

NATIONAL Assessment Centre Services. Part 1 Jan 03

Date Inc: <u>30/03/21</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/INC21004047/r3</u>	SAS e-filing		
Veh No: <u>52064459</u>	E-mail (within 2hrs, AIC 2hrs)		
ICIA: <u>26/03/21</u> <u>1450</u>	1-Motor Claim Form <u>31/03</u> <u>MT/1126402-001</u>		
OD: <u>TP</u> Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: <u>50E3927H</u>	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Consented by: (Date: (Time: (
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

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

Injury: ()	
Damage: ()	

NA 2102 295	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wecl 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idao Mobile	\$0
	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	30/03/2021 11:50 (SGT)
Date of Accident	26/03/2021 14:50 (SGT)
Exact Location of Accident	Jln Tan Tock Seng, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6445Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Company Reg No	5XXXX868L
Email Address	FRANCIS4436@GMAIL.COM
Mobile Phone No	(Phone) +65-83826855
Alternative Phone No	+65-83826855

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117787439
Cover Note Number	-

DRIVER

Name of Driver	LIAU CHANG HIN,VOVI
NRIC No	SXXXX024B

Date Of Birth	22/07/1989
Occupation	Outdoor
Date Of Driving Pass	17/11/2011
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97537299
Alt. Phone Number	-
Email Address	VOVILIAU89@GMAIL.COM
Address	BLK 661 HOUGANG AVE 4
Address complement	#06-373
Postcode	530661
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

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

I WAS DRIVING ON THE ABOVE MENTION DATE & TIME.THE VEH INFRT SLOW DOWN AND STOP AND I FOLLOWED SUIT.A FEW SECOND LATER I FELT AN IMPACT,WHEN I ALIGHT I NOTICED VEH B CAN'T STOP INTIME AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SDE3927H
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	LIAU CHANG HIN,VOVI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLD6445Y
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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

EasyDrive Car Rental
200 Jalan Sultan
#02-38 Textile Centre
Singapore 190018
Tel: 9673 5989 Fax: 6863 9999
Email: easydrive@comnet.sg
UEN: 53375868L

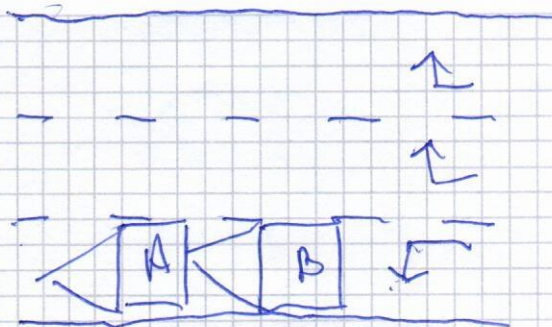
[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 30/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Jalan Tan Tock Seng

A - SLD 6445Y
B - SDE 3927H

Describe Circumstances of the Accident

I was driving on the above mention date & time. The veh in front slow down & stop & I slow down & stop. A few second later I felt an impact when I slight I notice veh B could not stop in time & hit rear of my veh A.

Declaration

We declare the foregoing particulars are true in every respect.

EasyDrive Car Rental

200 Jalan Sultan

#02-38 Textile Centre

Singapore 199018

Tel: 9673 5889 Fax: 6863 2113

Email: easydrivesg@gmail.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Shyam 30/03/21

VEHICLE NO:	SLD64454		MAKE & MODEL:	Honda Vezel		AUTO / MANUAL
DATE OF ACCIDENT:	26/03 / 2021		CC:	1.5		
TIME OF ACCIDENT:	14.50 HRS					
LOCATION OF ACCIDENT:	Jin Tan Tock Seng					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>					
NAME OF OWNER:	Easy Drive Rental					
TEL NO:	H/P: 83825855		OFFICE:	HOME: 8		
NRIC:	53375868L					
ADDRESS:	200 Jalan Sultan #02-38 Textile Centre S(199018)					
EMAIL:	francis4436@gmail.com					
CLAIM TYPE:	OD <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	<u>YES</u> / NO ?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5117787439					
NAME OF DRIVER:	AS ABOVE / IF NO: LIAU CHANG HIN VOVI					
NRIC:	S8925024B		ANY PASSENGER:	1		
DATE OF BIRTH:	22 / 07 / 1989		LICENCE PASSED DATE:	17 / 11 / 2011		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P: 97537299		OFFICE:	HOME:		
ADDRESS:	Hougang Ave 4 B/K 661 #06-373					
EMAIL:	voviliau Chang HIN W <u>W</u> W <u>W</u> W <u>W</u> voviliau89@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Hirer					
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:					
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:					
ANY INJURIES:	NO / <u>IF YES, WHO?</u> Liau Chang Hin vovi					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	SDE3927H		ANY PASSENGERS:	-		
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:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	<u>front to rear</u>					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / <u>NO</u>
WORKSHOP PARTICULAR:	N-51 Automotive					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Leonard					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

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="26/03/2021 14:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SLD6445Y"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117787439		EASYDRIVE CAR RENTAL	53375868L	GPC	drive CLASSIC	SLD6445Y	SLD6445Y	24/06/2020	23/06/2021
					<input type="button" value="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: 5117787439

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD6445Y**
Chassis Number : RU11116194
2. Name of Policyholder : EASYDRIVE CAR RENTAL
3. Effective Date of Insurance : 24 Jun 2020
4. Expiry Date of Insurance : 23 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

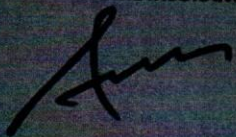
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 09 Jun 2020 13:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	868L
Vehicle Details	
Vehicle No.:	SLD6445Y
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2021
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	L15B4036201
Chassis No.:	RU11116194
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,273.00
Original Registration Date:	24 Jun 2016
First Registration Date:	24 Jun 2016
Transfer Count:	2
Actual ARF Paid:	\$10,383.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jun 2026
PARF Rebate Amount:	\$7,787.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,009.00
COE Rebate Amount:	\$24,127.00
Total Rebate Amount:	\$31,914.00

The information contained herein is correct as at 26 Mar 2021

OK

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	53375868L
Owner ID Type:	Business
Owner Name:	EASYDRIVE CAR RENTAL
Registered Address:	200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SLD6445Y
Previous Vehicle No.:	-
Effective Date of Ownership:	14 Mar 2018
Original Regn Date:	24 Jun 2016
Registration Date:	24 Jun 2016
Year of Manufacture:	2016
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	RU11116194
Engine No.:	L15B4036201
Engine Capacity / Power Rating:	1496 cc / -
Maximum Power Output:	96.0 kW (128 bhp)
Propellant:	Petrol
Max Unladen Weight:	1190 kg
Maximum Laden Weight:	1465 kg
Open Market Value:	\$20,273.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jun 2026

Claim Handling

Accident MT/1126402

Policy No.	5117787439	Vehicle No.	SLD6445Y	GST Registration No.	
Certificate No.					
Policyholder Name	EASYDRIVE CAR RENTAL			Policyholder NRIC	53375868L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83826855	Contact No.(Office)	0	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(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	31/03/2021 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/03/2021	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN TAN TOCK SENG				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1,500.00				
Total OD Excess Applicable	3,500.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	31/03/2021 10:27:47 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	5116832480-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/07/1989
Unnamed driver Name	LIAU CHANG HIN,VOVI	Driver NRIC	S8925024B	Driving Experience	9
Register Date of Driver License	17/11/2011	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	97537299	Contact No.(Office)	0	Address 3	SINGAPORE 530661
Address 1	BLK 661	Address 2	HOUGANG AVENUE 4	Post Code	530661
Address 4		Address Type	Singapore address		
Unit No.	#06-373			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	EASYDRIVE CAR RENTAL	Insured NRIC	53375868L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLD6445Y	TP Vehicle Number	SDE3927H
Claim Description	SLD6445Y / SDE3927H ON 26 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/03/2021 00:00
Date Registered	31/03/2021 10:36	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1126402	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2021 00:00		

Path *

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

Message Read


▼ Attachment List

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

☐ Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:36	SAS		Normal	SAS 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:35	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:35	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:35	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:35	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:30	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:30	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:30	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:30	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 10:30	Photos		Normal	Photos 2021-3-31	

Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	---	--------

Display in New Window

Scan and uploading