

NATIONAL Assessment Centre Services. [part 1 Jan 2009] MWA 120045563-01

Date In	11/15/20	11:53	Job description	Date & Time Completed	Done by
Ref No	NALINC 20005636.164		SAS e-filing		
Veh No	SL5 4408P		E-mail (within 3hrs, AIC 2hrs)		
ICCA	10/15/20	14:25	I-Motor Claim Form	MT/1092534 ⁰⁰¹	12/15/20 09:22.
IP	<input checked="" type="checkbox"/> Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:			I-Photo Uploaded		
			Assessment/Survey Report		
			Ass't Report by Fax / Hand to Owner/Wk312		

Profund Wksp / INC Assign Wksp / QW: (Tel:	Fax:
IP Particulars:	Veh No: SJJ 3160E	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 repolrer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Reminders:	(INC 100000 6700 4616)	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

Client's Particulars:	MWA 2002874
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
Part 1:	
Part 2:	

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30):	30.00	
2) DA: Damage Assessment (\$100): INC (\$10)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2009)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
Q1:		
• N5: Courtesy Car / Tpt Allowance	\$5	
• N6: Repair Coordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao 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	11/05/2020 11:53
Date Of Accident	10/05/2020 14:25
Exact Location Of Accident	YIO CHU KANG RD TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4408P
Insured/Policyholder	
Name Of Registered Owner	LIM HWA HENG
NRIC No	SXXXX289Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90669555
Alternative Phone No	OFFICE-90669555

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	5110591631
Cover Note Number	

Driver

Name of Driver	LIM PEI TING SHEENA
NRIC No	SXXXX186I
Date Of Birth	20/04/1994
Occupation	INDOOR
Date Of Driving Pass	10/02/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97514050
Fax Number	
Contact Number	
EMail Address	SHEENALPT@HOTMAIL.COM

Address	23 FERNVALE LANE #05-32
Postcode	797501
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
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:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ3160E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED ROSLY BIN MOHAMED SALLEH
NRIC/Passport Number	SXXXX631A
Contact Number	90090357
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM PEI TING SHEENA

Approximate Age

Injuries Sustain NECK, BACK, ARMS, SHOULDER

Injured person in which vehicle? SLS4408P

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.
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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:

11/05/2020
11.12am

Driver's Signature

(If driver is not the policyholder)

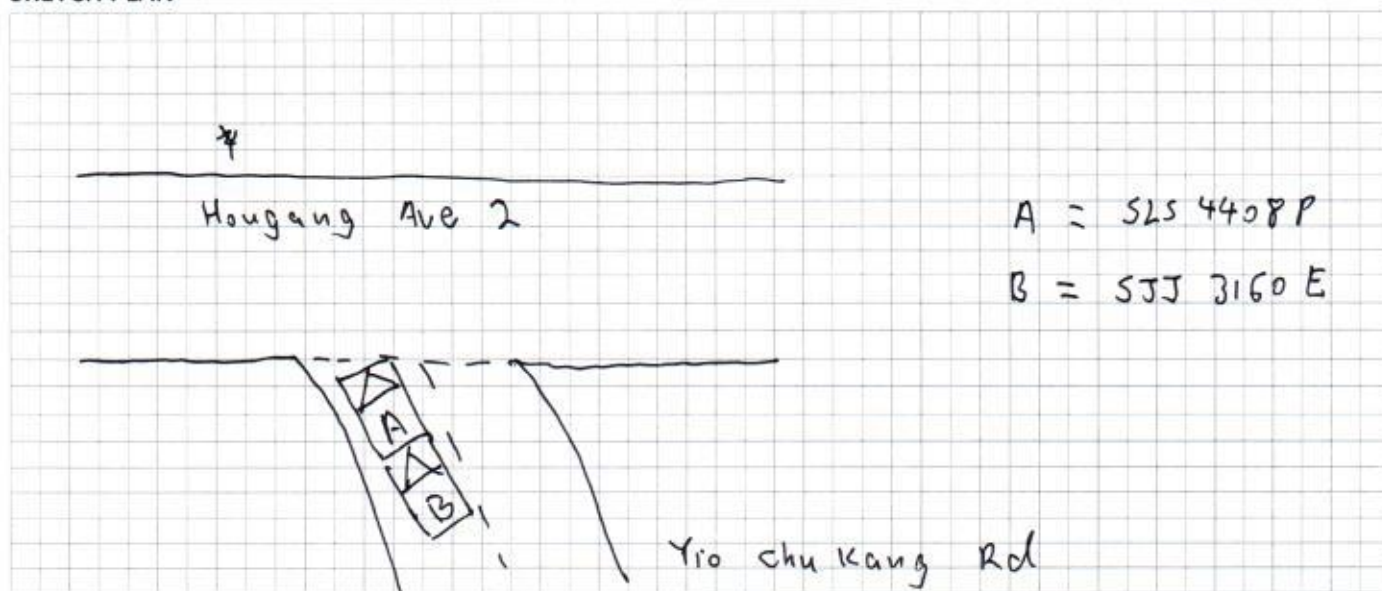
Date & Time: 11 May 2020
11:12am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Yio Chu Kang road, towards Hongang Ave 2 at the left filter lane. I was the first car ~~in~~ at the left filter lane, waiting to filter out to the main road when an oncoming vehicle (SJJ 3160E, driver: Mohamed Rosly Bin Mohamed Salleh) in a blue Honda Fit hit me from the back. The hit pushed my car forward, out of the left filter lane / out of the double white dotted line. It was a clear day without rain. Incident happened on 10 May 2020 Sun @ around 11:25 pm.

DECLARATION

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

Policyholder's Signature
Date & Time: 11/05/2020 11:12am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11 May 2020 11:12am

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA120045563 Vehicle Registration No: SL5 4408P

Name (as shown in NRIC) : Lim Pei Ting Sheena NRIC/FIN/Passport No : SXXXX186I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 97514050

Email Address : _____

Date of Accident : 10/5/20 Time of Accident : 14:25

Place of Accident : Yio Chu Kang Rd twos Hougang Ave 2

Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report T/20200511/7030

Policyholder / Driver's Signature

Date:

13/05/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

13/5/20.



**SINGAPORE
POLICE FORCE**



T/20200511/7030

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

1 of 3

Report No. T/20200511/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2020 23:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM PEI TING SHEENA			Address: 23 FERNVALE LANE #05-32 SINGAPORE 797501		
ID Type / ID No.: NRIC NO / S9414186I			Contact No.: Home/Office: Mobile: 97514050		
Nationality: SINGAPORE CITIZEN			Email: sheenalpt@hotmail.com		
Sex: Female	Age: 26	Date of Birth: 20/04/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: RECRUITER			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2020 14:25	Type of Location: Left filter lane
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ3160E	Car	HONDA	Fit	Blue	Seriously Damaged	0
SLS4408P	Car					0

Details of Person Involved

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



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

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ROSLY BIN MOHAMED SALLEH	ID No.	S7435631A
Related Vehicle	SJJ3160E (Car)	Contact No.	90090357
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM PEI TING SHEENA	ID No.	S9414186I
Related Vehicle	SLS4408P (Car)	Contact No.	97514050
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	11/05/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I (driver of SLS4408P) was in the left filter lane from yio chu kang road towards hougang ave 2. I was stationary while waiting for the traffic to be clear to get onto the main road when a blue Honda Fit (SJJ3160E) crashed into me from behind. It propelled me forward and I hit on my steering wheel and windscreen.

Note to I.O. Please provide means to collect photos and video clip as the file size is too big. Thank you.



**SINGAPORE
POLICE FORCE**



T/20200511/7030

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

3 of 3

Report No. T/20200511/7030

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:

11/05/2020 23:48

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 05 / 2020) (DD/MM/YYYY), TIME: (14:25) (HH:MM)

LOCATION: Along Yio Chu Kang Road towards Hengang Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 4408P
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5110591631
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Mazda 3
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Buy food
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: LIM HWA HENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1507289/E CONTACT: 90669555
c) ADDRESS: 22 Fernvale Lane, The Topiary, #05-32 s(797501)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Lim Pei Ting Sheena (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S944186/I CONTACT: 97514050
c) ADDRESS: 22 Fernvale Lane, The Topiary, #05-32 s(797501)

*d) DATE OF BIRTH: (20 / 04 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING: PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) Neck, Back, Arms, Shoulder

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

IF YES, PLEASE STATE WHICH POLICE STATION: Hengang Neighbourhood Police Station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STJ 8160E MODEL: Honda Fit
b) DRIVER'S NAME: Mohamed Rosly Bin Mohamed Salleh
c) NRIC/FIN/PASSPORT: 874 25 631 A CONTACT: 9009 0357

9. THIRD PARTY VEHICLE

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

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

motorcar2garage@gmail.com

1) EMAIL : sheenalpt@hotmail.com

2) VIDEO : Haveaf Retrieval

NOTICE OF COMPLIANCE

This is to confirm that LIM PEI TING SHEENA (HP: 97514050) NRIC no. S9414186I, has reported to the Police on a non-injury traffic accident which occurred along Yio Chu Kang road, left turn into Hougang Avenue 2 on 10/05/2020 at about 1425hrs involving the following vehicles: SLS4408P (Informant's vehicle) & SJJ3160E belonging to MOHAMED ROSLY BIN MOHAMED SALLEH S7435631A HP: 90090357.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.



LIM PEI TING SHEENA

Date: 10/05/2020

S/D: 48

Police Post/Unit: Hougang NPC



HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 536775
TEL: 1800-4890999

Name of Issuing Officer: SSGT T120242 Md Helmi

Original	- to be issued to informant
Duplicate	- to be retained at police post or unit

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="11/05/2020 11:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLS4408P"/>	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 checked="" type="radio"/>	5110591631		LIM HWA HENG	S1507289Z	GPC	drivo PREMIUM	SLS4408P	SLS4408P	28/07/2019	27/07/2020

Claim Handling

Accident MT/1092534

Policy No.	5110591631	Vehicle No.	SLS4408P	GST Registrati
Certificate No.				
Policyholder Name	LIM HWA HENG			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	90669555	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	12/05/2020 09:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/05/2020	Time of Accident hh:mm	14:25	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	YIO CHU KANG RD TWDS HOUGANG AVE 2			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99
Excess Waiver	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	23 FERNVALE LANE	Address 2	#05-32 THE TOPIARY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-32	Related Policy Number	5110591631	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM PEI TING SHEENA	Driver NRIC	SXXXX1861	Driver DOB
Register Date of Driver License	10/02/2014	Driver Age	26	Driving Experi
Contact No.(Mobile)	97514050	Contact No.(Office)		Contact No.(Hi
Address 1	23 FERNVALE LANE	Address 2	#05-32 THE TOPIARY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-32			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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	LIM
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SLS
Claim Description	SLS4408P / SJJ3160E ON 10 May 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/05/2020 09:21	Claim Close Date	
Report Taken By	SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1092534 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 12/05/2020 09:22

Path *

Category *

Confider

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen


Clear

Please Select ▼

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:22	Photos	Normal	Ph

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading