

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNAV 0061351**

Date In: <b>21/7/2010 10:45</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA114C200749824</b>	SAS e-filing		
Veh No: <b>60722076</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>18/7/2010 11:00</b>	i-Motor Claim Form	<b>17/10/2010 10:55</b>	
OD / TP / <u>Reporting Only</u>	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: **1M680384**

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

<b>NA200749</b>	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile \$0		
Dat 2 / 3:	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	21/07/2020 10:43
Date Of Accident	18/07/2020 21:00
Exact Location Of Accident	BLK 761A BEDOK RESERVOIR VIEW MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2207G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR
Co Reg No	3XXXX800C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96670127
Alternative Phone No	OFFICE-96670127

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	REPORTING ONLY
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	5117036464
Cover Note Number	

### Driver

Name of Driver	LEE CHYE HOE
NRIC No	SXXXX062E
Date Of Birth	21/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98117482
Fax Number	
Contact Number	OFFICE-98117482
EEmail Address	NOEMAIL



Address	BLK 762 BEDOK RESERVOIR VIEW #14-303
Postcode	470762
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	COLLIDED INTO PARKED VEHICLE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200720/2001.

#### 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	SML8038Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	



Nature Of Damage

No. Of Passenger (Including Driver)

0



## 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.

和原設計及裝修工程  
HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR  
28 DEFU LANE 4 SINGAPORE 534241  
NDB LICENCE NO. HB-03-030011  
MR LEE CHYE GUAN (C. 91166X91) (SOLE PROPRIETOR)

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

A: GBT2076  
B: JML50384

↓ Reversed

T A T  
B

Site 76A Bedok Reservoir  
view multi-story carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2020720/201.

DECLARATION

We declare the foregoing particulars are true in every respect.

HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR  
28 DEFU LANE 4 SINGAPORE 530424  
HDB LICENCE NO: HB-03-03003  
MR LEE CHYE GUAN I.C. S11605654 (SOLE PROPRIETOR)

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: ( 8/7/20 ) (DD/MM/YYYY), TIME: ( 21:00 ) (HH:MM)

LOCATION: Bloc 761A Bedok Reservoir New multi-story car park

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB52707A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 517036464  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Hoe Guan Design & Renovation Contracts (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96670177  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98117482  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

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

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JML8088Y 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: \_\_\_\_\_

Email =

Fax =

Video =





# SINGAPORE POLICE FORCE



T/20200720/2001

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20200720/2001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2020 00:44	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: LEE CHYE HOE	Address: APT BLK 762 BEDOK RESERVOIR VIEW #14-303 SINGAPORE 470762		
ID Type / ID No.: NRIC NO / S1106062E	Contact No.: Home/Office: Mobile: 98117482		
Nationality: SINGAPORE CITIZEN	Email: leechyehoe55@gmail.com		
Sex: Male	Age: 65	Date of Birth: 21/01/1955	Type of Informant: Driver
Race: Chinese	Language: Mandarin		Institution / School Name:
Occupation: Carpenter	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2020 21:00	Type of Location: Car Park
Location: Along Road 1 BEDOK RESERVOIR VIEW 761A Multi-storey Carpark				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2207G	Lorry				No Damage	0
SML8038Y		SUBARU			Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200720/2001

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20200720/2001

**CONTINUATION OF REPORT**

Driver			
Name	LEE CHYE HOE	ID No.	S1106062E
Related Vehicle	GBJ2207G (Lorry)	Contact No.	98117482
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 18/07/2020 at about 2100hrs, I had wanted to park my lorry GBJ2207G at the first floor of the multi-storey carpark. However, I miscalculated the distance and I had accidentally collided into the vehicle parked in the next lot, SML8038Y, a grey Subaru. I made a check and I saw that there are damages on the rear right door of the vehicle.

I wish to state that I did not know what to do and I went back home. I did not leave a note on the car.

I then told my family members about it, and I was advised by my family to come forward to report the matter.





**SINGAPORE  
POLICE FORCE**



T/20200720/2001

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20200720/2001

**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 /

SI NURUL HUDA BINTE HASHIM

Signature Of Interpreter:

Lee Xing Wei /

S8711378G

Officer In Charge Of Case:

TP / HRT /

SI TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

*Lee*

Date/Time:

20/07/2020 00:44

Classification Of Case:

Authentication Stamp

NP168

*[Signature]*



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UB1\_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="18/07/2020 21:00"/>							
Vehicle No. (For Motor)	<input type="text" value="GBJ2207G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117036464		HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR	35554800C	GCV	Comprehensive	GBJ2207G	GBJ2207G	02/04/2020	01/04/2021
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5117036464	Policyholder Name	HOE GUAN DESIGN & GENERAL	Policyholder NRIC	35554800C
Certificate No.					
Address	10 DEFU LANE 1 DEFU INDUSTRIAL ESTATE SINGAPORE 539485				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/04/2020	Effective Date	02/04/2020 00:00	Expiry Date	01/04/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		<div>Young/Inexperience Driver Excess</div>	
Agent	CASA MERAKI PTE. LTD.	Agent Tel.	69085028	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	10 DEFU LANE 1	Address 2	DEFU INDUSTRIAL ESTATE	Address 3	SINGAPORE 539485
Address 4		Address Type	Singapore address	Post Code	539485
Unit No.		Related Policy Number	5117036464		

Insured Object: GBJ2207G

## Endorsements

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



## Claim Handling

Accident MT/1097442

Policy No.	S117036464	Vehicle No.	GBJ2207G	GST Registration No.	
Certificate No.					
Policyholder Name	HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR			Policyholder NRIC	35554800C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96670127	Contact No.(Office)	0	Contact No.(Home)	0
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	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	21/07/2020 10:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	18/07/2020	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 761A BEDOK RESERVOIR VIEW MULTISTORY CARPARK				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	21/07/2020 10:54:19 System changed GST Status verified from No to Yes		

**Policyholder Mailing Address**

Address 1	10 DEPU LANE 1	Address 2	DEPU INDUSTRIAL ESTATE	Address 3	SINGAPORE 539485
Address 4		Address Type	Singapore address	Post Code	539485
Unit No.		Related Policy Number	S117036464		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/01/1955
Unnamed driver Name	LEE CHYE HOE	Driver NRIC	SXXXX062E	Driving Experience	40
Register Date of Driver License	17/12/1979	Driver Age	65	Contact No.(Home)	0
Contact No.(Mobile)	96117462	Contact No.(Office)	0	Address 3	LONGVALE
Address 1	BLK 762	Address 2	BEDOK RESERVOIR VIEW	Post Code	470762
Address 4	SINGAPORE 470762	Address Type	Singapore address		
Unit No.	14-303				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MK	Insured Name	HOE GUAN DESIGN & GENERAL	Insured NRIC	35554800C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	GBJ2207G	TP Vehicle Number	SML8038Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ2207G / SML8038Y ON 18 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/07/2020 10:55	Claim Close Date		Date Received	21/07/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1097442	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/07/2020 10:56

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	



☐ Send Message

## Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:56	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:56	SAS	Normal	SAS 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Jul 2020 10:55	Photos	Normal	Photos 2020-7-21	

## Video List

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