

NATIONAL Assessment Centre Services

Ref: J3103

Date In: 14/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20002591/13	SAS e-filing		
Veh No: SLU79368	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/02/20 1830	I-Motor Claim Form	MT/1084540	-001
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: SBS88057	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

NA2001353	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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 / Tpl 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 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	14/02/2020 12:05
Date Of Accident	11/02/2020 18:30
Exact Location Of Accident	NEW UPP CHANGI RD TWDS BEDOK INTERCHANGE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU7936B
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88588862
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
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	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	5112801747
Cover Note Number	
Driver	
Name of Driver	YANG WEIWEN
NRIC No	SXXXX310G
Date Of Birth	22/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97772411
Fax Number	
Contact Number	
E-Mail Address	WEIWEN2212@GMAIL.COM

Address	BLK 54 PIPIT RD #02-68
Postcode	370054
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	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200211/2125 & T/20200214/2034

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8805T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	YANG WEIWEN
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SLU7936B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

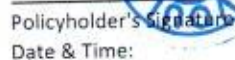
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACHED

Pls refer to the police report: T/20200211/2125
T/20200214/2034

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



Driver's Signature _____ 14/02/20.
(If driver is not the policyholder)
Date & Time:

 14/02/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Google Maps New Upper Changi Rd



Image capture: Apr 2019 © 2020 Google

Singapore

 Google

Street View



NEW UPP CHANGI RD
TWDS BEDOK INTERCHANGE

A - SLU7936B
B - SBS8805T



SINGAPORE POLICE FORCE



T/20200211/2125

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200211/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 20:16	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: YANG WEIWEN			Address: APT BLK 54 PIPIT ROAD #02-68 SINGAPORE 370054	
ID Type / ID No.: NRIC NO / S8341310G			Contact No.: Home/Office:	Mobile: 97772411
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 22/12/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD HEADING TOWARDS BEDOK INTERCHANGE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8805T	Bus/Coach/Minibus					0
SLU7936B	Car				Slightly Damaged	2

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200211/2125

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200211/2125

CONTINUATION OF REPORT

Driver				
Name	YANG WEIWEN		ID No.	S8341310G
Related Vehicle	SLU7936B (Car)		Contact No.	97772411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 11/02/2020 at around 1830hrs, I was driving my vehicle, registration number: SLU7936B on the 2nd lane of a 3-lane road along New Upper Changi Road. I was on my way to Bedok Interchange. As I was approaching near one bustop, (bustop number): 84021 I saw that there was one bus, registration number: SBS8805T had signaled that he had wanted to enter my lane from the bus lane, which as the 3rd lane. I had stopped my vehicle to allow the bus to change lane.

However, as the bus moved forward, it came in contact with the front left portion of my vehicle. There is some paint marks on the front left side of my vehicle. There is also scratches on the left side mirror. I wish to state there is no persons who is injured.



**SINGAPORE
POLICE FORCE**



T/20200211/2125

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20200211/2125

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 /
Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168
MacPherson NPP
Block 54 Pipit Road
#01-82/84 Singapore 370054
Tel: 1800-7449999

Signature Of Informant:

Date/Time:
11/02/2020 20:16

Classification Of Case:



T/20200214/2034

1 of 3

Report No. T/20200214/2034

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20200211/2125

Report Number T/20200214/2034

Vide Report Number

Date/Time of Report Made 14/02/2020 11:32

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant YANG WEIWEN

ID Type / ID No. NRIC NO / S8341310G

Home/Office

Mobile 97772411

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 11/02/2020 18:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8805T	Bus/Coach/Minibus					0
SLU7936B	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20200214/2034

2 of 3

Report No. T/20200214/2034

Continuation of CSF For NP168

Driver			
Name	YANG WEIWEN	ID No.	S8341310G
Related Vehicle	SLU7936B (Car)	Contact No.	97772411
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

Brief Facts.

I WISH TO AMMEND IN MY REPORT THAT I FELT SOME PAIN IN MY NECK AND LOWER BACK REGION AND WENT TO SEE A DOCTOR A DAY AFTER THE ACCIDENT AND WAS GIVEN 3 DAYS OF MCS FOR IT.

ON 11/02/2020 AT AROUND 1830HRS, I WAS DRIVING MY VEHICLE, REGISTRATION NUMBER SLU7936B ON THE 2ND LANE OF A 3-LANE ROAD ALONG NEW UPPER CHANGI ROAD. I WAS ON MY WAY TO BEDOK INTERCHANGE. AS I WAS APPROACHING NEAR ONE BUS STOP(BUS STOP NUMBER):84021, I SAW THAT THERE WAS ONE BUS REGISTRATION NUMBER: SBS8805T HAD SIGNALLED THAT HE WANTED TO ENTER MY LANE FROM THE BUS LANE, WHICH AS THE THIRD LANE. I HAD STOPPED MY VEHICLE TO ALLOW THE BUS TO CHANGE LANES. HOWEVER, AS THE BUS MOVED FORWARD, IT CAME IN CONTACT WITH THE FRONT LEFT PORTION OF MY VEHICLE. THERE IS SOME PAINT MARKS ON THE FRONT LEFT SIDE OF MY VEHICLE. THEE IS ALSO SCRATCHES ON THE LEFT SIDE MIRROR, I WISH TO STATE THAT THERE IS NO PERSONS WHO IS INJURED.

THAT IS ALL



T/20200214/2034

3 of 3

Report No. T/20200214/2034

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / JUREMAH BINTE AHMAD
Classification of Case	1) INJURY / OTHERS

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: 5112801747-000032

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLU7936B**
Chassis Number : GB71049252
2. Name of Policyholder : VOULEZ CARS
3. Effective Date of Insurance : 25 Sep 2019
4. Expiry Date of Insurance : 24 Sep 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\$1,500
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	: TAI THONG LEE TRADING (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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 20 Sep 2019 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1084540

Policy No.	5112801747	Vehicle No.	SLU7936B	GST Registr
Certificate No.	5112801747-000032			Policyholder I
Policyholder Name	VOULEZ CARS	Cover Type	drive CLASSIC	Loading
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Contact No.(I
Contact No.(Mobile)	88588862	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire
NCD Protection	No			
▼ Accident Details				
Report Date	17/02/2020 10:24	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	11/02/2020	Time of Accident hh:mm	18:30	Country of A
Reporting Centre		Orange Force		ICM No.
Accident Location	NEW UPP CHANGI RD TWDS BEDOK INTERCHANGE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	Driver is Covi
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	0.00			
Total OD Excess Applicable	1,500.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		Yes
GST Registration No.		GST Status Verified		
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-908	Related Policy Number	5112801747	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	YANG WEIWEN	Driver NRIC	SXXXX310G	Driving Exper
Register Date of Driver License	26/03/2007	Driver Age	36	Contact No.(I
Contact No.(Mobile)	97772411	Contact No.(Office)	0	Address 3
Address 1	BLK 54	Address 2	PIPIIT ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#02-68			Driver Insure
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	91449265	Contact No. (Home)	
Email Address		Of Vehicle Number	
Claim Description	SLU7936B / SBS8805T ON 11 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			
		17/02/2020 10:31	Claim Close Date
		ROSINDA	Workshop Repairer

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1084540
☒ Yes ☐ No

Claim No.
Upload Date

001
17/02/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

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Category *

Please Select

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Confidi

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:30	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:29	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:29	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:29	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:29	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:29	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:29	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div>	<div>Scan and uploading</div>