		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 16/09/1987	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2019 22:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 NICOLL HIGHWAY MIDDLE ROAD Nicoll Highway towards Lau Pa Sat junction Middle Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Stopped Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3918C	Van	FIAT		White	Slightly Damaged	0
SLF9576Y	Car	HONDA	Vezel	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF9576Y	NTUC Income Insurance Co-Operative Limited	5110778790-000034	22/11/2019	21/11/2020



**SINGAPORE
POLICE FORCE**



T/20191210/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20191210/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NUR ISKANDAR BIN MOKHTAR	ID No.	S8708137J
Related Vehicle	GBF3918C (Van)	Contact No.	86504340
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEONG XIA WEN	ID No.	S8728497B
Related Vehicle	SLF9576Y (Car)	Contact No.	98298521
Hospital/Clinic	ACCESS MEDICAL (EAST COAST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	09/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/12/2019 @ 2251hrs, I was in my car, SLF9576Y, on lane 1 of Nicoll Highway (towards Lau Pa Sat) junction Middle Road. The traffic light was showing red and I was the first vehicle at the said traffic light, waiting to turn right into Middle Road. While waiting, I suddenly felt a hard impact coming from the rear of my car. I went down to check and realized that a van, GBF3918C, had collided onto the rear portion of my car. No one seems injured then thus we exchanged particulars and decided to settle the matter via insurance. I subsequently do not feel too well and went to see a doctor where I was given 3 days of medical leave. That's all.



**SINGAPORE
POLICE FORCE**



T/20191210/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20191210/2000

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~~:

G /

Sr Staff Sgt MOHAMMAD FADZLI BIN
JAMALUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

10/12/2019 00:28

Classification Of Case:

Authentication Stamp

NP168

Vehicle No.	SLF9576Y	Model / Make	Honda Vezel Hybrid
Date of Accident	9/12/2019		
Time of Accident	2200	HRS	
Location of Accident	Along Nicoll Highway / Middle Road		
Exact purpose use during accident	Work		
Name of Owner	Rabbit Car Rental Pte Ltd		
Telephone No.	H/P: 9221 1066	Home :	Office :
NRIC	201916547M		
Address	6001 Beach Rd, Golden Mile Tower #08-06 S(PP589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110778790-000034		
Name of Driver	As Above If No, Leong Xia Wen		
NRIC	88728497B	Any Passengers :	—
Date of birth	16/9/1987		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	10/7/2007		
Gender	Male	/	Female
Contact No.	H/P: 98298521	Home :	Office :
Address	21 Elliot Rd #04-02 S(458703)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Hired
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Leong Xia Wen 98298521		
Name And Contact No.			
Police Report	No,	If Yes, Where?	Bedok North NP
Vehicle B No.	GBF 3918C	Any Passengers :	—
Name of Driver	Muhammad Nur Iskandar	Contact No. :	86504340
Vehicle C No.	Bin Mokhtar	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	leong.xia.wen@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110778790-000034

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLF9576Y
Chassis Number : RU31208015
2. Name of Policyholder : RABBIT CAR RENTAL PTE. LTD.
3. Effective Date of Insurance : 22 Nov 2019
4. Expiry Date of Insurance : 21 Nov 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HAMILTON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS



I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 28 Jun 2019 11:54 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/1075181

Policy No.	5110778790	Vehicle No.	SLF9576Y	GST Registrat
Certificate No.	5110778790-000034			
Policyholder Name	RABBIT CAR RENTAL PTE. LTD.			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92211066	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 Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	11/12/2019 09:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/12/2019	Time of Accident hh:mm	22:00	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG NICOLL HIGHWAY/MIDDLE RD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 8 #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3
Address 4	SINGAPORE 575643	Address Type	Singapore address	Post Code
Unit No.	01-52	Related Policy Number	5114640840	

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEONG XIA WEN	Driver NRIC	58728497B	Driver DOB
Register Date of Driver License	10/11/2007	Driver Age	32	Driving Expe
Contact No.(Mobile)	982901521	Contact No.(Office)	0	Contact No.(I
Address 1	21 ELLIOT ROAD	Address 2	ELLIOT AT THE EAST COAST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	R
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	S
Claim Description	SLF9576Y / GBF3918C ON 9 Dec 2019		
Preferred Workshop Finalisation	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Date Registered	11/12/2019 09:45	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLINDA	GIA report	Received
Print AK letter		Claim Close Date	
		Workshop Repairer	

Save Submit

Attachment

Accident No.	MT/10751001	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	11/12/2019 09:00
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
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	SAS		Normal	!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 09:44	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	?
Display in New Window Scan and uploading			