

NATIONAL Assessment Centre Services. [wef 1 Jan 05] NA700056

Date In: <u>10/12/2016:52</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/INC2013695/24</u>	SAS e-filing		
Veh No: <u>4079356D</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <u>10/12/2016-14:00</u>	i-Motor Claim Form	<u>NA/1113134-001</u>	<u>10/12/2016:55</u>
OD : <u>TP</u> Reporting Only	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: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 4H898524 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:	Date & Time Completed	Done by
(INC hotline: 67886616)		
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	Am't (\$) Est. Bill	Am't (\$) 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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 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 Submission .....	10/12/2020 16:52 (SGT)
Date of Accident .....	10/12/2020 14:00 (SGT)
Exact Location of Accident .....	Clementi Ave 6, Singapore
Additional Location Information .....	twds aye before commonwealth ave west
Country/State of Loss .....	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number .....	GBJ9056D
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**INSURED/POLICYHOLDER**

Is company? .....	Yes
Name Of Registered Owner .....	SH LIM CONSTRUCTION
Company Reg No .....	5XXXX772J
Email Address .....	eddielim88@gmail.com
Mobile Phone No .....	(Phone) +65-96312167
Alternative Phone No .....	+--

**VEHICLE PARTICULARS**

Manufacturer .....	Mercedes
Model .....	Citan
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle

**INSURANCE COMPANY**

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5113109537-01
Cover Note Number .....	-

**DRIVER**

Name of Driver .....	LIM SENG HOE
NRIC No .....	SXXXX427H
Date Of Birth .....	14/12/1957
Occupation .....	Outdoor

Date Of Driving Pass .....	26/08/1977
Driving experience .....	43 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96312167
Alt. Phone Number .....	-
Email Address .....	eddielim88@gmail.com
Address .....	19 KOVAN ROAD
Address complement .....	#07-10
Postcode .....	548191
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB9582Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... LIM SENG HOE  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... GBJ9056D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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.



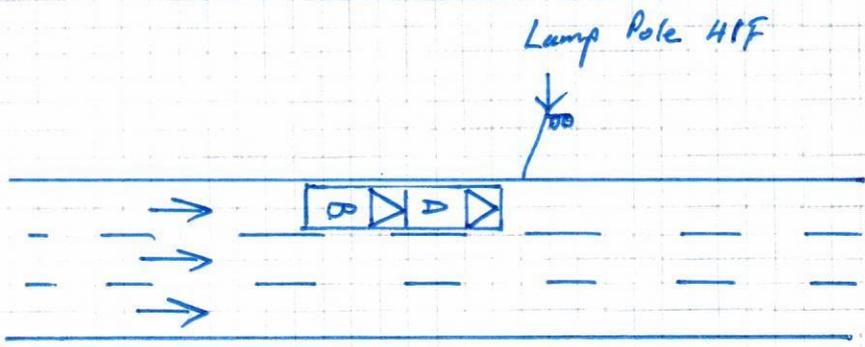
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

(A) GBJ 9056D.  
(B) SHB 9582Y.



Clementi Ave 6 towards AYE  
before Commonwealth Ave West.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/2020 at @ 1400 hrs, I was travelling in my vehicle (GBJ 9056D) along Clementi Ave 6 towards the direction of AYE before Commonwealth Ave West on the extreme left lane. The traffic was heavy on the left lane and the vehicle in front of me slow down and I slow down too. Suddenly, a taxi (SHB 9582Y) 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.:

VEHICLE NO:	GBJ 9056 D		MAKE & MODEL:	Mercedes Citan . <input checked="" type="radio"/> AUTO / MANUAL	
DATE OF ACCIDENT:	10/ 12 / 2020		CC:	1200 cc	
TIME OF ACCIDENT:	1400 HRS				
LOCATION OF ACCIDENT:	Clementi Ave 6 towards AYE before Commonwealth Ave west				
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	St Lim Construction .				
TEL NO:	H/P: 9631 2167		OFFICE:	HOME:	
NRIC:	S2833772J.				
ADDRESS:	5001 Beach Road #06-09 Golden Mile Complex (S) 199588				
EMAIL:	eddie@lim88@gmail.com .				
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES <input checked="" type="radio"/> NO ?				
INSURANCE COMPANY:	NTUC .				
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	5113109537-01 .				
NAME OF DRIVER:	AS ABOVE / IF NO: Lim Seng Hoe .				
NRIC:	S12544274.		ANY PASSENGER:	N.A.	
DATE OF BIRTH:	14/ 12 / 1957		LICENCE PASSED DATE:	26 / 08 / 1977.	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / INDOOR				
GENDER:	<input checked="" type="radio"/> MALE / FEMALE				
CONTACT NO:	H/P: 9631 2167.		OFFICE:	HOME:	
ADDRESS:	19, Kovan Road #107-10 (S) 548191 .				
EMAIL :	eddie@lim88@gmail.com .				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:				
RELATIONSHIP:	<input checked="" type="radio"/> INSURER / OTHER :				
WEATHER CONDITION N:	<input checked="" type="radio"/> CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	<input checked="" type="radio"/> DRY / WET / OTHER:				
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO?				
NAME & CONTACT:	Lim Seng Hoe (H/P: 9631 2167)				
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?				
VEHICLE B REG NO:	34B 9582Y.		ANY PASSENGERS:	N.A.	
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="radio"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO				
ACCIDENT PORTION:	Rear Portion .				
WORKSHOP PARTICULAR:	Towcar .				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Joseph Tan .				
FAX NO:	67410510				
WORKSHOP EMAIL:	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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : S113109S37-01

Cover : Preferred Workshop Plan

- |  |                       |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBJ9056D            |
| Chassis Number   | : WDF4156032U256359   |
| 2. Name of Policyholder  | : SH LIM CONSTRUCTION |
| 3. Effective Date of Insurance   | : 26 Sep 2020         |
| 4. Expiry Date of Insurance  | : 25 Sep 2021         |
| 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.<br>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.  |                       |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                       |

This Policy does not cover

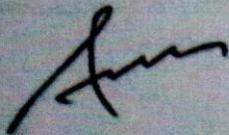
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and 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
INSURE WITH COE	: YES
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 : ~~NTUC Income Insurance Co-operative Limited~~  
 Date of Issue : 23 Jul 2020 11:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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"/>	5113109537-01		SH LIM CONSTRUCTION	52833772J	GCV	Preferred Workshop Plan	GBJ9056D	GBJ9056D	26/09/2020	25/09/2021

Continue

**Policy Information**

Policy No.	5113109537-01	Policyholder Name	SH LIM CONSTRUCTION	Policyholder NRIC	52833772J
Certificate No.					
Address	5001 BEACH ROAD #06-09 GOLDEN MILE COMPLEX SINGAPORE 199588				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	23/07/2020	Effective Date	26/09/2020 00:00	Expiry Date	25/09/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	CYCLE & CARRIAGE AUTOMOTIV	Agent Tel.	62067000	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	5001 BEACH ROAD	Address 2	#06-09 GOLDEN MILE COMPLE	Address 3	SINGAPORE 199588
Address 4		Address Type	Singapore address	Post Code	199588
Unit No.		Related Policy Number	5023331236-13		

**Insured Object: GBJ9056D**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/09/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	COA
2	26/09/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	COA
3	26/09/2020 00:00	Changing Commission Rate	Endorsement Take Effective	The agreement code has been changed from (00000614221) to (00000573702). The commission rate (MOTOR ACT) has been changed from 0.18 to 0.18 on 26/09/2020.

Continue Cancel

**Claim Handling**

Accident MT/1113134

Policy No.	5113109537-01	Vehicle No.	GBJ9056D	GST Registration No.	
Certificate No.					
Policyholder Name	SH LIM CONSTRUCTION	Policyholder NRIC	52833772J		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	96312167	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	10/12/2020 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/12/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Clementi Ave 6				

**Total Excess Applicable**

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

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	10/12/2020 16:55:17 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	5001 BEACH ROAD	Address 2	#06-09 GOLDEN MILE COMPLE	Address 3	SINGAPORE 199588
Address 4		Address Type	Singapore address	Post Code	199588
Unit No.		Related Policy Number	5023331236-13		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/12/1957
Unnamed driver Name	LIM SENG HOE	Driver NRIC	S1254427H	Driving Experience	43
Register Date of Driver License	26/08/1977	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	96312167	Contact No.(Office)	0	Address 1	19 KOVAN ROAD
Address 1	19 KOVAN ROAD	Address 2	KOVAN MELODY	Address 3	SINGAPORE 548191
Address 4		Address Type	Singapore address	Post Code	548191
Unit No.	07-10			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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SH LIM CONSTRUCTION	Insured NRIC	52833772J	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	96312167	
Email Address		OI Vehicle Number	GBJ9056D	TP Vehicle Number	SHB9582Y	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	>>	Claimant NRIC *				
Claimant Address						
Claim Description	GBJ9056D / SHB9582Y ON 10 Dec 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	10/12/2020 16:55	Claim Close Date		Date Received	10/12/2020 00:00	
Report Taken By	Jackson					

Print AK letter

**Save Submit**

**Attachment**

Accident No.	MT/1113134	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2020 16:57

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:57	SAS		Normal	SAS 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 16:56	Photos		Normal	Photos 2020-12-10	

Video List

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