

# NATIONAL Assessment Centre Services

[wef 1 Jan 09]

MNAN0069398

Date In: 15/8/22 - 16/18	Job description	Date & Time Completed	Done by
Ref No: NA/41200852/24	SAS e-filing		
Veh No: JMM4947	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/8/22 - 16/22	i-Motor Claim Form	M7100064-001	15/8/22 16:28
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: (	Tel: (	Fax: (
TP Particulars:	Veh No: JHA09807	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

HA 2004245	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	Est 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	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	15/08/2020 16:18
Date Of Accident	14/08/2020 16:20
Exact Location Of Accident	ECP TWDS AIRPORT BEFORE BAYSHORE RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4921T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAMBNANI MARICAR CLEMENTE
NRIC No	SXXXX806J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90900473
Alternative Phone No	OFFICE-90900473
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	ELGRAND HIGHWAY STAR 2.5 MCVT 8AB LED
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112662179
Cover Note Number	
<b>Driver</b>	
Name of Driver	SAMBNANI MARICAR CLEMENTE
NRIC No	SXXXX806J
Date Of Birth	24/10/1979
Occupation	INDOOR
Date Of Driving Pass	06/10/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90900473
Fax Number	
Contact Number	OFFICE-90900473
Email Address	NOEMAIL

Address	388 UPPER EAST COAST ROAD #03-178
Postcode	466477
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SOFIA LAVANIA SABNANI GENDER: : FEMALE
Passenger 2	NAME: : SHANAIA MEERA SABNANI GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9380T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO LEE HONG
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name	SAMBNANI MARICAR CLEMENTE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM4921T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	SOFIA LAVANIA SABNANI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM4921T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	SHANAIA MEERA SABNANI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM4921T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

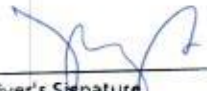
### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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.

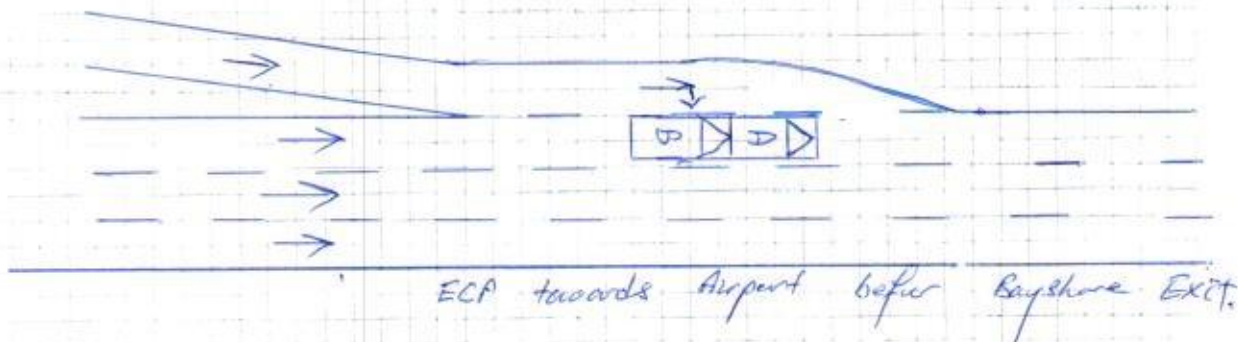
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

- (A) SMM 4921T.
- (B) SFA 9380T.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/08/2020 at @ 1620 hrs, I was travelling in my vehicle (SMM 4921T) along ECP towards the direction of Airport before Bayshore exit on the extreme left lane. There was a road work in progress on the extreme right lane. A lorry in front of me slow down and stopped and I slow down and stopped too. Few seconds later, a taxi (SFA 9380T) from behind collided onto the rear portion of my vehicle.

## DECLARATION

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

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.:



<b>Vehicle No.</b>	SMM 4921 T.		<b>Model / Make</b>	Nissan Elgrand
<b>Date of Accident</b>	14 / 08 / 2020			
<b>Time of Accident</b>	1620 HRS			
<b>Location of Accident</b>	ECP towards Airport before Bayshore Exit.			
<b>Exact purpose use during accident</b>	Private Used			
<b>Name of Owner</b>	Sambnani Maricar Clemente			
<b>Telephone No.</b>	H/P : 90900473	Home :	Office :	
<b>NRIC</b>	S 7988806 J			
<b>Address</b>	388 Upper East Coast Road #03-17 (S) 466477			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	N.T.C.			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5112662179			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers : 02 (F)			
<b>Date of birth</b>	24 / 10 / 1979			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	06 / 10 / 2011			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P :	Home :	Office :	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state Owner		
<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>	① Sambnani Maricar Clemente (H/P: 90900473)			
<b>Name And Contact No.</b>	② Sofia Lavanica Sabnani ③ Shanaia Meera Sabnani			
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SFA 9380 T.	<b>Any Passengers :</b>		N.A.
<b>Name of Driver</b>	LEE Lee Hong	<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>	N.A.	<b>Witness Contact :</b>		N.A.
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	marisabnani@me.com			
<b>PARTICULAR WORKSHOP</b>	Twincar			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	JOSEPH TAN			
<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:** 5112662179

**Cover :** drivo CLASSIC

- |   |                             |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMM4921T                  |
| Chassis Number  | : JN1TBAES2Z0802498         |
| 2. Name of Policyholder   | : SAMBNANI MARICAR CLEMENTE |
| 3. Effective Date of Insurance  | : 20 Sep 2019               |
| 4. Expiry Date of Insurance   | : 19 Sep 2020               |
| 5. Persons or Classes of Persons entitled to drive#   |                             |
| (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 social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.  
# 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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SAMBNANI MARICAR CLEMENTE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK 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 & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 20 Sep 2019 14:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/08/2020 16:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SMM4921T"/>	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"/>	5112662179		SAMBNANI MARICAR CLEMENTE	S7988806J	GPC	drivo CLASSIC	SMM4921T	SMM4921T	20/09/2019	19/09/2020
<input type="button" value="Continue"/>										

## ▼ Policy Information

Policy No.	5112662179	Policyholder Name	SAMBNANI MARICAR CLEMENTE	Policyholder NRIC	S7968806J
Certificate No.					
Address	388 UPPER EAST COAST ROAD #03-17 UBER 388 SINGAPORE 466477				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/09/2019	Effective Date	20/09/2019 00:00	Expiry Date	19/09/2020 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	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	388 UPPER EAST COAST ROAD	Address 2	#03-17 UBER 388	Address 3	SINGAPORE 466477
Address 4		Address Type	Singapore address	Post Code	466477
Unit No.	03-17	Related Policy Number	5118101942		

## ► Insured Object: SMM4921T

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Sep 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: OCBC BANK LTD CHASSIS NUMBER: JN1TBAES2Z0802498 ENGINE NUMBER: QR25597202L VEHICLE REGISTRATION NUMBER: SMM4921T ORIGINAL REGISTRATION DATE: 08 Jul 2016

Continue

Cancel



## Claim Handling

Accident MT/1100064

Policy No.	S112662179	Vehicle No.	SMW4921T	GST Registration No.	
Certificate No.					
Policyholder Name	SAMBANANI MARICAR CLEMENTE	Cover Type	drive CLASSIC	Policyholder NRIC	S7988806J
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90900473	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	15/08/2020 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/08/2020	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BCP TWDS AIRPORT BEFORE BAYSHORE RD EXIT				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	38B UPPER EAST COAST ROAD	Address 2	#03-17 UBER 388	Address 3	SINGAPORE 466477
Address 4		Address Type	Singapore address	Post Code	466477
Unit No.	03-17	Related Policy Number	S118101942		

## O1 Driver Info

Driver Name	SAMBANANI MARICAR CLEMENTE	Driver Type	Main Driver	Driver DOB	24/10/1979
Unnamed driver Name		Driver NRIC	S7988806J	Driving Experience	8
Register Date of Driver License	06/10/2011	Driver Age	40	Contact No. (Home)	0
Contact No. (Mobile)	90900473	Contact No. (Office)	0	Address 3	SINGAPORE 466477
Address 1	38B UPPER EAST COAST ROAD	Address 2	UBER 388	Post Code	466477
Address 4		Address Type	Singapore address		
Unit No.	03-17				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	SAMBANANI MARICAR CLEMENTE	Insured NRIC	S7988806J
Contact No. (Mobile)	90900473	Contact No. (Home)		Contact No. (Office)	
Email Address	MARISABANANI@ME.COM	O1 Vehicle Number	SMW4921T	TP Vehicle Number	SH49380T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMW4921T / SH49380T ON 14 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	15/08/2020 16:26	Claim Close Date		Date Received	15/08/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit












## Attachment

## Attachment

Accident No.	MT/1100064	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/08/2020 16:30

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Y	Urgency	Description	Mag Sere? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:30	SAS		Normal	SAS 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 15 Aug 2020 16:29	Photos		Normal	Photos 2020-8-15	

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
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### Scan and uploading