

NATIONAL Assessment Centre Services. Part 1 Jan 03

Date In: 30/03/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21004062/13	SAS e-filing		
Veh No SKV5067D	E-mail (within 2hrs, AIC 2hrs)		
DTA: 29/03/21 1320	I-Motor Claim Form 31/03 MT/1126425-001		
OT: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBD3976U	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%; I: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

GENERAL INFORMATION	
() 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: (

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

Injury: ()

Damage Details	

NA 2102293

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Idao Mobile	30
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI: 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	30/03/2021 15:55 (SGT)
Date of Accident	29/03/2021 13:20 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	PIE B4 SENGKANG WEST RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5067D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN CHEE FONG
NRIC No	SXXXX977C
Email Address	EUNICE_CHANHUIEN@LIVE.COM.SG
Mobile Phone No	(Phone) +65-93671863
Alternative Phone No	+65-936718636

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120946442
Cover Note Number	-

DRIVER

Name of Driver	EUNICE CHAN HUI EN
NRIC No	SXXXX270J

Date Of Birth	20/05/1997
Occupation	Indoor
Date Of Driving Pass	13/05/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93671863
Alt. Phone Number	-
Email Address	EUNICE_CHANHUIEN@LIVE.COM.SG
Address	BLK 203 PASIR RIS ST 21
Address complement	#09-312
Postcode	510203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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?	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	TAN BOON LEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20210329/7050

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	GBD3976U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SKU479L
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	SLP8389A
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	EUNICE CHAN HUI EN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKV5067D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN BOON LEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKV5067D
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' 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE (PIE) B4 SENGKANG WEST RD

	<p>(A) SKV 5067D</p> <p>(B) 6BD 3976U</p> <p>(C) SKU 479L</p> <p>(D) SLP 8389A</p>
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
Describe Circumstances of the Accident

On 29-03-2021 at about 13:20hrs, I was travelling along
TPE (PIE) Before Sengkang West Rd Exit. The traffic was on
moderate moved. Ahead of me, there's a vehicle slow down and stop.
I follow suit. All of a sudden I felt an hard impact from
the rear. Then I realised a van SBD 3976U had collided onto
my rear. Due to the hard impact, my vehicle moved forward and
collided onto SLV 8389A - Total 4 vehicles involved in the accident.


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

 30/03/21

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



F/20210329/7050

1 of 2

POLICE REPORT (NP299)

Report No. F/20210329/7050

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 29/03/2021 21:31	Vide Report No.	Station Diary No.
Name Of Informant EUNICE CHAN HUI EN	Address 203 PASIR RIS STREET 21 #09-312 SINGAPORE 510203	
ID Type / ID No. NRIC NO / S9716270J	Contact No. Home/Office: Mobile: 93671863	
Nationality SINGAPORE CITIZEN	Email Address EUNICE CHANHUIEN@LIVE.COM.SG	
Occupation Scientist	Sex Female	Age 23
Institution/School Name	Date of Birth 20/05/1997	Race Chinese
Date/Time Of Incident 29/03/2021 13:20	Location Of Incident SELETAR EXPRESSWAY	

Brief details.

On the stated date and time I was travelling with my mum Tan Boon Lee (S1781353F) on our vehicle SKV5067D. I was the driver and my mum was the front passenger. As the vehicle SLP8389A in front of me stopped I follow suit. Suddenly vehicle GBD3976U who was behind me hit onto our vehicle rear portion and propel my vehicle forward and hit onto my front vehicle. We then alighted and realised that it was a 4 vehicle chain collision. I was the 2nd car.

Order as follows:

1. SLP8389A

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2021 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210329/7050

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210329/7050

2. SKV5067D

3. GBD3976U

4. SKU479L

The impact was so great that me and my mum suffered pains on our bodies. We then proceeded to Our Family Physician Clinic & Surgery to seek treatment and we were both given 5 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

29/03/2021 21:31

Classification Of Case:

Authentication Stamp

Date of Accident : 29.03.2021 Accident Time: 13:20hrs (24-HR-Format)
Accident Place : (TPE CRE) Before Sunokang West Rd
Vehicle. No. (Car Plate No.) : SKV 5067D Make/Model: Nissan X-Trail 2.0AT ABS 4WD SR 7-STR
Insurance Company : NTUC Policy No: 5120946442
Owner or Company Name /IC No. : Chan Chul Fong CS1719977(C)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Eunice Chan Hui An CS9716270(J)
DRIVER'S Date Of Birth : 20.05.1997 DRIVER'S License Pass Date 13.05.2016
Relationship of Owner & Driver : Spouse \ Parents \ ☒ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 203 Pasir Ris St 21 #09-312 S(510203)
DRIVER'S Contact No./ Alt No. : 1) 93671863 2) _____
DRIVER'S Occupation : ☒ INDOOR \ ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : eunice_chanhuien@live.com.sg
Weather & Road Surface : CLEAR & DRY \ ☒ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ ☒ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 pax
Was there any video Captured by car camera: YES \ ☒ NO
Exact purpose for which vehicle was being used at the time of accident: ☒ Private use \ Work purpose
Any Injury (If YES, Pls state): Yes both

⑥

Other Party Driver's Particular (if any)

Vehicle. No: GBD 39764 (A/B)

Vehicle. No: SKU 479L ⑦

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① Tan Boon Lee ② F

⑥ SLR 8389A

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: 5120946442

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKV5067D**
 Chassis Number : JN1JANT32Z0000856
2. Name of Policyholder : CHAN CHEE FONG
3. Effective Date of Insurance : 09 Feb 2021
4. Expiry Date of Insurance : 08 Feb 2022
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.

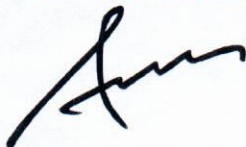
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHAN CHEE FONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : SONA INSURANCE AGENCIES PTE. LTD. (00000573866)

Date of Issue : 09 Feb 2021 15:43 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:	Singapore NRIC	
Owner ID:	977C	
Vehicle Details		
Vehicle No.:	SKV5067D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	30 Apr 2021	
Vehicle Make:	NISSAN	
Vehicle Model:	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR	
Primary Colour:	White	
Manufacturing Year:	2015	
Engine No.:	MR20734530B	
Chassis No.:	JN1JANT32Z0000856	
Maximum Power Output:	106.0 kW (142 bhp)	
Open Market Value:	\$21,934.00	
Original Registration Date:	21 Sep 2015	
First Registration Date:	21 Sep 2015	
Transfer Count:	2	
Actual ARF Paid:	\$22,708.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	20 Sep 2025	
PARF Rebate Amount:	\$15,895.00	
Intended COE Rebate Details		
COE Expiry Date:	20 Sep 2025	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$62,101.00	
COE Rebate Amount:	\$27,255.00	
Total Rebate Amount:	\$43,150.00	

The information contained herein is correct as at 29 Mar 2021

OK

Claim Handling

Accident MT/1126425

Policy No.	5120946442	Vehicle No.	SKV5067D	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN CHEE FONG			Policyholder NRIC	S1719977C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93671863	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(%)	0	Private Hire	No

Accident Details

Report Date	31/03/2021 11:20	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/03/2021	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE(PIE)B4 SENGKANG WEST RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	3,100.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 203 #09-312	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510203
Address 4		Address Type	Singapore address	Post Code	510203
Unit No.		Related Policy Number	5120946442		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	EUNICE CHAN HUI EN	Driver NRIC	S9716270J	Driver DOB	20/05/1997
Register Date of Driver License	13/05/2016	Driver Age	23	Driving Experience	4
Contact No.(Mobile)	93671863	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 203	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510203
Address 4		Address Type	Singapore address	Post Code	510203
Unit No.	#09-312				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	CHAN CHEE FONG	Insured NRIC	S1719977C
Contact No.(Mobile)	98268532	Contact No.(Home)	65838263	Contact No.(Office)	
Email Address		OI Vehicle Number	SKV5067D	TP Vehicle Number	GBD3976U
Claim Description	SKV5067D / GBD3976U ON 29 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 11:36	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			



















Print AK letter

Save Submit

Attachment

Accident No.	MT/1126425	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2021 00:00			
Path *		Category *	Confidential	Urgency *	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	
Attachment List						

Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:36	SAS		Normal	SAS 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:36	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:33	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:33	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:33	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:33	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:33	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:33	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:27	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:27	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:27	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:27	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:27	Photos		Normal	Photos 2021-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2021 11:27	Photos		Normal	Photos 2021-3-31	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
Display in New Window Scan and uploading						