

NATIONAL Assessment Centre Services

(Ref: J2-V02)

Date In: 04/02/20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC20001894/13	E-mail (within 3hrs, A/C 2hrs):		
Veh No: SGK44376	i-Motor Claim Form: MT/1045685-003		
D.O.A: 22/05/19 0245	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	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:

SHB76046 INC () / Non-INC ()

Tel:

Owner / Driver: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

<p>NA2001047</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>In Bill</th> <th>Add Bill</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$50)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td>For claiming against INC Only (wef 10 Jan 2005)</td> <td></td> <td></td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idao DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>ON:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tp Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile 30</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>		Am't (\$)	Am't (\$)		In Bill	Add Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$50)			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: Idao DA + SMRT Survey \$160			8) NTUC Additional Services:-			ON:			*N5: Courtesy Car / Tp 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: Idao Mobile 30			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
	Am't (\$)	Am't (\$)																																																											
	In Bill	Add Bill																																																											
1) AR: Accident Reporting (\$30);																																																													
2) DA: Damage Assessment (\$100); INC (\$50)																																																													
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: Idao DA + SMRT Survey \$160																																																													
8) NTUC Additional Services:-																																																													
ON:																																																													
*N5: Courtesy Car / Tp 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: Idao 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 willful 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	04/02/2020 14:24
Date Of Accident	22/05/2019 02:45
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK4437G
Insured/Policyholder	
Name Of Registered Owner	AXON AUTOMOBILE
Co Reg No	5XXXX084K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97818050
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5107699753
Cover Note Number	
Driver	
Name of Driver	CHRISTOPHER ADRIAN CHIA HSIEN LOONG
NRIC No	SXXXX912C
Date Of Birth	06/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81113690
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 436 ANG MO KIO AVE 10 #12-1357
Postcode	560436
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	SIDE SWIPE
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT & POLICE REPORT THAT REPORT ON BEHALF OF THE DRIVER:F/20190614/2080

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	SHB7604G
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)

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:

30/01/2020

4.20pm

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

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

SKETCH PLAN

NO SKETCH AVAILABLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Dont Know How The Accident Happened. Called car from TP, car was in an atrocious state. Went to TP to check what happened, then realise car got into accident. Hired went missing, uncontactable, did not make accident reporting which has been briefed to him upon renting of the car. ~~Please~~

DECLARATION

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

Policyholder's Signature

Date & Time:

30/01/2020

4.20pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20190614/2080

1 of 2

POLICE REPORT (NP299)

Report No. F/20190614/2080

Police Station Of Origin
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Date/Time Report Made 14/06/2019 15:59		Vide Report No.		Station Diary No. 35	
Name Of Informant JOHNATHAN LAU		Address APT BLK 102 HOUGANG AVENUE 1 #07-1193 SINGAPORE 530102			
ID Type / ID No. NRIC NO / S9300489B		Contact No. Home/Office Mobile 97818050			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation self employed		Sex Male	Age 26	Date of Birth 08/01/1993	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 11/06/2019 15:00		Location Of Incident 102 HOUGANG AVENUE 1 #07-1193 HDB-HOUGANG SINGAPORE 530102			

Brief details.

On the 11/06/2019 at about 1500hrs, I received a letter from NTUC income stating a car (SGK4437G) which belongs to my rental company (AXON AutoMobile) was involved in a traffic accident and they have yet to receive any accident report regarding the car and they would not be able to handle the claims on my behalf. The person who rented the car is Christopher Adran Chia Hsien Loong (S7514912C, HP: 81113690).

Signature Of Officer Recording The Report: F / Sgt 2 GABRIEL LEE BO WENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 15:59
Officer In-Charge Of Case: F / Hougang N.P.C / SI MOHAMMED ABDILLAH BIN ABU BAKAR Contact No.: 64890999	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190614/2080

As he was the one who rented the car and got into the accident, he failed to make an accident report with NTUC Income within 48hrs thus NTUC Income was unable to process the insurance.

I would like to state that my company would not be liable for the driver's actions as stated in the rental agreement. I am making this police report for my own record purposes as I will be submitting this report to NTUC Income for the insurance process.

Signature Of Officer Recording The Report:

F / Sgt 2 GABRIEL LEE BO WENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI MOHAMMED ABDILLAH BIN ABU BAKAR
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
14/06/2019 15:59

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 05 / 2019) (DD/MM/YYYY), TIME: (02 : 45) (HH:MM)

LOCATION: Ang Mo Kio Avenue 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK4437G
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5107699753
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CIVIC 1.8A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: AXON AUTOMOBILE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 533820841C CONTACT: 97818050
c) ADDRESS: Blk 102 Honggang Avenue 1 #07-1193 553002

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Christopher Adrian Chia Hsien Loong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB7604G MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

30/01/20

waiting for
witness stamp

no photos

only scene photo

Email =

fax =

video =

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: 5107699753 | Cover : Third Party, Fire & Theft |
| 1. Index mark and Registration Number of Vehicle | : SGK4437G |
| Chassis Number | : FD11008323 |
| 2. Name of Policyholder | : AXON AUTOMOBILE |
| 3. Effective Date of Insurance | : 21 Feb 2019 |
| 4. Expiry Date of Insurance | : 20 Feb 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE LIMITED
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 21 Feb 2019 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1045685

Policy No.	5107699753	Vehicle No.	SGK4437G	GST Registra
Certificate No.				
Policyholder Name	AXON AUTOMOBILE			Policyholder f
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	N/A	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	23/05/2019 11:51	Accident Report Within 24 hrs	Yes	Accident Typo
Date of Accident	22/05/2019	Time of Accident hh:mm	02:45	Country of At
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	AND MO KIO AVENUE 3			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Cov
Additional Excess				
Total OD Excess Applicable	0.00	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 102 #07-1103	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-1103	Related Policy Number	5107699753	

OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	Driver DOB
Register Date of Driver License		Driver Age	Driving Exper
Contact No.(Mobile)		Contact No.(Office)	Contact No.(I
Address 1		Address 2	Address 3
Address 4		Address Type	Foreign address
Unit No.			Post Code
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	Driver Insure

Modification History

Claim 003 OD-MX New

Claim Type	OD-MX	Insured Name	A
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	S
Claim Description	SGK4437G / SHB ON 22 May 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			04/02/2020 18:06
			Claim Close Date
			ROSLINDA
			Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.

MT/1045885

Claim No.

003

Last Doc. Received

Yes

No

Upload Date

04/02/2020 00:00

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 04 Feb 2020 18:05

NRIC/ Driving License

Y

Normal

NRIC/ D




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

NRIC/ Driving License

Y

Normal

NRIC/ D




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

NRIC/ Driving License

Y

Normal


NRIC/ D



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

SAS

Normal




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

Photos

Normal

I




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

Photos

Normal

I




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

Photos

Normal

I




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:05

Photos

Normal

I



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Feb 2020 18:04

Photos

Normal

I

Video List

Uploaded By/Date

Folder Date

File Name

?

Display in New Window

Scan and uploading