

NATIONAL Assessment Centre Services

Date In: 09/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003116/13	SAS e-filing		
Veh No: FBN8271J	E-mail (w/then 8hrs. AIC 2hrs)		
D.O.A: 24/02/21 2018	i-Motor Claim Form 10/03/21 MT/1122496-002		
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: SJ49158R	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: _____

Date/Time	Actions

NA2102016	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	09/03/2021 15:55 (SGT)
Date of Accident	24/02/2021 22:15 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN8271J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYAHMI BIN ABDUL WAHAB
NRIC No	SXXXX8511
Email Address	SMIKO96@GMAIL.COM
Mobile Phone No	(Phone) +65-87005969
Alternative Phone No	+65-87005969

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120159476
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SYAHMI BIN ABDUL WAHAB
NRIC No	SXXXX8511
Date Of Birth	08/08/1996
Occupation	Outdoor

Date Of Driving Pass	10/12/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87005969
Alt. Phone Number	+65-87005969
Email Address	SMIKO96@GMAIL.COM
Address	BLK 19 UPPER BOON KENG ROAD
Address complement	#11-1214
Postcode	380019
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain 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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KATHRINA JOLLENE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210225/7009

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	SJU9158R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCN1180Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SYAHMI BIN ABDUL WAHAB
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBN8271J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	KATHRINA JOLLENE
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBN8271J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.
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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.
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.

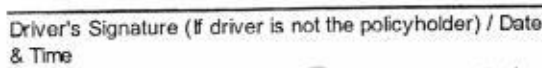
(collectively the "Purposes")


(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.


Policyholder's Signature / Date & Time

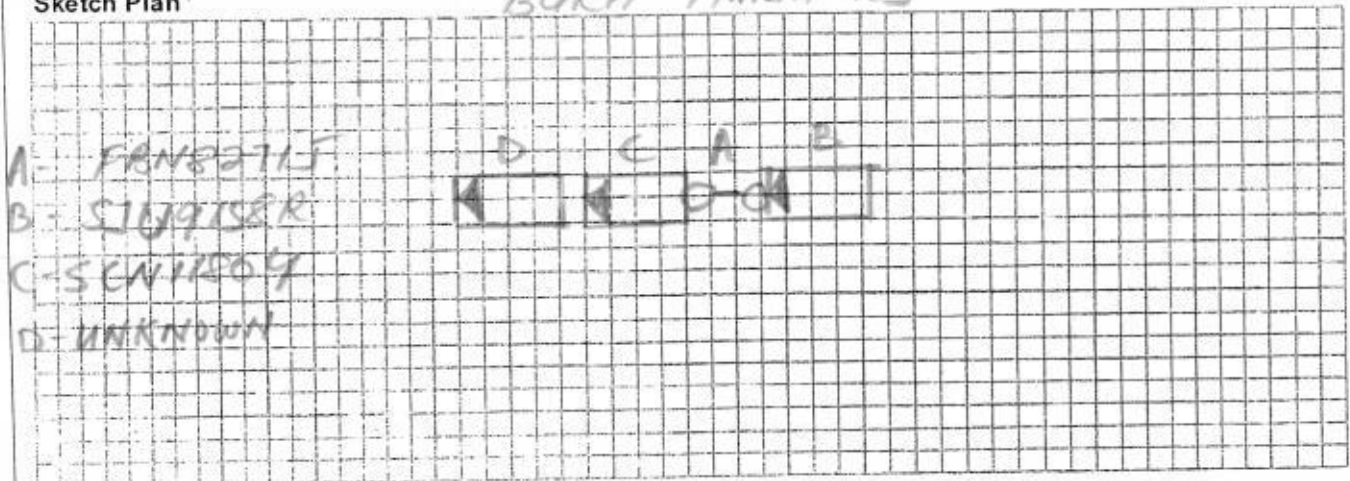
01/03/21


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


Witnessed by Reporting Centre Personnel

Sketch Plan

BUKIT TIMAH RD

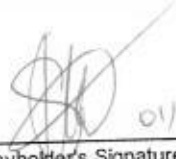


Describe Circumstances of the Accident

Pls refer to the police report - T/20210225/7009


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

01/03/21

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


Witnessed by Reporting Centre
Personnel

09/03/21



SINGAPORE POLICE FORCE



T/20210225/7009

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210225/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2021 13:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD SYAHMI BIN ABDUL WAHAB			Address: 19 UPPER BOON KENG ROAD #11-1214 SINGAPORE 380019	
ID Type / ID No.: NRIC NO / S9627851I			Contact No.: Home/Office: Mobile: 87005969	
Nationality: SINGAPORE CITIZEN			Email: SMIKO96@GMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 08/08/1996	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Project manager			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 24/02/2021 22:15	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: night	Road Surface:	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN8271J	Motorcycle	YAMAHA	Sniper T150	Black	Totally Damaged	2
SJU9158R	Car	TOYOTA		Silver	Seriously Damaged	1
	Car					0



SINGAPORE POLICE FORCE



T/20210225/7009

2 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210225/7009

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Motorcycle					0
	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8271J	NTUC Income Insurance Co-Operative Limited	5120159476	20/12/2020	19/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAHMI BIN ABDUL WAHAB	ID No.	S9627851I
Related Vehicle	FBN8271J (Motorcycle)	Contact No.	87005969
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	24/02/2021	Date	25/02/2021
No. of Days granted Medical Leave	05	Degree of	Serious
Pillion			
Name	KATHRINA JOLLENE	ID No.	T0073124I
Related Vehicle	FBN8271J (Motorcycle)	Contact No.	82003541
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/02/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20210225/7009

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210225/7009

CONTINUATION OF REPORT

Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJU9158R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I was stationary at a red traffic light, in front of me were two stationary cars as well. Out of no where, my pillion and I were rammed from the back by a silver Toyota vehicle, SJU 9158R, and we flew out of the bike affecting the two other vehicles at the front. My bike was smashed and i lost two of my front tooth, a deep cut on my upper lip and a possibility of a fractured jaw as i landed face first. As for my pillion who is my girlfriend, she flew out as well and had abbrasions on her butt area. The impact was so hard the my bike at the box broke and hit my pillions back. The authorities were involved and I know for fact the guy who crashed into me and my pillion was drunk as when he exited his smashed up car he was unable to walk straight and his eyes were red, and he also admitted that he had been drinking. We were brought to the hospital at Ng Teng Fong by ambulance and upon arrival, my girlfriend was sent to another section of the emergency area as her temperature was high and she was having trouble breathing. I was sent to the normal emergency area and the doctors took ultrasound and x rays on me and thankfully I have no major injuries except for my jaw, 2 missing front tooth and my deep cut on my upper lip as well as a few abbrasions around my body. My girlfriend however was not that lucky as the doctors discovered after running a few test that there was fluid inside of her and she was bleeding internally. Upon further tests, the doctors discover she had a ruptured spleen and had to recieve immediate surgery and is now in the ICU. I would like to report this and sue this man for wreckless and drink driving. He should not get it easy as he put my girlfriend in the hospital and who now has no more spleen as it was removed. This is a ridiculous and totally unnecassary incident if the guy was sensible enough not to be drinking and driving. My girlfriend and I were just unfortunate to be there at that time and i hope this men gets what he deserves.



**SINGAPORE
POLICE FORCE**



T/20210225/7009

4 of 4

Report No. T/20210225/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/02/2021 13:08

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 03 / 21) (DD/MM/YYYY), TIME: (22 : 15) (HH:MM)

LOCATION: BUKIT TIMAH RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBNS2715
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5120159476
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA SNIPER, 150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: MUHAMMAD SYAHMI BIN ABUL WAHAB (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7627851 CONTACT: 87005969
c) ADDRESS:

* 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: (08 / 08 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/12/2018

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) CONVEY

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ491588 MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SCN11804 MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

D - UNKNOWN (PRIVATE CAR)

Email = smiko96@gmail.com

fax =

video =

01/03/21

waiting veh
(compound)

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="01/03/2021 12:45"/>
Vehicle No.(For Motor)	<input type="text" value="FBN8271J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5120159476		MUHAMMAD SYAHMI BIN ABDUL WAHAB	S96278511	GMC	Third Party, Fire & Theft	FBN8271J	FBN8271J	20/12/2020	19/12/2021

Claim Handling

Accident MT/1122496

Policy No.	5120159476	Vehicle No.	FBN82711	GST Registration No.	
Certificate No.				Policyholder NRIC	S96278511
Policyholder Name	MUHAMMAD SYAHMI BIN ABDUL WAHAB	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	15	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	26/02/2021 15:41	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/02/2021	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 19 #11-1214	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 380019
Address 4		Address Type	Singapore address	Post Code	380019
Unit No.	11-1214	Related Policy Number	5120159476		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	No	Driver Vehicle No.			
Modification History					

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD SYAHMI BIN ABDU	Insured NRIC	S96278511
Contact No.(Mobile)	87005969	Contact No.(Home)		Contact No.(Office)	
Email Address	smiko96@gmail.com	OI Vehicle Number	FBN82711	TP Vehicle Number	SJU9158R
Claim Description	FBN82711 / SJU9158R ON 24 Feb 2021	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	10/03/2021 00:00
Date Registered	10/03/2021 12:24	Workshop Repairer		Total Loss but Repaired	
Report Taken By	ROSLINDA				
<input type="checkbox"/> Print AK letter Save Submit					

Attachment

Accident No.	MT/1122496	Claim No.	002																																		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	10/03/2021 00:00																																		
Path *		<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table>				Category *	Confidential	Urgency *	Description	Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal	
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Attachment List <table border="1"> <thead> <tr> <th>Attachment</th> <th>Uploaded By/Date</th> <th>Category</th> <th>Urgency</th> <th>Description</th> <th>Msg Sent? (CO)</th> </tr> </thead> <tbody> <tr> <td>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Mar 2021 12:22</td> <td></td> <td>NRIC/ Driving License</td> <td>Y</td> <td>Normal</td> <td>NRIC/ Driving License 2021-3-10</td> </tr> </tbody> </table>						Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Mar 2021 12:22		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-10																				
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