

Date In: 23/11/17 17:34	Job description	Date & Time Completed	Done by
Ref No: NRI/INC-17022402/h4	SAS e-filing		
Veh No: FBG 4499 K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/11/17 22:00	i-Motor Claim Form	MT/0970973	24/11/17 09:04
OD <input checked="" type="radio"/> 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:

SHC 1489 G

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ref 10 Jan 2004)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI 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		
QC Checked by (Engr-In-Charge):	Invoice dated:	Fee Charged	
Auditors' Comments:-	Invoice dated:	Fee Charged	
Date 1:			
Date 2/3:			

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 ability.
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 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 Report	23/11/2017 17:34
Date Of Accident	20/11/2017 22:00
Exact Location Of Accident	CLEMENTI RD AFTER CLEMENTI AVE 2 B4 ULU PANDAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4498K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARISMAN BIN ARMAN
NRIC No	S9226240E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87506091
Alternative Phone No	OFFICE-87506091

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5078078257-01
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD ARFIZAN BIN ARMAN
NRIC No	S9732615J
Date Of Birth	16/09/1997
Occupation	INDOOR
Date Of Driving Pass	26/02/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93226469
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 559 AMK AVE 10 #03-1838
Postcode	560559
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1489G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ARFIZAN BIN ARMAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBG4498K

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

New 23/11/17
Policyholder's Signature
Date & Time:

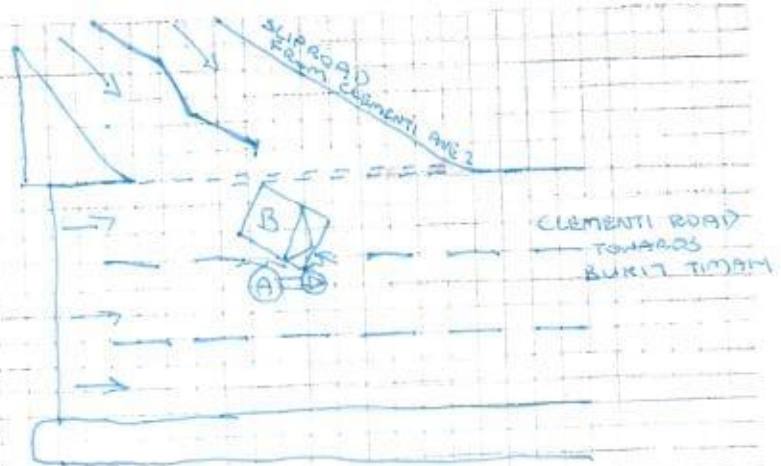
Chien
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A - FBG 4498K

VEHICLE B - SHC 1489G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/20171122 / 2049

VEHICLE A - FBG 4498K

TRAFFIC POLICE DIVISION

VEHICLE B - SHC 1489G

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Mew 23/11/17
Policyholder's Signature
Date & Time:

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

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

Vehicle No.	FBG 4498K		Model / Make	KTM 200 DUKE
Date of Accident	20/11/2017			
Time of Accident	2200		HRS	
Location of Accident	CLEMENTI ROAD AFT CLEMENTI AVE 2 BEFORE ULU PANDAN R17			
Exact purpose use during accident	PRIVATE USE			
Name of Owner	MUHAMMAD ARISMAN BIN ARMAN			
Telephone No.	H/P : 8750 6091		Home :	Office :
NRIC	S9226240E			
Address	BLK 559 ANH MO KIO AVE 10 #03-1838 S(560559)			
Claim type	OD THIRD PARTY REPORTING ONLY			
Insurance Company	UTIC			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.	S0780 75257-01			
Name of Driver	As Above If No, MUHAMMAD ARIFAN BIN ARMAN			
NRIC	S91732615J		Any Passengers : NIL	
Date of birth	16 SEP 1997			
Occupation	Outdoor / Indoor			
Driving License Pass Date	05 APR 2017 CLASS 2A			
Gender	Male / Female			
Contact No.	H/P : 73226469		Home :	Office :
Address	BLK 559 ANH MO KIO AVE 10 #03-1838 S(560559)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee,		If no, state BROTHER	
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.	MUHAMMAD ARIFAN BIN ARMAN 93226469			
Name And Contact No.				
Police Report	No, If Yes, Where? TRAFFIC POLICE DIVISION			
Vehicle B No.	SHC 1489 G		Any Passengers : NIL	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	Witness Contact :			
Accident Portion	HIT ON LEFT OF VEHICLE AND FALL ON THE RIGHT.			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	MOTO 51 Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	JACKY			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



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

Report No. T/20171122/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 12:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: MUHAMMAD ARFIZAN BIN ARMAN		Address: APT BLK 559 ANG MO KIO AVE 10 #03-1838 HDB-ANG MO KIO SINGAPORE 560559		
ID Type / ID No.: NRIC NO / S9732615J		Contact No.: Home/Office: Mobile: 93226469		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 20	Date of Birth: 16/09/1997	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2017 22:00	Type of Location: Straight Road
Location: CLEMENTI ROAD AFT CLEMENTI AVE 2 BEFORE ULU PANDAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4498K	Motorcycle	KTM	200 DUKE	Black		0
SHC1489G	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		0



**SINGAPORE
POLICE FORCE**



T/20171122/2049

2 of 3

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

Report No. T/20171122/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD ARFIZAN BIN ARMAN	ID No.	S9732615J
Related Vehicle	NIL	Contact No.	93226469
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	20/11/2017	Date Discharge	20/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS RIDING ALONG CLEMENTI ROAD ON THE SECOND LANE OF A 3 LANE ROAD . WHEN PASSING BY THE FILTER LANE , A TAXI FROM THE FILTER LANE DASH OUT AND SIDE SWIPE MY VEHICLE MAKING ME TO LOSE MY BALANCE AND FELL ONTO THE ROAD.



**SINGAPORE
POLICE FORCE**



T/20171122/2049

3 of 3

Report No. T/20171122/2049

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

MUHAMMAD MIRZA SYAHMI BIN HARMIZI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

22/11/2017 12:33

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

Signature: _____


Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9732615J**
Name: **MUHAMMAD ARFIZAN BIN ARMAN**

Birth Date: **16 Sep 1997**
Issue Date: **26 Feb 2016**

002541783E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9732615J**



Name

MUHAMMAD ARFIZAN BIN ARMAN

Race

MALAY

Date of birth

16-09-1997

Country of birth

SINGAPORE

Sex

M

S9732615J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

C Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

EFFECTIVE DATE

26 Feb 2016
05 Apr 2017

S9732615J

S / No. 9000256319

NP 428A



4835104



NRIC No. **S9732615J**

Date of issue

29-02-2012

Address

**APT BLK 559 ANG MO KIO AVENUE 10
#03-1838
SINGAPORE 560559**

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5078078257-01 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : FBG4498K
Chassis Number : VBKJUC4A4CC005507

2. Name of Policyholder : MUHAMMAD ARISMAN BIN ARMAN

3. Effective Date of Insurance : 03 Mar 2017

4. Expiry Date of Insurance : 02 Mar 2018

5. Persons or Classes of Persons entitled to drive#
(a) Named Driver(s) Only.
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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD ARISMAN BIN ARMAN
NAMED DRIVER (2)	: MUHAMMAD ARFIZAN BIN ARMAN
HIRE PURCHASE COMPANY	: HENG MOTOR ENTERPRISE
SUM INSURED	: N/A

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 : ODDS & EVEN (00000614917)
Date of Issue : 23 Jan 2017 15:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0970973

Policy No.	5078078257-01	Vehicle No.	FBG4498K	GST Registration No.	
Policyholder Name	MUHAMMAD ARISMAN BIN ARMAN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	87506091	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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		

Accident Details

Report Date	24/11/2017 09:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chan
Date of Accident	20/11/2017	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI RD AFTER CLEMENTI AVE 2 B4 ULU PANDAN RD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 559 #03-1838	Address 2	ANG MO KIO AVENUE 10	Address 3	
Address 4	SINGAPORE 560559	Address Type	Singapore address	Post Code	
Unit No.	03-1838	Related Policy Number	5078078257-01		

OI Driver Info

Driver Name	MUHAMMAD ARFIZAN BIN ARMAN	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S97326153	Driving Experience	
Register Date of Driver License	26/02/2016	Driver Age	20	Contact No.(Home)	
Contact No.(Mobile)	93226469	Contact No.(Office)		Address 3	
Address 1	BLK 559 #03-1838	Address 2	ANG MO KIO AVENUE 10	Post Code	
Address 4	SINGAPORE 560559	Address Type	Singapore address		
Unit No.	03-1838				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD ARISMAN BIN ARM	Insured NRIC	
Contact No.(Mobile)	91816091	Contact No.(Home)	67292729	Contact No.(Office)	
Email Address	muhdarisman@gmail.com	OI Vehicle Number	FBG4498K	TP Vehicle Number	
Claim Description	FBG4498K / SHC1489G ON 20 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	24/11/2017 09:04	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0970973	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 09:04

Path *

Browse... Clear Please Select

Category *

Confidential ☐ Urgency ☐ Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	*	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	*	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	*	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	*	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	*	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:04	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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