

NATIONAL Assessment Centre Services

[ref 1 Jan 05] **MAH0063693**

Date In: 4/8/20-13:47	Job description	Date & Time Completed	Done by
Ref No: MAH0063693	SAS e-filing		
Veh No: JKK626M	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 4/8/20-07:30	i-Motor Claim Form	4/7/20 08:09-001	4/8/20 13:47
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: JKK626M	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 repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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	04/08/2020 13:43
Date Of Accident	04/08/2020 07:30
Exact Location Of Accident	BKE BEFORE DAIRY FARM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6226M
Insured/Policyholder	
Name Of Registered Owner	G. NISHMEN NATH NAIR
NRIC No	SXXXX029G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97619044
Alternative Phone No	OFFICE-97619044
Vehicle Particulars	
Manufacturer	RENAULT
Model	MEGANE III HATCH GT-LINE 1.5 DCI A/T
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	5114957957
Cover Note Number	

Driver

Name of Driver	G. NISHMEN NATH NAIR
NRIC No	SXXXX029G
Date Of Birth	05/11/1994
Occupation	INDOOR
Date Of Driving Pass	28/06/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97619044
Fax Number	
Contact Number	OFFICE-97619044
Email Address	NOEMAIL

Address	BLK 30 MARSILING DRIVE #11-315
Postcode	730030
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6986J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TONG BOON TAI
NRIC/Passport Number	SXXXX368E
Contact Number	98455606
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL6818M
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Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH ZHI HONG
NRIC/Passport Number	SXXXX083H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	YELLOW
Details Of Properties	
Vehicle Category	TAXI
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	G. NISHMEN NATH NAIR
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKK6226M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



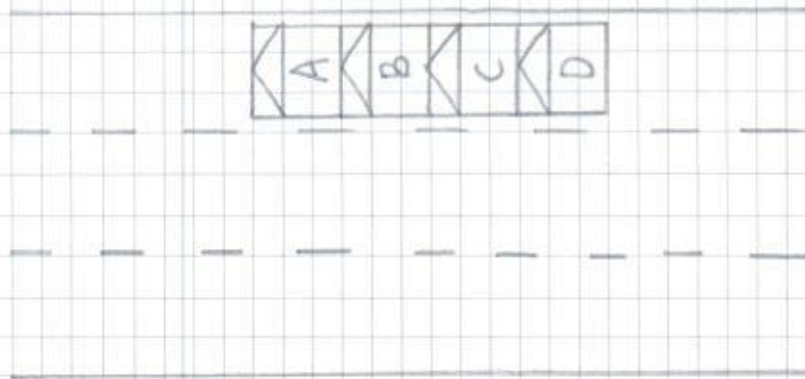
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN




A: SKK 6226 M B: SLQ 6986 J C: SLL 6818 M D: Taxi Unknown.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along BKE before Dairy Farm exit at the first lane. When I saw the vehicle in front of me stopped, I followed to stop my vehicle. Out of sudden, I felt an impact from my rear. When I went down to check, I realised that I was involved in a four cars chain collision.

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	04/08/2020	(DD/MM/YY)
Time of accident	0830 0730	(HH:MM)
Exact location of accident	Along BKE before Dairy Farm Exit	

DETAILS OF VEHICLE

Vehicle registration number	SKK6226 M		
Vehicle make and model	Renault Megane		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	G. Nishmen Nath Nair	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 9444 029 G		
Contact	9761 9044		
Address	Blk 30 Marsiling Drive # 11-315 S(730030)		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	05/11/1994		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	28/06/2019		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Owner</u>
Accident captured by camera?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Weather condition	Clear <input type="checkbox"/>	Raining <input checked="" type="checkbox"/>	Others: _____
Road surface	Dry <input type="checkbox"/>	Wet <input checked="" type="checkbox"/>	
No of passenger	01		(Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, please state which police station.
Police station name			

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

Vehicle registration number	SLQ6986J
Vehicle make model	Honda Vezel
Name	Tong Boon Tai
NRIC / Fin / Passport number	S7215368E
Contact	9845 5606

B

THIRD PARTY VEHICLE 2

Vehicle registration number	SLL6818M
Vehicle make model	Kia Cerato
Name	Toh Zhi Hong
NRIC / Fin / Passport number	S9024083H
Contact	

C

THIRD PARTY VEHICLE 3

Vehicle registration number	Unknown.
Vehicle make model	Taxi (Yellow Colour)
Name	
NRIC / Fin / Passport number	
Contact	

D

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	G. Nishmen Nath Nair	
Injuries sustained	Back and neck	
Which vehicle person in?	SKK6226M	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S114957957		G. NISHMEN NATH NAIR	S9444029G	GPC	drive CLASSIC	SKK6226M	SKK6226M	16/12/2019	28/12/2020

Continue

Policy Information

Policy No.	5114957957	Policyholder Name	G. NISHMEN NATH NAIR	Policyholder NRIC	S9444029G
Certificate No.					
Address	BLK 30 #11-315 MARSILING DRIVE SINGAPORE 730030				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/12/2019	Effective Date	16/12/2019 00:00	Expiry Date	28/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 30 #11-315	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730030
Address 4		Address Type	Singapore address	Post Code	730030
Unit No.		Related Policy Number	5114957957		

Insured Object: SKK6226M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/05/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 16 Dec 2019 TO 28 Dec 2020 In view of this amendment, an additional premium of \$97.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/1098869

Policy No.	5114957957	Vehicle No.	SIX6226M	GST Registration No.	
Certificate No.					
Policyholder Name	G. NISHMEN NATH NAIR			Policyholder NRIC	S9444029G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97619044	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(%)	0	Private Hire	No

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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

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

Address 1	BLK 30 #11-315	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730030
Address 4		Address Type	Singapore address	Post Code	730030
Unit No.		Related Policy Number	5114957957		

Driver Name	G. NISHMEN NATH NAIR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9444029G	Driver DOB	05/11/1994
Register Date of Driver License	28/06/2019	Driver Age	25	Driving Experience	1
Contact No.(Mobile)	97619044	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 30	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730030
Address 4		Address Type	Singapore address	Post Code	730030
Unit No.	11-315				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Claim Type *	OD-MX	Insured Name	G. NISHMEN NATH NAIR	Insured NRIC	S9444029G
Contact No.(Mobile)	97619044	Contact No.(Home)	63650332	Contact No.(Office)	67724749
Email Address	NISH_NAIR@HOTMAIL.COM	DI Vehicle Number	SIX6226M	TP Vehicle Number	SLQ6986J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIX6226M / SLQ6986J ON 4 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/08/2020 13:53	Claim Close Date		Date Received	04/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/1098869	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/08/2020 13:55

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

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	SAS		Normal	SAS 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	Photos		Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	Photos		Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	Photos		Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	Photos		Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	Photos		Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Aug 2020 13:54	Photos		Normal	Photos 2020-8-4	
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Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
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