

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MHA003516

Date In: 14/3/2015 15:24	Job description	Date & Time Completed	Done by
Ref No: MHA/INC 2000426/24	SAS e-filing		
Veh No: JK2665A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/3/2015 21:05	i-Motor Claim Form	M7/1088924-001	14/3/2015 16:28
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: 622112C

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

MHA200250

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

1) AR: Accident Reporting (\$30);		
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:-		
ON*		
*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 \$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	19/03/2020 15:29
Date Of Accident	18/03/2020 21:05
Exact Location Of Accident	BLK 205 BEDOK HAWKER CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6665A
Insured/Policyholder	
Name Of Registered Owner	CHIN ZHI PING EUGENE
NRIC No	SXXXX175D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96848711
Alternative Phone No	OFFICE-96848711

Vehicle Particulars

Manufacturer	MINI
Model	COOPER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116735422
Cover Note Number	

Driver

Name of Driver	WU YIMIN
NRIC No	SXXXX334Z
Date Of Birth	22/10/1992
Occupation	INDOOR
Date Of Driving Pass	24/03/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88229292
Fax Number	
Contact Number	OFFICE-88229292
EEmail Address	NOEMAIL

Address	65 SIMEI RISE #09-69
Postcode	528796
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	GZ2112C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 18/03/2020 (DD/MM/YY) Time: 21:05 (HH:MM)
Exact location of accident	BK 205 Bedok Hawker compound Exit.

Details of vehicle

Vehicle registration number	SKZ 665 A
Vehicle make and model	Mini Cooper
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	CHIN ZHI PING EUGENE	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	88331175D	
Contact	9684 8711	
Address	BK 165B YUNG KUANG ROAD #12-38 S(612163)	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	WU YIMIN	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S92433342	
Contact	8822 9292	
Address	BK 65 SIMEI RISE #09-69 S(528796)	
Email address		
Date of birth	22-10-1992	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	24 MAR 2011	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	GZ 212 C

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116735422

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKZ6665A**
 Chassis Number : WMWXN320002A90334
2. Name of Policyholder : CHIN ZHI PING EUGENE
3. Effective Date of Insurance : 18 Mar 2020
4. Expiry Date of Insurance : 17 Mar 2021
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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: CHIN ZHI PING, EUGENE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 18 Mar 2020 14:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/03/2020 21:05"/>							
Vehicle No. (For Motor)	<input type="text" value="SKZ6665A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116735422		CHIN ZHI PING EUGENE	S8331175D	GPC	drive CLASSIC	SKZ6665A	SKZ6665A	18/03/2020	17/03/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5116735422	Policyholder Name	CHIN ZHI PING EUGENE	Policyholder NRIC	S8331175D
Certificate No.					
Address	BLK 625 #02-157 JURONG WEST ST 61 SINGAPORE 640625				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/03/2020	Effective Date	18/03/2020 00:00	Expiry Date	17/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	1456.59		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 165B #12-38	Address 2	YUNG KUANG ROAD	Address 3	YUNG KUANG COURT
Address 4	SINGAPORE 612165	Address Type	Singapore address	Post Code	612165
Unit No.	12-38	Related Policy Number	5116735422		

Insured Object: SKZ6665A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1088924

Policy No.	5116735422	Vehicle No.	SKZ6665A	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN ZHI PING EUGENE			Policyholder NRIC	S8331175D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96848711	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<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	19/03/2020 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/03/2020	Time of Accident hh:mm	21:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 205 BEDOK HAWKER CARPARK EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DO Standard Excess	600.00	TP Standard Excess	0.00		
YIED DO Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total DO Excess Applicable	1100.00	Total TP Excess Applicable			

▼ 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 165B #12-38	Address 2	YUNG KUANG ROAD	Address 3	YUNG KUANG COURT
Address 4	SINGAPORE 612165	Address Type	Singapore address	Post Code	612165
Unit No.	12-38	Related Policy Number	5116735422		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WU YIMIN	Driver NRIC	SXXXX334Z	Driver DOB	22/10/1992
Register Date of Driver License	24/03/2011	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	88229292	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	65 SEMEI RISE	Address 2	SAVANNAH CONDO PARK	Address 3	SINGAPORE 528796
Address 4	SINGAPORE 612165	Address Type	Singapore address	Post Code	528796
Unit No.	09-09				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIN ZHI PING EUGENE	Insured NRIC	S8331175D
Contact No.(Mobile)		Contact No.(Home)	3160582	Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ6665A	TP Vehicle Number	GZ2112C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKZ6665A / GZ2112C ON 18 Mar 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	19/03/2020 16:38	Claim Close Date		Date Received	19/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1088924	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2020 16:40

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:40	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:40	SAS	Normal	SAS 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 16:39	Photos	Normal	Photos 2020-3-19	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				