

NATIONAL Assessment Centre Services

Date In: 04/11/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC 20012058/13	SAS e-filing		
Veh No. FBQ1787T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 30/60/20 1800	i-Motor Claim Form	07/1109025-001	
OD : TP : <u>Reporting Only</u>	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (KIM REAT (BRDC) Tel: Fax:)

TP Particulars: Veh No: Lost Control 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: 67886616)

Remarks	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

NA2005885

Claimant's Particulars	Invoice Preparation Checklist	Unit (\$) Int Bill	Unit (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee 540/545		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey 120		
Auditors' Comments :	5) FT : Follow-Through Survey (Resurvey) 30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection 575		
	7) N1 : Idao DA + SMRT Survey 160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tp Allowance 55		
	*N6: Repair Co-ordination 310		
	*N7: Post Repair Inspection 225		
	*N8: DV / Collect Excess Coordination 35		
	TP (N11) : TP (Non INC) against INC 520		
	9) N12: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/11/2020 14:21
Date Of Accident	30/10/2020 18:00
Exact Location Of Accident	E-BRAKE AREA (BBDC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1787T
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	

Driver

Name of Driver	MUHAMMED SHAHUBAN BIN ABDUL HAMED
NRIC No	SXXXX104D
Date Of Birth	07/12/1999
Occupation	INDOOR
Date Of Driving Pass	30/10/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98005572
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 52 LENGKOK BAHRU #12-309
Postcode	150052
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLS REFER TO THE ATTACHED 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 INJURED PERSON 1

Name	MUHAMMED SHAHUBAN BIN ABDUL HAMED
Approximate Age	
Injuries Sustain	SWOLLEN LIPS, UPP LIP CUT & LEFT KNEE BRUISE
Injured person in which vehicle?	FBQ1787T
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)**

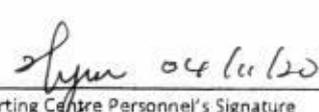
I understand, acknowledge, agree and consent that:

- (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.


BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
Policyholder's signature
TEL: 6561 1233 FAX: 6569 0777

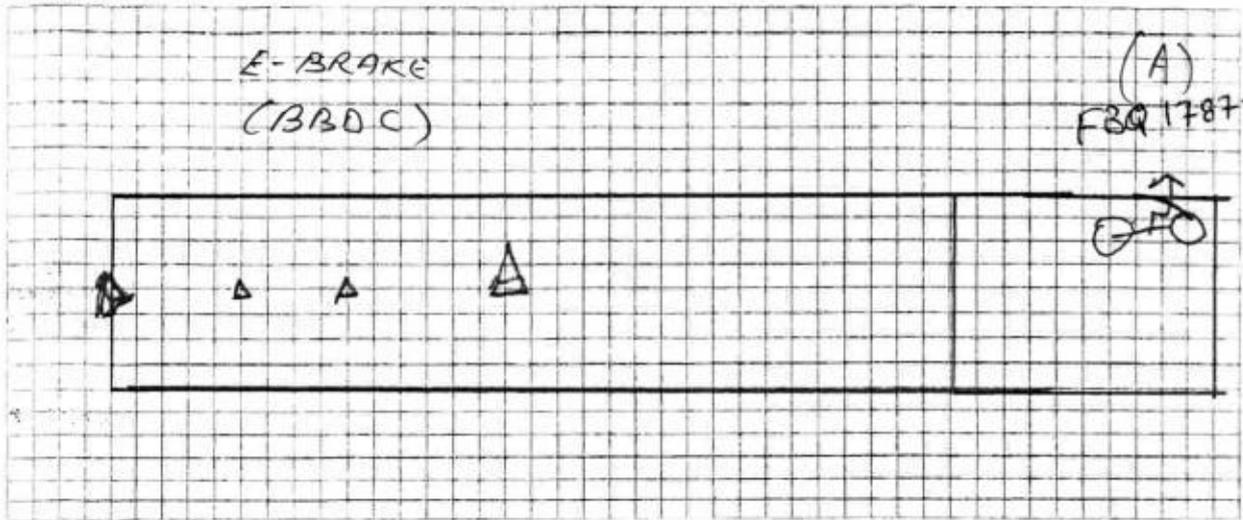


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing subject 8.02 Emergency brake after practicing at the speed of 30 km/h and 25 km/h instructor ask us to do at speed 30 km/h. I went too fast until the speed of about 40 km/h. then I panic and jam the front brake resulting me to skid and fell.

DECLARATION

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

BUKIT BATOK DRAWING CENTRE LTD.
 835 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 1777
 Company Chop (if applicable)

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

[Signature] 04/11/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No:

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
30/10/2020	1800	E- Brake. BBDC CIRCUIT.

INSURED/POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBQ 17877	
Name of Policyholder		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		
Address		
Contact Number	Tel:	Hp:
Occupation		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	CBF 1900H	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus <u>M/cycle</u> , Others: _____	
Exact Purpose for which vehicle was being used at the time of accident.		
Are you claiming under your own insurance policy?	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle category	<input type="radio"/> Private	<input type="radio"/> Commercial <input type="radio"/> Motorcycle
Remarks:	Reporting	

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive	<input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes	<input type="radio"/> No
Policy Number		
Motor CI		

DRIVER

Name of Driver	MUHAMMAD SHAHURAD BIN ABDUL HAMED	
NRIC/ FIN/ Passport	C9940104D	
Date of Birth	07-12-1999	
Occupation	-	
Pass Date (Driving Experience)	-	
Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female
Contact Number	Tel:	Hp: 98005572
Address	APT BLK 52 JENJANG BAHRU #12-309 S(150052)	
Email Address	-	
Was driver an employee of the Insured's Company? If No, relationship of Driver with the Insured.	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)	Fall	
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet	<input type="radio"/> Dry <input type="radio"/> Others:
Damage Area	left side mirror broken.	
Approximate Speed	40 km/h.	

OTHER INFORMATION

Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No	<input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

Other Vehicle or Property 2

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

DETAILS OF WITNESS

Name	
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

Name	Muhammed Shakhwan Bin Abdul Hamed
NRIC/ FIN/ Passport	SFT1010AD
Address	APT BLK 52 Lengkok Bahru # 0-309 (150052)
Approximate Age	21
Injuries Sustained	Swollen chin, upper lips cut, left face bruise
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

We declare that the above particulars & information provided above are true in every aspect.

DRIVING CENTRE LTD
 815 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 659085
 TEL: 6564 1233 FAX: 6569 0777

Signature of Policy Holder
 (Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
 (If Driver is not the Policy Holder)

Date & Time

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"/>	5114136261	5114136261-000103	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBQ1787T	FBQ1787T	01/01/2020	31/12/2020

Continue

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114136261-000103

Cover : Comprehensive

- | | |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBQ1787T |
| Chassis Number | : LWBMC4699L1600333 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2020 |
| 4. Expiry Date of Insurance | : 31 Dec 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : BUKIT BATOK DRIVING CENTRE (00000662435)
 Date of Issue : 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1787T		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4699L1600333	Engine No.:	MC46E5092154
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1109095

Policy No.	5114136261	Vehicle No.	FBQ1787T	GST Registration No.	M200805321
Certificate No.	5114136261-000103				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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

Accident Details

Report Date	05/11/2020 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/10/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	E-BRAKE AREA (BBDC)				

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 65901
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	MUHAMMED SHAHUBAN BIN AE	Driver NRIC	S9940104D
Register Date of Driver License	30/10/2020	Driver Age	20
Contact No.(Mobile)	98005572	Contact No.(Office)	0
Contact No.(Home)		Contact No.(Home)	0
Address 1	BLK 52	Address 2	LENGKOK BAHRU
Address 4		Address 3	SINGAPORE 1500
Unit No.	#12-309	Address Type	Singapore address
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	150052
		Driver Insurer Company	

Declaration

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBQ1787T	TP Vehicle Number	
Claim Description	FBQ1787T ON 30 Oct 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/11/2020 09:48	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No. MT/1109095 Claim No. 001

Last Doc. Received

Yes No

Upload Date

05/11/2020 00:00

Path *

- No file chosen
-

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:47	SAS		Normal	SAS 2020-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:47	Photos		Normal	Photos 2020-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:47	Photos		Normal	Photos 2020-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:47	Photos		Normal	Photos 2020-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:47	Photos		Normal	Photos 2020-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Nov 2020 09:47	Photos		Normal	Photos 2020-11-5

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				