

NATIONAL Assessment Centre Services			
Date In: 14/05/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005729/13	SAS e-filing		
Veh No: CB7608E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/05/20 0930	i-Motor Claim Form	MT/1092684-001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SMM5780B	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:	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 (\$)	Am't (\$)
		Est. Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/n INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	14/05/2020 11:11
Date Of Accident	13/05/2020 09:30
Exact Location Of Accident	ALONG BARTLEY RD EAST TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7608E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE POH GUAN
NRIC No	SXXXX885B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81894188
Alternative Phone No	OTHERS-97640053

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072755255-04
Cover Note Number	

### Driver

Name of Driver	LINA NG MUI LENG
NRIC No	SXXXX423F
Date Of Birth	12/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97640053
Fax Number	
Contact Number	
EMail Address	MIYUKILINA@HOTMAIL.COM

Address	BLK 158 TAMPINES ST 12 #04-65
Postcode	521158
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
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	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200513/2071

#### 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	SMM5780B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI CHYE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LINA NG MUI LENG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? CB7608E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name LEE WEI CHYE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SMM5780B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

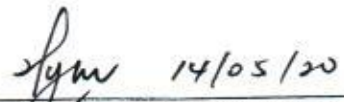
x



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.:

ALONG BARTLEY RD EAST  
TOWDS TAMPAINES AVE 10

Refer to police report

Report NO: T/20200513/2071

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

2. g

Q.

Sign 14/05/20

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





**SINGAPORE  
POLICE FORCE**



T/20200513/2071

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No: T/20200513/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/05/2020 21:20		Vide Report No.: G/20200513/0085		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: LINA NG MUI LENG			Address: APT BLK 158 TAMPINES STREET 12 #04-65 SINGAPORE 521158		
ID Type / ID No.: NRIC NO / S1646423F			Contact No.: Home/Office: Mobile: 97640053		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 12/02/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2020 09:30	Type of Location: Straight Road
Location:  BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7608E	Bus/Coach/Mi nibus				Slightly Damaged	0
SMM5780B	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200513/2071

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20200513/2071

**CONTINUATION OF REPORT**

Driver			
Name	LINA NG MUI LENG	ID No.	S1646423F
Related Vehicle	CB7608E (Bus/Coach/Minibus)	Contact No.	97640053
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2020	Date Discharge	13/05/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On the about mentioned date, time and place. I was driving my mini school bus car plate number: CB7608E along Bartley Road East toward Tampines Ave 10 at lane number 3, suddenly I spotted a silver Volvo car plate number: SMM5780B from my right mirror speeding towards my lane from lane number 2.

He then lost control and banged onto my vehicle rear right bumper, the impact sent my vehicle toward the left fencing, however I took control of the steering wheel and turned it back toward the right before coming to a complete stop.

The Volvo driver car was also damaged on the passenger side, I immediately informed my boss as regards to this incident, he came down to the scene and called for the traffic police as well as the ambulance. We were both injured after the incident and was conveyed to the hospital by ambulance.

After the incident I felt dizzy, and was given 2 days MC.

I am lodging this report as instructed by the traffic police attended the scene.





SINGAPORE  
POLICE FORCE



T/20200513/2071

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No. T/20200513/2071

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 1 CHEW JUN JIE JAYSON

*Jayson*

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

13/05/2020 21:20

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

*Jayson*

SIGNATURE

<b>Vehicle No.</b>	CB7608E	<b>Model / Make</b>	Toyota Hiace
<b>Date of Accident</b>	13/5/2020		
<b>Time of Accident</b>	0930	<b>HRS</b>	
<b>Location of Accident</b>	Along Bartley Road East towards Tampines Avenue 10		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Lee Poh Guan		
<b>Telephone No.</b>	H/P: 81894188	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7146885B		
<b>Address</b>	BLK 440 Tampines Street 43 #04-193 S(520440)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5072755255-04		
<b>Name of Driver</b>	As Above If No, Ling Ng Mui Leng		
<b>NRIC</b>	S1646423F	<b>Any Passengers :</b>	-
<b>Date of birth</b>	12/2/1964		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	28/11/1986		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 97640053	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 158 Tampines Street 12 #04-65 S(521158)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	SJS3970L
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	Ling Ng Mui Leng 97640053		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	Changkat NPP
<b>Vehicle B No.</b>	SMM5780B	<b>Any Passengers :</b>	-
<b>Name of Driver</b>	Lee Wei Chye	<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	I right	<b>Witness Contact :</b>	
<b>Accident Portion</b>	Left portion and rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	miyukilina@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



## 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 : 5072755255-04

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle  | Cover : Comprehensive |
| Chassis Number  | CB7608E               |
| 2. Name of Policyholder   | KDH2230024146         |
| 3. Effective Date of Insurance  | LEE FOH GUAN          |
| 4. Expiry Date of Insurance   | 14 Jul 2019           |
| 5. Persons or Classes of Persons entitled to drive*   | 13 Jul 2020           |
| (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 the carriage of passengers in connection with the Policyholder's business.  |                       |
| (b) Limited to carry 14 passengers  |                       |

### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

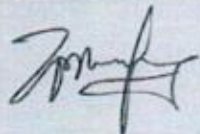
\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
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)

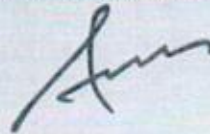
Agency : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)  
Date of Issue : 10 Jun 2019 09:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Accident MT/1092684

Policy No.	5072755255-04	Vehicle No.	CB7608E	GST Registration No.	
Certificate No.					
Policyholder Name	LEE POH GUAN			Policyholder NRIC	57146885B
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81894188	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	14/05/2020 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	13/05/2020	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BARTLEY RD EAST TWD\$ TAMPINES AVE 10				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00		

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 440 #04-103	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520440
Unit No.		Related Policy Number	5051947833-08		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LINA NG MUJ LENG	Driver NRIC	SXXXX423F	Driver DOB	12/02/1964
Register Date of Driver License	09/06/1998	Driver Age	56	Driving Experience	21
Contact No.(Mobile)	97640053	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 158	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	521158
Unit No.	#04-65				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	No Yes
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LEE POH GUAN	In Nf
Contact No.(Mobile)	81894188	Contact No. (Home)	87619931	Co Nc (O
Email Address		01 Vehicle Number	CB7608E	Ve Nc
Claim Description	CB7608E / SMM5780B ON 13 May 2020			Nc Pr Wk
Preferred Workshop		Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			14/05/2020 15:33	Claim Close Date
Report Taken By			ROSLINDA	Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1092684	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/05/2020 00:00
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal



Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

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Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	SAS		Normal	SAS 2020-5-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	Photos		Normal	Photos 2020-5-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	Photos		Normal	Photos 2020-5-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	Photos		Normal	Photos 2020-5-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	Photos		Normal	Photos 2020-5-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:33	Photos		Normal	Photos 2020-5-14
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