

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MHA 20026124

Date In: 28/1/20	Job description	Date & Time Completed	Done by
Ref No: HAI/INC 20003319/24	SAS e-filing		
Veh No: 57X 71V64	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 27/1/20 17:40	i-Motor Claim Form	M/1086148 31	28/1/20 11:18
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: ABC74264	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% P: 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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD* *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	28/02/2020 10:58
Date Of Accident	27/02/2020 17:40
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7146Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG YIWEN JOANNE
NRIC No	SXXXX195Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81013289
Alternative Phone No	OFFICE-81013289

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3 GLI A
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116430244
Cover Note Number	

### Driver

Name of Driver	ONG YIWEN, JOANNE
NRIC No	SXXXX195Z
Date Of Birth	05/06/1989
Occupation	INDOOR
Date Of Driving Pass	24/03/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81013289
Fax Number	
Contact Number	OFFICE-81013289
EMail Address	NOEMAIL

Address	BLK 616 HOUGANG AVENUE 8 #02-376
Postcode	530616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - 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)	3
Passenger 1	NAME: : ONG EE ANN GENDER: : MALE
Passenger 2	NAME: : CHAN SIEW YONG GENDER: : FEMALE

#### 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/20200227/7044.

#### 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	GBC7426U
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG YONG LUANG



NRIC/Passport Number	SXXXX146H
Contact Number	97359195
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ONG YIWEN, JOANNE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX7146Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	ONG EE ANN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX7146Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	CHAN SIEW YONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX7146Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



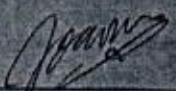
## SKETCH PLAN

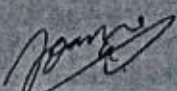
### IMPORTANT NOTICE

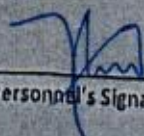
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.:



A-SIX714617

B-68C7426C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 27/02/2020 Accident Time: 5.40 PM (24-HR-Format)  
Accident Place : UPP PAYALEBAR TOWARD PAYA LEBAR ROAD  
Vehicle Reg. No. (Car Plate No.) : SIX 7146Y  
Vehicle Make/Model : HONDA JAZZ  
Insurance Company : NTUC Policy No. 5116430244  
Owner or Company Name / IC No. : ONG YI WEN, JOANNE S8918195Z  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 81013289 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 05 JUNE 1989 DRIVER'S License Pass Date 24 MAR 2012  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : B1K 616 HOUGANG AVENUE 8 #02-376 S530616  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Joanne Ong 89 @ yahoo.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 03 02 FEMALE 01 MALE  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBC 7426U  
Vehicle Make/Model: Toyota Dyna  
Name Driver: ONG YONG LIANG  
IC No. Driver: S9513141H  
Driver's Contact & Add: 97359195

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20200227/7044

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

1 of 4

Report No. T/20200227/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/02/2020 22:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG YIWEN, JOANNE			Address: APT BLK 616 HOUGANG AVENUE 8 #02-376 SINGAPORE 530616		
ID Type / ID No.: NRIC NO / S8918195Z			Contact No.: Home/Office: Mobile: 81013289		
Nationality: SINGAPORE CITIZEN			Email: joanne_ong89@yahoo.com		
Sex: Female	Age: 30	Date of Birth: 05/06/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/02/2020 17:40	Type of Location: Straight Road
Location:  UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7426U	Lorry					0
SJX7146Y	Car	HONDA	JAZZ 1.3 GLI A	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX7146Y	NTUC Income Insurance Co-Operative Limited	5116430244	26/02/2020	25/02/2021





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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG YIWEN, JOANNE	ID No.	S8918195Z
Related Vehicle	SJX7146Y (Car)	Contact No.	81013289
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/02/2020	Date Discharge	27/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	CHAN SIEW YONG	ID No.	S1610001C
Related Vehicle	SJX7146Y (Car)	Contact No.	81824487
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/02/2020	Date Discharge	27/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	ONG EE ANN	ID No.	S1635880J
Related Vehicle	SJX7146Y (Car)	Contact No.	86922866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/02/2020	Date Discharge	27/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

At the date stated date and time, I was driving my vehicle bearing number SJX7146Y along upper Paya Lebar road towards Paya Lebar with my parents. I came to a traffic light junction and came to a complete stop as it's was a red light. All of a sudden a vehicle bearing GBC7426U hit me from the rear and pushed my vehicle forward. While the traffic light is still in Red. We felt unwell after the accident and went to consult a doctor and was given 5 days of medical leave.





**SINGAPORE  
POLICE FORCE**



T/20200227/7044

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

3 of 4

Report No. T/20200227/7044

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20200227/7044

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

4 of 4

Report No. T/20200227/7044

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
27/02/2020 22:35

Classification Of Case:

Authentication Stamp

NP168



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

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"/>	5116430244		ONG YIWEN JOANNE	S8918195Z	GPC	Third Party	SJX7146Y	SJX7146Y	26/02/2020	25/02/2021



### Policy Information

Policy No.	5116430244	Policyholder Name	ONG YIWEN JOANNE	Policyholder NRIC	S8918195Z
Certificate No.					
Address	BLK 616 #02-376 HOUGANG AVENUE 8 SINGAPORE 530616				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/02/2020	Effective Date	26/02/2020 00:00	Expiry Date	25/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	993.99		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CH INSURANCE AGENCY PTE. L1	Agent Tel.	98781682	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 616 #02-376	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530616
Address 4		Address Type	Singapore address	Post Code	530616
Unit No.	02-376	Related Policy Number	5116430244		

Insured Object: SJX7146Y

### Endorsements

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



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1086148

Policy No.	S116430244	Vehicle No.	SIX7146Y	GST Registration No.	
Certificate No.					
Policyholder Name	ONG YIWEN JOANNE			Policyholder NRIC	S8918195Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81013289	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	28/02/2020 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/02/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	URP PAYA LEBAR RD TWDS PAYA LEBAR RD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 616 #02-376	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530616
Address 4		Address Type	Singapore address	Post Code	530616
Unit No.	02-376	Related Policy Number	S116430244		

## ▼ OI Driver Info

Driver Name	ONG YIWEN JOANNE	Driver Type	Main Driver	Driver DOB	05/06/1989
Unnamed driver Name		Driver NRIC	S8918195Z	Driving Experience	7
Register Date of Driver License	24/03/2012	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	81013289	Contact No.(Office)	0	Address 3	SINGAPORE 530616
Address 1	BLK 616	Address 2	HOUGANG AVENUE 8	Post Code	530616
Address 4		Address Type	Singapore address		
Unit No.	02-376				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 **Next**

Claim Type *	CO-MX	Insured Name	ONG YIWEN JOANNE	Insured NRIC	S8918195Z
Contact No.(Mobile)	98781662	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SIX7146Y	TP Vehicle Number	GBC7426U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIX7146Y / GBC7426U ON 27 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/02/2020 11:18	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1086148	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2020 11:19

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	



Please Select

### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:18	SAS	Normal	SAS 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:18	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 28 Feb 2020 11:18	Photos	Normal	Photos 2020-2-28	
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Uploaded By/Date	Folder Date	File Name	Source	Actor
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