

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA 12004495

Date In: 5/5/20-14:14	Job description	Date & Time Completed	Done by
Ref No: N9/INC 12005564/24	SAS e-filing		
Veh No: 530-4484P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/3/20-18:42	i-Motor Claim Form	N7/1088900-002	5/5/20 16:27
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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	QJ*:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	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	05/05/2020 16:14
Date Of Accident	17/03/2020 18:40
Exact Location Of Accident	UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4484P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY KIM SONG
NRIC No	SXXXX468E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614988
Alternative Phone No	OFFICE-90614988

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	REPORTING ONLY
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	5113795275
Cover Note Number	

### Driver

Name of Driver	TAY CHOON HAO
NRIC No	SXXXX842I
Date Of Birth	20/08/1997
Occupation	INDOOR
Date Of Driving Pass	02/05/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399010
Fax Number	
Contact Number	OFFICE-92399010
Email Address	NOEMAIL

Address	BLK 8 LORONG 33 GEYLANG #04-02
Postcode	387977
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200413/2052.

#### Attachment(s)

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



## 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


No sketch Plan available.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2220413/2052.

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 03 / 2020) (DD/MM/YYYY), TIME: (18 : 40) (HH:MM)

LOCATION: UPPER PAYA LEBAR ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ3 4484P  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 51137 A5245  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA WISH  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: MEETING FRIEND  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: TAY KIM SONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1806405E CONTACT: 910614488  
 c) ADDRESS: 8 LORONG 33 SIMS MENDAW #0402  
S387977

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TAY KIM SONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S19288422 CONTACT: 92399010  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (20 / 03 / 1992) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 3

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Geylang HPC

## 8. THIRD PARTY VEHICLE

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

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (Including driver)  
(1)

\* No of passengers  
 (Including driver)  
( )

\* No of passengers  
 (Including driver)  
( )

Email = Trevor.Tay.92@gmail.com

fax =

VIDEO = X



**SINGAPORE  
POLICE FORCE**



T/20200413/2052

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20200413/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/04/2020 17:09		Vide Report No.:		Station Diary No.: 89	
<b>Informant's Particulars</b>					
Name of Informant: TAY CHOON HAO			Address: 8 LORONG 33 GEYLANG #04-02 SINGAPORE 387977		
ID Type / ID No.: NRIC NO / S97288421			Contact No.: Home/Office: Mobile: 92399010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 20/08/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2020 18:40	Type of Location:
Location: Along Road 1 UPPER PAYA LEBAR ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ4484P	Car	TOYOTA	WISH 1.8 CVT	Silver		0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200413/2052

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3

Report No. T/20200413/2052

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAY CHOON HAO		ID No.	S9728842I
Related Vehicle	SJJ4484P (Car)		Contact No.	92399010
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 13/04/2020, my father, Tay Kim Song, received a letter from Traffic Police, instructing him to lodge a Traffic Accident Report for an accident that occurred on 17/03/2020 at 1840hrs. As I was driving the vehicle on the said date and time, I am lodging this report instead.

On the stated date at 1850hrs, I left my residence, 8 Lor 33 Geylang at 1850hrs and was along Upper Paya Lebar Road at about 1900hrs to 1910hrs. I do not recall getting into any accident with any other vehicles. I did however recall an incident where a vehicle in front of me abruptly jammed his brakes. The driver had exited his vehicle to make a check however as I was able to react on time and come to a stop, the said driver then signaled and waved to me and subsequently drove off. That is all.





**SINGAPORE  
POLICE FORCE**



T/20200413/2052

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No. 1800-8486999

3 of 3

Report No. T/20200413/2052

**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 /

Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/04/2020 17:09

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

## 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: 5113795275

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SJJ4484P**  
Chassis Number : JTDGG20W80J008030
2. Name of Policyholder : TAY KIM SONG
3. Effective Date of Insurance : 17 Nov 2019
4. Expiry Date of Insurance : 16 Nov 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 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)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: TAY KIM SONG
NAMED DRIVER (1)	: TAY CHOON HAO
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)  
Date of Issue : 04 Nov 2019 17:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

   
Lorong 27 Geylang, Singapore 388178  
Tel: 6841 0900 (23-HR SERVICE)  
HP: 9785 0900 Fax: 6841 1721



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"/>	5113795275		TAY KIM SONG	S1806468E	GPC	drive PREMIUM	SJ14484P	SJ14484P	17/11/2019	16/11/2020

## Claim Handling

Accident MT/1088900

Policy No.	S113795275	Vehicle No.	SJ14484P	GST Registration No.	
Certificate No.					
Policyholder Name	TAY KIM SONG	Cover Type	drive PREMIUM	Policyholder NRIC	S1805468E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="71"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	19/03/2020 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/03/2020	Time of Accident (h:mm)	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER PAYA LEBAR ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
<b>Benefits</b>					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

## Policyholder Mailing Address

Address 1	8 LORONG 33 GEYLANG	Address 2	#04-02 SOMS MEADOWS	Address 3	SINGAPORE 387977
Address 4		Address Type	Singapore address	Post Code	387977
Unit No.		Related Policy Number	S113795275		

## DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver Licence		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 3		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-PK	Insured Name	TAY KIM SONG	Insured NRIC	S1805468E
Contact No.(Mobile)	90614968	Contact No.(Home)	68446283	Contact No.(Office)	
Email Address		DI Vehicle Number	SJ14484P	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJ14484P ON 17 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	05/05/2020 16:27	Claim Close Date		Date Received	05/05/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					













Save Submit

## Attachment

Accident No.	MT/1088900	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/05/2020 16:29		
Path *					
Browse...	Clear	Category *	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	<input type="text" value="71"/>	Normal	
Browse...	Clear	Please Select	<input type="text" value="71"/>	Normal	
Browse...	Clear	Please Select	<input type="text" value="71"/>	Normal	
Browse...	Clear	Please Select	<input type="text" value="71"/>	Normal	
Browse...	Clear	Please Select	<input type="text" value="71"/>	Normal	
Browse...	Clear	Please Select	<input type="text" value="71"/>	Normal	
<input type="checkbox"/> Send Message					



Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Mtg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	SAS		Normal	SAS 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:28	Photos		Normal	Photos 2020-5-5	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
		Display in New Window	Scan and uploading			