

# NATIONAL Assessment Centre Services

[Ref: 2007076/13]

Date In: 07/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20007076/13	SAS e-filing		
Veh No: SJN3341D	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 06/07/20 1200	I-Motor Claim Form	MT/1096302-001	
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: PEDESTRIAN	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

NA2003575	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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 (Non INC) against INC \$20		
	9) N12: Idno 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	07/07/2020 14:36
Date Of Accident	06/07/2020 12:00
Exact Location Of Accident	JUNC OF BUKIT BATOK ST 21 & BUKIT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN3341D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHALOM PARTNERS
Co Reg No	5XXXX935X
Email Address	DKTZ.BC@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97711667
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ISIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086826767-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	KHONG TEE ZOE
NRIC No	SXXXX178D
Date Of Birth	22/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1984
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97711667
Fax Number	
Contact Number	
EMail Address	DKTZ.BC@GMAIL.COM

Address	BLK 511 PASIR RIS ST 52 #15-131
Postcode	510511
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	COLLIDED INTO PEDESTRIAN
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### 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
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

PLS REFER TO THE POLICE REPORT: T/20200706/2065

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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 UNKNOWN  
Approximate Age  
Injuries Sustain SLIGHT(PEDESTRIAN)  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
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.

*David*



*[Signature]*

07/07/20

Policyholder's Signature

Date & Time: 7/7/20

Driver's Signature

(If driver is not the policyholder)

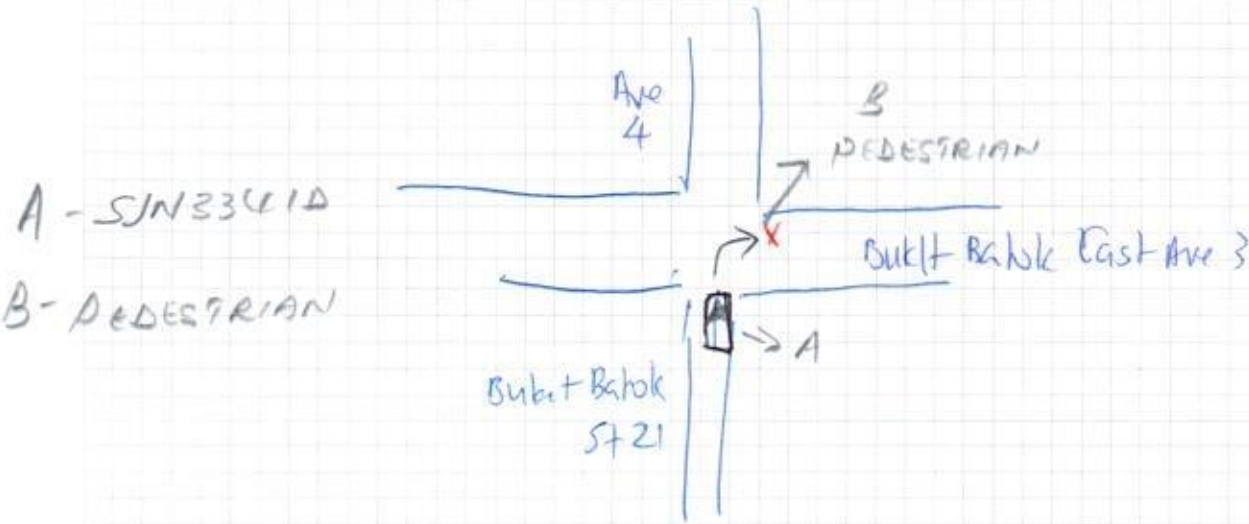
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20200706/2065

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 7/7/20



Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 07/07/20

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 : MNA120057596 Vehicle Registration No: SJN3341D  
Name (as shown in NRIC) : KHONG TEE ZOE NRIC/FIN/Passport No : SXXXX178D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 511 PASIR RIS ST 52 #15-131 Singapore( 510511)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97711667  
Email Address : \_\_\_\_\_  
Date of Accident : 06/07/2020 Time of Accident : 12:00  
Place of Accident : JUNC OF BUKIT BATOK ST 21 & BUKIT BATOK EAST AVE 3  
Insurance Company: MSIG

**(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 NAME OF INSURANCE COMPANY SHOULD BE NTUC.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 07/07/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



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

Report No. T/20200706/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 15:58	Vide Report No.: D/20200706/0057	Station Diary No.:
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Informant's Particulars				
Name of Informant: KHONG TEE ZOE		Address: 511 PASIR RIS STREET 52 #15-131 SINGAPORE 510511		
ID Type / ID No.: NRIC NO / S1543178D		Contact No.: Home/Office: Mobile: 97711667		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 58	Date of Birth: 22/03/1962	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/07/2020 12:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK STREET 21 BUKIT BATOK EAST AVENUE 3 TRAVELLING ALONG BUKIT BATOK STREET 21 TURN RIGHT TO BUKIT BATOK EAST AVENUE 3				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3341D	Car	TOYOTA	ISIS 1.8LX A			1

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20200706/2065

CONTINUATION OF REPORT

Driver				
Name	KHONG TEE ZOE		ID No.	S1543178D
Related Vehicle	SJN3341D (Car)		Contact No.	97711667
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
Pedestrian				
Name	TAN LIAN NI		ID No.	S0146577E
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		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

**Brief Details.**

ON STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG BUKIT BATOK STREET 21 TOWARDS BUKIT BATOK EAST AVENUE 3. UPON ARRIVAL AT THE JUNCTION, I WAITED FOR TRAFFIC LIGHT TO TURN GREEN SO THAT I COULD TURN RIGHT TO BUKIT BATOK EAST AVENUE 3. WHEN I WAS ABOUT TO TURN RIGHT, THERE WAS A PEDESTRIAN WALKING ACROSS THE PEDESTRIAN CROSSING. I WAS NOT MANAGED TO STOP MY CAR (SJN3341D) BECAUSE THE DISTANCE BETWEEN MY CAR AND THE PEDESTRIAN WAS TOO NEAR. AFTER THAT, I KNOCKED DOWN THE PEDESTRIAN. I TRIED TO CALL AN AMBULANCE FOR HER BUT SHE REFUSED. I DECIDED TO FETCH HER TO NG TENG FONG HOSPITAL. THEREFORE, I CAME TO TPHQ AND LODGED A TRAFFIC ACCIDENT REPORT. THAT'S ALL.

IO IN CHARGE: IO PHUA



SINGAPORE  
POLICE FORCE



T/20200706/2065

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

3 of 3

Report No. T/20200706/2065

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:  
TP /  
ONG PENG HUA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
06/07/2020 15:58

Classification Of Case:

Stamp: SINGAPORE POLICE FORCE  
Handwritten signature: Jha



# ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 7 / 2020) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: JUNCTION DUKET BATAK ST 21 & EAST AVE 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 33410  
b) INSURANCE COMPANY: NMC  
c) POLICY NUMBER: 5086826767-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA ISIS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
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: KHONG TEL-208 (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1543780 CONTACT: 97711667  
c) ADDRESS: B1K 511 STREET 52 #15-131

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

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (22 / 03 / 1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: TP UBI

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PEDESTRIAN 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 passenger  
(including driver)  
(2)

MALE

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = dktz.bc@gmail.com

fax =

VIDEO = yes - TP

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

06/07/2020 12:00

Vehicle No.(For Motor)

SJN3341D

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086826767-03		SHALOM PARTNERS	53278935X	GPC	Third Party	SJN3341D	SJN3341D	11/02/2020	10/02/2021

Continue



Claim Handling

Accident MT/1096302

Policy No.	5086826767-03	Vehicle No.	SJN3341D	GST Registration No.	
Certificate No.					
Policyholder Name	SHALOM PARTNERS			Policyholder NRIC	53279133X
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	87711667	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	80	Private Hire	Yes

Accident Details

Report Date	07/07/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collided into
Date of Accident	06/07/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	J/NC OF BUKIT BATOK ST 31 & BUKIT BATOK EAST AVE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	07/07/2020 16:37:31 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 511 #15-131	Address 2	PASIR RIS STREET 52	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510511
Unit No.	#02-112	Related Policy Number	5086826767-03		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KHONG, TFF, ZUI	Driver NRIC	S1543178D	Driver DOB	22/03/1986
Register Date of Driver License	10/02/1994	Driver Age	58	Driving Experience	36
Contact No.(Mobile)	87711667	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 511	Address 2	PASIR RIS STREET 52	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510511
Unit No.	#15-131				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SHALOM PARTNERS	In-nt
Contact No.(Mobile)		Contact No. (Home)		Co-nc
Email Address		OT Vehicle Number	SJN3341D	TP-ve
Claim Description	SJN3341D / PEDESTRIAN ON 6 Jul 2020			No-Pr
Preferred Workshop		Insured Liability	Partially at Fault	Wh
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	07/07/2020 16:40	Dz-Re
		Workshop Repairer	ROSLINDA	To-bu

Print AK letter

Attachment

Accident No.	MT/1096302	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/07/2020 00:00
Path *		Category *	
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO

Choose FileNo file chosen

Choose FileNo file chosen







Choose FileNo file chosen

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:40	SAS		Normal	SAS 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:39	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:39	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:39	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 16:38	Photos		Normal	Photos 2020-7-7

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	