

# NATIONAL Assessment Centre Services.

Malaysia 80093066

Date In: 22/10/2020 15:34	Job description	Date & Time Completed	Done by
Ref No: NHT/ACC70011538/V	SAS e-filing		
Veh No: FEM 9153R	E-mail (Kjula 3hrs, AIC 2hrs)		
D.O.A: 21/10/2020 21:20	1-Motor Claims Form	21/10/2020 16:16	
OD (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBH 272R	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 ( )	

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Location: \_\_\_\_\_

Witness: \_\_\_\_\_

Police Report: \_\_\_\_\_

NA2005633	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (over 10 Jan 200)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NI: Courtesy Car / Tpl Allowance \$5	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TE (NIU) TP (Non INC) against INC \$30	
	7) NI: Idea 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	23/10/2020 15:34
Date Of Accident	21/10/2020 21:20
Exact Location Of Accident	ALONG NANSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9153R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AONN RANSCENDT WONG
NRIC No	SXXXX734A
Email Address	RONNIEONG22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83146889
Alternative Phone No	OTHERS-83146889

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	KLX125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114383466
Cover Note Number	

### Driver

Name of Driver	AONN RANSCENDT WONG
NRIC No	SXXXX734A
Date Of Birth	15/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83146889
Fax Number	
Contact Number	OTHERS 83146889

Address	BLK 981C BUANGKOK CRESCENT #14-13
Postcode	533981
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)	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

PLEASE REFER TO POLICE REPORT T/20101023/2052

#### 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	GBH272R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAH CHEE SENG
NRIC/Passport Number	SXXXX697J
Contact Number	93802272
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM9153R

Were seat belts worn?

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: 23 Oct 2015  
1535

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

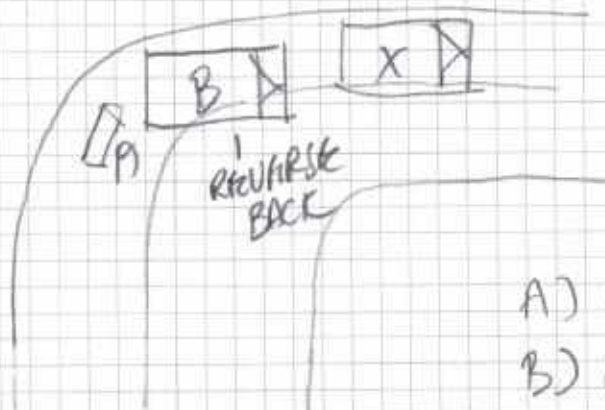
Name:

NRIC/FIN No.:

28/10/2020

# SKETCH PLAN

Along NIANSON ROAD



A) FBM 9153R

B) GBH 272R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20201028/2052

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 23 OCT 2015  
1535

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 23/10/2020  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*  
Name: *[Signature]*  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 10 / 2020 (DD/MM/YYYY), TIME: 21 : 23 (HH:MM)

LOCATION: Turn along Nanson road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM9153R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: KAWASAKI KLX 125 D-TRACKER  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
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: AONN RANSCENDT WONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8816734A CONTACT: 8314 6889  
c) ADDRESS: BUANGKOK CRESCENT BLK 981C #14-13 S(533981)

\* 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: 15 / 05 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 01 OCT 2015

f) DATE OF DRIVING PASS

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: HOUGANG NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH272R MODEL: NISSAN CABSTAR  
b) DRIVER'S NAME: MAH CHEE SENG  
c) NRIC/FIN/PASSPORT: S6938697J CONTACT: 9380 2272

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = ronnie ong22@gmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20201023/2052

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20201023/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2020 14:50	Vide Report No.:	Station Diary No.: 63
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: AONN RANSCENDT WONG			Address: APT BLK 981C BUANGKOK CRESCENT #14-13 SINGAPORE 533981	
ID Type / ID No.: NRIC NO / S8816734A			Contact No.: Home/Office: Mobile: 83146889	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 15/05/1988	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2020 21:20	Type of Location:
Location:  NANSON DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9153R	Motorcycle	KAWASAKI	KLX125	Black	Seriously Damaged	0
GBH272R	Lorry	NISSAN	CABSTAR	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9153R	NTUC Income Insurance Co-Operative Limited	5114383466	25/11/2019	24/11/2020





**SINGAPORE  
POLICE FORCE**



T/20201023/2052

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20201023/2052

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	AONN RANSCENDT WONG	ID No.	S8816734A
Related Vehicle	FBM9153R (Motorcycle)	Contact No.	83146889
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/10/2020	Date Discharge	23/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MAN CHEE HENG	ID No.	S6938697J
Related Vehicle	NIL	Contact No.	93802272
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

**Brief Details.**

On 21/10/2020 at about 2123hrs, I was riding my motorbike (FBM9153R) along Nanson Road. While negotiating a right bend in front of Studio M Hotel, there was a lorry (GBH272R) travelling ahead of me which had stopped due to a stationary vehicle ahead of it. As such I then stopped my motorbike behind him. Suddenly, the said lorry then reversed and collided onto the front portion of my motorbike, causing me to fall down. The driver then came out of the vehicle to make a check.

We then exchanged particulars and my motorbike was later towed away from the scene. Due to the accident, I later felt some pain on my right shin, left knee, left thigh, and left toe. I have since sought medical treatment and was subsequently given 3 days of MC. I am lodging this report as required. My motorbike is not equipped with any CCTV.



**SINGAPORE  
POLICE FORCE**



T/20201023/2052

3 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20201023/2052

**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:

F /

Staff Sgt MUHAMMAD KHAIRUL AZRY BIN A  
GHAFAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

*[Signature]*

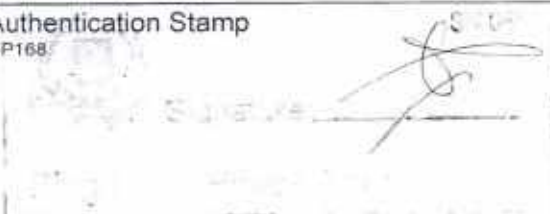
Date/Time:

23/10/2020 14:50

Classification Of Case:

Authentication Stamp

NP168





CENTRAL 24HR CLINIC (HOUGANG)  
BLOCK 681 HOUGANG AVE 8  
#01-831 SINGAPORE 530681

SINGAPORE  
Medical Certificate

Date : 23 Oct 2020

MC No. : 0000463534

This is to certify that :

Name : WONG AONN RANSCENDT

NRIC : S8816734A

is Unfit for Duty for 3 days

from 23/10/2020 to 25/10/2020 inclusive.



DR ONG THENG SUNG

For Health News and Updates : <http://news.centralclinic.com.sg>

24-Hour Clinics

HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
BEDOK	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6247 5122
PASIR RIS	Blk 442 Pasir Ris Drive 5 #01-122 Singapore 510442	Tel: 6582 2540
TAMPINES	Blk 201D Tampines Street 21 #01-1151 Singapore 524201	Tel: 6968 7001
CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 751701	Tel: 6759 7965
JURONG WEST	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6566 7464
PIONEER NORTH	Blk 950 Jurong West Street 92 #01-160 Singapore 640650	Tel: 6251 2775
WOODLANDS	Blk 768 Woodlands Ave 5 #02-05A Woodlands Mart Singapore 730768	Tel: 6365 4895
MARSILING	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*

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="21/10/2020 16:05"/>
Vehicle No.(For Motor)	<input type="text" value="FBM9153R"/>	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"/>	5114383466		AONN RANSCENDT WONG	58816734A	GMC	Third Party	FBM9153R	FBM9153R	25/11/2019	24/11/2020



## Claim Handling

## Accident MT/1107602

Policy No.	5114383466	Vehicle No.	FBM9153R	GST Registration No.
Certificate No.				
Policyholder Name	ADNN RANSCENDT WONG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	83146889	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	23/10/2020 16:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/10/2020	Time of Accident hh:mm	21:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG NANSON ROAD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	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	BLK 981C #14-13	Address 2	BUANGKOK CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114383466	

## ▼ OI Driver Info

Driver Name	AONN RANSCENDT WONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58B16734A	Driver DOB
Register Date of Driver License	01/10/2015	Driver Age	32	Driving Experience
Contact No.(Mobile)	83146889	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 981C #14-13	Address 2	BUANGKOK CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM9153R	Driver Insurer Com

## Declaration

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

## Modification History

Claim 001 OD-MX

New

Claims Type *	OD-MX	Insured Name	AONN
Contact No.(Mobile)	83146889	Contact No. (Home)	63884
Email Address	ronnieong22@gmail.com	OI Vehicle Number	FBM91
Claim Description	FBM9153R / GBH272R ON 21 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Preferred	Preferred Workshop, Name unknown
Date Registered	23/10/2020 16:15	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop  
Repairer

Print AK letter
















Save

Submit

## Attachment

Accident No.	MT/1107602	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/10/2020 16:16
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:16	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:16	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:16	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:16	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:16	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:16	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:15	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:15	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:15	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:15	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:15	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:14	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:14	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:14	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:14	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2020 16:14	NRIC/ Driving License	Y	NRIC/ Driving L



State

State



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
23 Oct 2020 16:14

SAS

Normal

SAS 21

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading