

# NATIONAL Assessment Centre Services

Date In: 26/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001218/13	SAS e-filing		
Veh No: FBQ1562A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 14/01/21 2130	i-Motor Claim Form	26/01 MT/1118844-001	
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	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: 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:
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Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner: NA2101448	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	80	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10	10	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	26/01/2021 12:49 (SGT)
Date of Accident	14/01/2021 21:30 (SGT)
Exact Location of Accident	815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information	BBDC CIRCUIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1562A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Company Reg No	1XXXXX155R
Email Address	tanboonkiat@bbdc.sg
Mobile Phone No	(Phone) +65-64833167
Alternative Phone No	(Office) +65-64833167

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbf190wh
Variant	-
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?	Yes
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114136261-01
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA DE HAN EUGENE
NRIC No	SXXXX490J
Date Of Birth	11/12/1997
Occupation	Indoor

Date Of Driving Pass .....	14/01/2021
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-80800128
Alt. Phone Number .....	-
Email Address .....	tanboonkiat@bbdc.sg
Address .....	BLK 902 JURONG WEST ST 91
Address complement .....	#02-115
Postcode .....	640902
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	No
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

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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	CHUA DE HAN EUGENE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER
Injured person in which vehicle? .....	FBQ1562A
Were seat belts worn? .....	No
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.

BUKIT BATOK DRIVING CENTRE LTD  
815 BUKIT BATOK WEST AVENUE 5

*Eduan*

SINGAPORE 659085

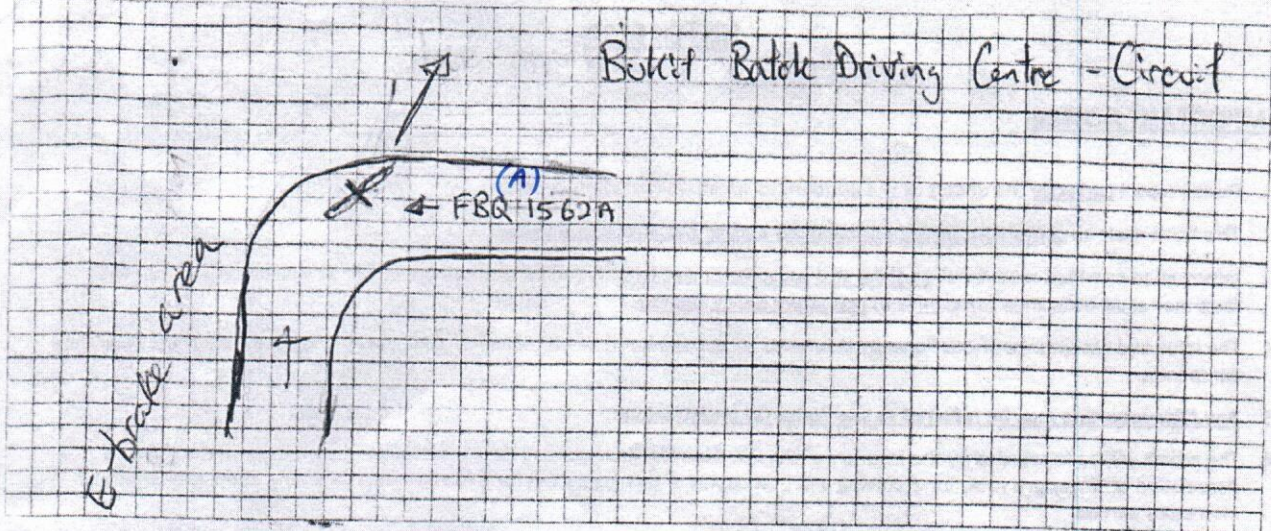
TEL: 6561 1233 FAX: 6569 0777

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/1/2021, I was taking practical lesson class 2B, Subject 1.03.

I was having a warm-up riding with 3rd gear in the main circuit.

At about 2130 hrs, When I was at the bend at the end of the e-brake area, I lost control of my bike due to speed too fast, I hard braking and cause my bike skid and fall, I injured my shoulder.

## DECLARATION

I/We declare that the above information is true in every respect.

BUKIT BATOK DRIVING CENTRE  
8/5 BUKIT BATOK WEST AVENUE  
SINGAPORE 659085  
TEL: 6561 1233 FAX: 6569 0777

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.

*Edwin* 26/01/21



O-D + custom injured

☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

14/01/2021

2130

Bukit Batch Driving Centre - Circuit

## INSURED/ POLICY HOLDER (VEHICLE A)

FBQ 1562A

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Tel:

Hp:

Contact Number

Occupation

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HONDA CBF 1900H  
Saloon, MPV, CRV, Van, Lorry, Bus (M/cycle, Others: \_\_\_\_\_)

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident.

Training

Are you claiming under your own insurance policy?

☒ Yes

☐ No

Remarks:

☐ Private

☐ Commercial

☒ Motorcycle

Vehicle category

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Type of Policy

☐ Yes

☐ No

Fleet Policy

Policy Number

## DRIVER

Name of Driver

Chua De Han Eugene

NRIC/ FIN/ Passport

S 97444905

Date of Birth

11/12/1997

Occupation

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel: 81800128

Hp:

Address

B 902 Jurong West St 91 #02-115 (S) 640902

Email Address

☐ Yes

☐ No

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured.

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)

Self skid

☒ Clear

☐ Raining

☐ Others:

Weather Conditions

☐ Wet

☒ Dry

☐ Others:

Road Surface

Damage Area

Approximate Speed

## OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

## DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No.

☒ No

☐ Yes

Was notice of intended Prosecution given?

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 \_\_\_\_\_

NRIC/ FIN/ Passport \_\_\_\_\_

Address \_\_\_\_\_

Approximate Age \_\_\_\_\_

Injuries Sustained \_\_\_\_\_

If Vehicle Occupants, state in which vehicle? \_\_\_\_\_

Were Seat Belts Worn? ☐ Yes ☐ No

Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ 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? ☐ Yes ☐ No

Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

**Declaration**

I/We declare that the above particulars of information provided above are true in every aspect.

815 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659065

Signature of Policy Holder \_\_\_\_\_ Date & Time \_\_\_\_\_

(Company Chop if applicable)

Signature of Driver / Date & Time \_\_\_\_\_

(If Driver is not the Policy Holder)



## 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** : 5114136261-01-000049

**Cover** : Comprehensive

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBQ1562A                       |
| Chassis Number  | : LWBMC4698L1600338              |
| 2. Name of Policyholder   | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance  | : 01 Jan 2021                    |
| 4. Expiry Date of Insurance   | : 31 Dec 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.   |                                  |
| 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.                                      |

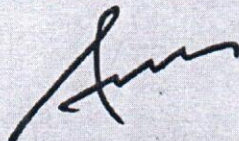
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 : 21 Dec 2020 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	FBQ1562A		
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.:	LWBMCL4698L1600338	Engine No.:	MC46E5092387
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/1118844

Policy No.	5114136261-01	Vehicle No.	FBQ1562A	GST Registration No.	M200805321
Certificate No.	5114136261-01-000049				
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)	64833167	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	26/01/2021 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/01/2021	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				
<b>Total Excess Applicable</b>					
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?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200805321	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
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	5114136654-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA DE HAN EUGENE	Driver NRIC	S9744490J	Driver DOB	11/12/1997
Register Date of Driver License	14/01/2021	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	80800128	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 902	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 64091
Address 4		Address Type	Singapore address	Post Code	640902
Unit No.	#02-115				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	FBQ1562A	TP Vehicle Number	
Claim Description	FBQ1562A ON 14 Jan 2021				
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/01/2021 17:30	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
<div>Save</div> <div>Submit</div>					

Attachment

Accident No. MT/1118844

Claim No. 001



Last Doc. Received☒ Yes ☐ No

Upload Date26/01/2021 00:00

Path \*

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

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Choose FileNo file chosen

Message Read

Clear

Category \*Please Select

ConfidentialNO

Urgency \*Normal

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Category \*Please Select

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Urgency \*Normal

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Category \*Please Select

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Category \*Please Select

ConfidentialNO

Urgency \*Normal

Clear

Category \*Please Select

ConfidentialNO

Urgency \*Normal

Clear

Category \*Please Select

ConfidentialNO

Urgency \*Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:29	SAS		Normal	SAS 2021-1-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:29	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:29	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:29	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:29	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:29	Photos		Normal	Photos 2021-1-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New WindowScan and uploading</div>			