

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MHA0001097

Date In: 21/1/05 16:47	Job description	Date & Time Completed	Done by
Ref No: NA/110200127/24	SAS e-filing		
Veh No: FX3805B	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 11/10-05	i-Motor Claim Form	21/1/05 16:54	
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: SKV21976	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

NA200081	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
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		
	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:-		
	Q1:		
QC Checked by (Engr-In-Charge):	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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	21/01/2020 16:43
Date Of Accident	01/01/2020 00:05
Exact Location Of Accident	LOYANG AVE TWDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7805B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARID BIN MOHAMAD SHAH
NRIC No	SXXXX641J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97420006
Alternative Phone No	OFFICE-97420006

Vehicle Particulars

Manufacturer	YAMAHA
Model	Y125Z
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5050887785-08
Cover Note Number	

Driver

Name of Driver	MUHAMMAD QAYYUM BIN ABDULRAFAL
NRIC No	SXXXX922J
Date Of Birth	10/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97577326
Fax Number	
Contact Number	OFFICE-97577326
Email Address	NOEMAIL

Address	BLK 497J TAMPINES STREET 45 #02-80
Postcode	527497
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200103/2046.

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	SKV2197G
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 MUHAMMAD QAYYUM BIN ABDULRAFAL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FX7805B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

X

Policyholder's Signature
Date & Time:

X

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

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

SKETCH PLAN

A - FX7805B

B - SKV 2197G

CONTACT

LOYALTY AVE

ILLEGAL U-TURN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report:

Report number

: T/20200103/2046

Vehicle A - FX7805B

Vehicle B - SKV 2197G

DECLARATION

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

X 

Policyholder's Signature


Date & Time:

X 

Driver's Signature

(if driver is not the policyholder)

Date & Time:

 Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Vehicle No.	FX7805B	Model / Make	YAMAHA Y125
Date of Accident	01-01-2020		
Time of Accident	0005HRS	HRS	
Location of Accident	JOYANG ME TOWARDS TAMANES		
Exact purpose use during accident	PERSONAL		
Name of Owner	MUHAMMAD FIKRI BIN MUHAMAD SHAH		
Telephone No.	H/P: 9742 0006	Home:	Office:
NRIC	S9300641J		
Address	416 TAMANES ST 41 #06-54 S(530416)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	M74C		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5050887745-06		
Name of Driver	As Above If No, MUHAMMAD QAYYUM BIN ABDULRAHMAN		
NRIC	S9007922J	Any Passengers: 0	
Date of birth	10-3-90		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	10-7-06		
Gender	Male / Female		
Contact No.	H/P: 97577326	Home:	Office:
Address	497J TAMANES ST 45 #02-80 S(537497)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state COUSIN	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who? MUHAMMAD QAYYUM BIN ABDULRAHMAN ^{is conveyed.}	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where? TRAFFIC POLICE	
Vehicle B No.	SKV 2197G	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		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			
Camera Recorder	(Yes) / No		
Email Address	MAYYUM90@GMAIL.COM		
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jacky		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		



SINGAPORE
POLICE FORCE



T/20200103/2046

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200103/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 12:37	Video Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: MUHAMMAD QAYYUM BIN ABDULRAFAL	Address: APT BLK 497J TAMPINES STREET 45 #02-80 SINGAPORE 527497	
ID Type / ID No.: NRIC NO / S9007922J	Contact No.: Home/Office:	Mobile: 97577326
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 29	Date of Birth: 10/03/1990
Type of Informant: Rider		
Race: Malay	Language:	Institution / School Name:
Occupation: AIRCRAFT TECHNICIAN	Driving Licence Information: Class: 2B,2A,2,3,4,5	
	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/01/2020 00:05	Type of Location: X-Junction
Location: Along Road 1 LOYANG AVENUE SHELL JUNCTION TOWARDS TAMPINES				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7805B	Motorcycle				Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20200103/2046

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No: T/20200103/2046

CONTINUATION OF REPORT

Brief Details.

At the above mention date time and location,

I was on my way home from work. I was travelling along Loyang avenue towards Tampines. I was at the most left lane when suddenly a car made and illegal U-turn I then collided with the car and was flung to the left and few minutes ambulance arrived.



SINGAPORE
POLICE FORCE



T/20200103/2046

3 of 3

Report No. T/20200103/2046

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:
TP /
SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/01/2020 12:37

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature: _____

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5050887785-08

Cover : Third Party

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FX7805B |
| Chassis Number | : PMYKE060030012130 |
| 2. Name of Policyholder | : MUHAMMAD FARID BIN MOHAMAD SHAH |
| 3. Effective Date of Insurance | : 01 Sep 2019 |
| 4. Expiry Date of Insurance | : 31 Aug 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- This Policy does not cover
- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD FARID BIN MOHAMAD SHAH
NAMED DRIVER (2)	: MUHAMMAD QAYYUM BIN ABDUL RAFAL
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
SUM INSURED	: N/A

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 : A S PHOON PTE LTD (00000571911)
Date of Issue : 28 Aug 2019 21:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, MAC_PAYA_UB1_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"/>	5050687785-06		MUHAMMAD FARID BIN MOHAMAD SHAH	593006413	GMC	Third Party	FX7805B	FX7805B	01/09/2019	01/08/2020

Policy Information

Policy No.	5050887785-08		Policyholder Name	MUHAMMAD FARID BIN MOHAM		Policyholder NRIC	S93006413	
Certificate No.								
Address	BLK 418 #06-54 TAMPINES STREET 41 SINGAPORE 520418							
Product Name	MOTORCYCLE INSURANCE		Plan			Group Policy Flag	N	
Policy Issue Date	28/08/2019		Effective Date	01/09/2019 00:00		Expiry Date	31/08/2020 23:59	
Excess Type	Per Accident		All Claims Excess					
Third Party Excess	0.0		Own damage Excess	0.0		Windscreen Excess		
Additional Excess			OS Premium	0				
Outside Singapore DD Excess			Outside Singapore TP Excess			Young/Inexperience Driver Excess		
Agent	A S PHOON FTE LTD		Agent Tel.	67470770		GST Flag	Y	
Co-insurance Flag	No							
Open Policy Info								
Certificate Info								

Policyholder Mailing Address

Address 1	BLK 418 #06-54		Address 2	TAMPINES STREET 41		Address 3	SINGAPORE 520418	
Address 4			Address Type	Singapore address		Post Code	520418	
Unit No.	02-09		Related Policy Number	5050887785-08				

Insured Object: FX7805B

Endorsements

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

Claim Handling

Accident REF:1067348

Policy No.	805087785-08	Vehicle No.	FX78008	GET Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD FARID BIN MOHAMAD SHARI	Owner Type	Third Party	Policyholder NRIC	88008415
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	87420008	Special Remark		Contact No. (Home)	0
First Address		TCR	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	
ETS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NGC Extension(s)	20	eCode Reason	
ACD (Insured)	No			Private Hire	No
<input checked="" type="checkbox"/> Accident Details					
Report Date	21/01/2020 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross over
Date of Accident	21/01/2020	Time of Accident (approx)	00:05	Country of Accident	Singapore
Reporting Centre		Orange Forks		ICR No.	
Accident Location	LOHENG AVS TWO'S TAMPERED				
<input checked="" type="checkbox"/> Total Excess Applicable					
Excess Type	Per Accident	Whichever Excess			
GD Standard Excess	0.00	TP Standard Excess	0.00	Driver Is Covered?	Not Covered
VEDD GI Excess	0.00	VEDD TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

☒ BENEFITS

<input checked="" type="checkbox"/> GET Registered Information	
GET Registered	No
GET Registration No.	
Modification History	
GET Registration Date	
GET Status Verified	Yes

☒ Policyholder Mailing Address

Address 1	BLK 418 K05-24	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 520418
Address 4		Address Type	Singapore address	Post Code	520418
Unit No.	02-05	Related Policy Number	805087785-08		

☒ GI Driver Info

Driver Name	MUHAMMAD QAYYUM BIN ABUL KARAL	Driver Type	Named Driver	Driver DOB	11/03/1990
Uninsured Driver Name		Driver NRIC	S90079320	Driving Experience	11
Register Date of Driver License	20/07/2000	Driver Age	29	Contact No. (Home)	0
Contact No. (Mobile)	91971326	Contact No. (Office)	0	Address 1	SINGAPORE 527497
Address 1	BLK 4377	Address 2	TAMPINES STREET 45	Address 3	
Address 4		Address Type	Singapore address	Post Code	527497
Unit No.	02-30				
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Insured/Insurer or Street Test Reading?	<input checked="" type="checkbox"/> No	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Modification History

Claim 001: [View](#)

Claim Type *	CO-PS	Insured Name	MUHAMMAD FARID BIN MOHAMAD	Insured NRIC	88008415
Contact No. (Mobile)	87420008	Contact No. (Home)	0	Contact No. (Office)	
Email Address	FARID1015@HOTMAIL.COM	Or vehicle Number	FX78008	TP vehicle Number	5672470
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FX78008 / 5672470 ON 1 Jan 2020				
Involved Workshop Contact No.		Involved Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Involved Repair Option	Preferred Workshop, Name unknown	GR Report	Received
Date Registered	21/01/2020 16:55	Claim Close Date		Date Received	21/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX With					

Attachment

<input checked="" type="checkbox"/>			
Accident No.	4071081348	Claim No.	301
Last Dm. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/01/2020 16:55
Path *		Category *	Confidential
	Browse	Open	Normal
	Browse	Open	Normal
	Browse	Open	Normal
	Browse	Open	Normal
	Browse	Open	Normal
	Browse	Open	Normal
	Browse	Open	Normal

☐ Send Package

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (Y/N)
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:55	NRIC Driving License	7	Normal	valid Driving License 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	SAS		Normal	SAS 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	
	NAC_PVIA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV (CES) on 21 Jan 2020 16:56	Photos		Normal	Photos 2020-1-21	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Storage in Risk detection		Scan and uploading