

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 12003645

Date In: 25/3/12-1:22	Job description	Date & Time Completed	Done by
Ref No: MNA/INC 2004477/24	SAS e-filing		
Veh No: PD 79487	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/3/12-12:35	i-Motor Claim Form	MNA/1089540-22	25/3/12 12:29
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: 61W40916

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

## Invoice Preparation Checklist

Amt (\$) In Bill

Amt (\$) Add Bill

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:-

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:



## 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	25/03/2020 11:22
Date Of Accident	24/03/2020 17:35
Exact Location Of Accident	BUKIT BATOK WEST AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7948T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI
NRIC No	SXXXX803D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91892291
Alternative Phone No	OFFICE-91892291

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116551855
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI
NRIC No	SXXXX803D
Date Of Birth	18/07/1991
Occupation	INDOOR
Date Of Driving Pass	23/12/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91892291
Fax Number	
Contact Number	OFFICE-91892291
Email Address	NOEMAIL

Address	BLK 438B BUKIT BATOK WEST AVENUE 8 #02-1037
Postcode	652438
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 - MAJOR/MINOR RD
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200325/7003.

#### 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	SGW4091G
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ7948T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**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:

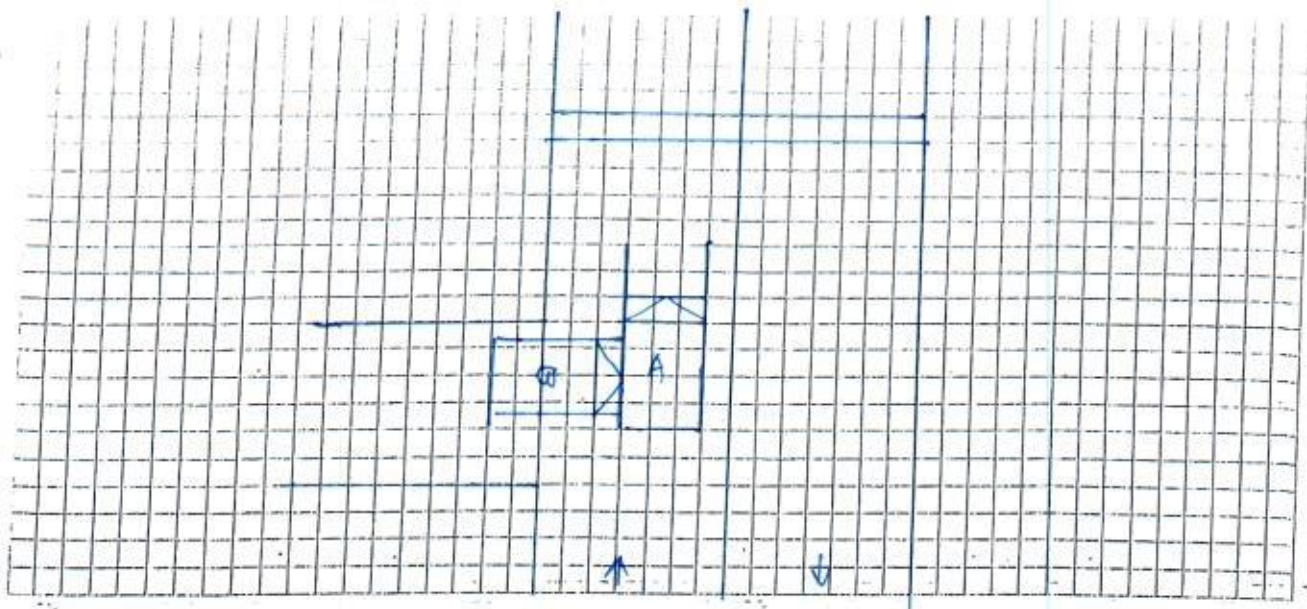
\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Vehicle A:

FBJ7948T

Vehicle B:

SGW4091G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/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 : 24/03/2020 Accident Time: 1735Hrs (24-HR-Format)  
Accident Place Along : Bukit Batok West Ave 8  
Vehicle Reg. No. (Car Plate No.) : FBJ79487  
Vehicle Make/Model Diaggio : Gilera ST200  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Muhammad Lukman Hakim Bin Mohamed Juhari  
Owner or Company Contact No. : 91892291 Owner's Hp \_\_\_\_\_ Company Tel (591248030)  
DRIVER'S Name / IC No. : Muhammad Lukman Hakim Bin Mohamed Juhari  
DRIVER'S Date Of Birth : 18/07/1991 DRIVER'S License Pass Date 09/11/2017  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : B1E 438B Bukit Batok West Ave 8 #02-1037  
DRIVER'S Contact No. / Alt No. : 1) 91892291 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
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): 01 \* Injuries 3 Days .  
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: <u>SGW40919</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Toyota <del>Land</del> Altis</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



# SINGAPORE POLICE FORCE



T/20200325/7003

1 of 3

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

Report No. T/20200325/7003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2020 10:27	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI			Address: APT BLK 438B BUKIT BATOK WEST AVENUE 8 #02-1037 SINGAPORE 652438	
ID Type / ID No.: NRIC NO / S9124803D			Contact No.: Home/Office: Mobile: 91892291	
Nationality: SINGAPORE CITIZEN			Email: lukmanhakimbmj@gmail.com	
Sex: Male	Age: 28	Date of Birth: 18/07/1991	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2020 17:35	Type of Location: Straight Road
Location:  BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7948T	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White	Seriously Damaged	0
SGW4091G	Car	TOYOTA	ALTIS	Red	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7948T	NTUC Income Insurance Co-Operative Limited	5116551855	04/03/2020	03/03/2021





**SINGAPORE  
POLICE FORCE**



T/20200325/7003

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

2 of 3

Report No. T/20200325/7003

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI	ID No.	S9124803D
Related Vehicle	FBJ7948T (Motorcycle)	Contact No.	91892291
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	24/03/2020	Date Discharge	24/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER FBJ7948T ON BUKIT BATOK WEST AVE 8. AS THE TRAFFIC LIGHT TURNED RED, I SLOWED DOWN WITH INTENTION TO STOP AT THE TRAFFIC LIGHT, SUDDENLY I FELT AN IMPACT FROM THE LEFT HAND SIDE. MY BIKE AND I FELL ON THE RIGHT. I WAS CONSCIOUS AT THE MOMENT, IN WHICH I UNDERSTOOD THAT VEHICLE B BEARING CARPLATE NUMBER SGW4091G WAS EXITING THE CARPARK ON THE SIDE WITH HIGH SPEED. I WISH TO STATE THAT I WAS ONLY TRAVELLING AT ABOUT 10-20KM/H AND DID NOT SEE WHERE THE VEHICLE IS COMING FROM. I WOULD ALSO LIKE TO INCLUDE THAT THE DRIVER OF THE OTHER VEHICLE INITIATED A PRIVATE SETTLEMENT AND ADMITTED FAULT, RESULTED IN US DISMISSING HELP FROM THE TRAFFIC POLICE, BUT LATER AT NIGHT SHE CALLED ME TO TELL ME THAT SHE'LL NOT OPT IN FOR PRIVATE SETTLEMENT AFTER SOME DISCUSSIONS WITH HER SPOUSE. AMBULANCE WAS ON SCENE BUT I WAS NOT CONVEYED. I FELT PAIN ON MY KNEE AND SUFFERED MULTIPLE ABRASIONS ON SEVERAL PARTS OF MY BODY (LIMB ETC) WHICH I THEN CONSULTED A DOCTOR AND WAS GIVEN A



**SINGAPORE  
POLICE FORCE**



T/20200325/7003

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

3 of 3

Report No. T/20200325/7003

**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 /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

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

Date/Time:  
25/03/2020 10:27

Classification Of Case:



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" value="5116551855"/>	Date of Accident	<input type="text" value="24/03/2020 17:35"/>							
Vehicle No. (For Motor)	<input type="text" value="FBJ7948T"/>	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"/>	5116551855		MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI	S9124803D	GMC	Third Party	FBJ7948T	FBJ7948T	04/03/2020	03/03/2021
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5116551855	Policyholder Name	MUHAMMAD LUKMAN HAKIM BII	Policyholder NRIC	S9124803D
Certificate No.					
Address	BLK 438B #02-1037 BUKIT BATOK WEST AVENUE 8 WEST EDGE @ BUKIT BATOK SINGAPORE 652438				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/03/2020	Effective Date	04/03/2020 00:00	Expiry Date	03/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 438B #02-1037	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652438	Address Type	Singapore address	Post Code	652438
Unit No.		Related Policy Number	5116551855		

## Insured Object: FBJ7948T

## Endorsements

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



## Claim Handling

Accident MT/1089540

Policy No.	S116551855	Vehicle No.	FB7948T	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI			Policyholder NRIC	S9124803D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91892291	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	10
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	25/03/2020 12:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	24/03/2020	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 8				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
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 438B #02-1037	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652438	Address Type	Singapore address	Post Code	652438
Unit No.		Related Policy Number	S116551855		

## OI Driver Info

Driver Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9124803D	Driver DOB	18/07/1991
Register Date of Driver License	23/12/2009	Driver Age	28	Driving Experience	10
Contact No.(Mobile)	91892291	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 438B	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652438	Address Type	Singapore address	Post Code	652438
Unit No.	02-1037				
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 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI	Insured NRIC	S9124803D
Contact No.(Mobile)	91892291	Contact No.(Home)		Contact No.(Office)	
Email Address	LUKMANHAKIMBINMOHAMEDJU@GMAIL.COM	OI Vehicle Number	FB7948T	TP Vehicle Number	SGW4091G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FB7948T / SGW4091G ON 24 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	25/03/2020 12:29	Claim Close Date		Date Received	25/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1089540	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/03/2020 12:32

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <span>Browse...</span> <span>Clear</span>	Please Select	<input type="text"/>	Normal	
<input type="text"/> <span>Browse...</span> <span>Clear</span>	Please Select	<input type="text"/>	Normal	
<input type="text"/> <span>Browse...</span> <span>Clear</span>	Please Select	<input type="text"/>	Normal	
<input type="text"/> <span>Browse...</span> <span>Clear</span>	Please Select	<input type="text"/>	Normal	
<input type="text"/> <span>Browse...</span> <span>Clear</span>	Please Select	<input type="text"/>	Normal	

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:32	SAS	Normal	SAS 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:31	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2020 12:30	Photos	Normal	Photos 2020-3-25	

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"/>				