

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118002358

Date In: 5/1/18-10:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18000300/24	SAS e-filing		
Veh No: JTP 6310M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/1/18-09:40	i-Motor Claim Form	M10976489	5/1/18 10:58
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: Vch No: X07873X 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% P: 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

NA1800148

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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 (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TF (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 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	05/01/2018 10:20
Date Of Accident	04/01/2018 09:40
Exact Location Of Accident	BEFORE JUNC BALESTIER RD & SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6310M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KAH SIONG JOSEPH
NRIC No	S1397750Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84880234
Alternative Phone No	OFFICE-84880234

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095787273
Cover Note Number	

### Driver

Name of Driver	TAN KAH SIONG, JOSEPH
NRIC No	S1397750Z
Date Of Birth	24/04/1959
Occupation	INDOOR
Date Of Driving Pass	09/03/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84880234
Fax Number	
Contact Number	OFFICE-84880234
Email Address	NOEMAIL

Address	10 AVA ROAD #15-05
Postcode	329949
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180105/2027

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7873X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

TAN KAH SIONG, JOSEPH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJP6310M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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:

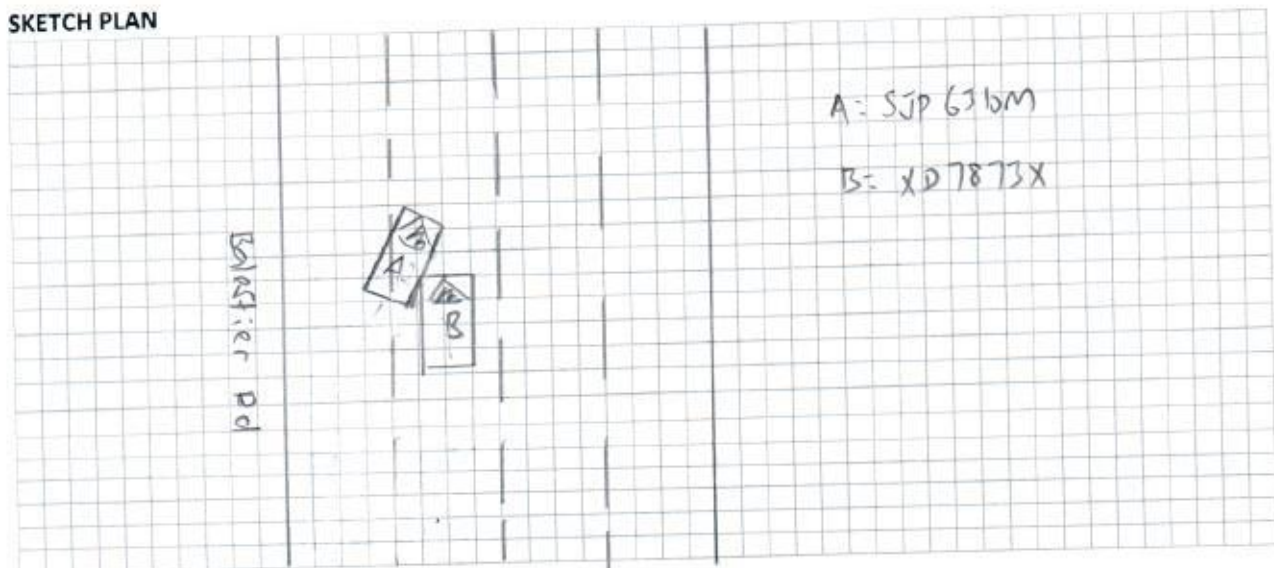
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/20180105/2027.

## 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:

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





# SINGAPORE POLICE FORCE



T/20180105/2027

1 of 4

Report No. T/20180105/2027

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2018 09:53	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TAN KAH SIONG, JOSEPH			Address: 10 AVA RD #15-05 AVA TOWERS SINGAPORE 329949		
ID Type / ID No.: NRIC NO / S1397750Z			Contact No.: Home/Office: Mobile: 84880234		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 24/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BUSINESS			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2018 09:40	Type of Location: X-Junction
Location: Along Road 1 BALESTIER ROAD				
BEFORE JUNCTION OF SERANGOON ROAD TOWARDS CITY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP6310M	Car	HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	Black		0
XD7873X	TRUCK	VOLVO	FEE300 64R DC MANUAL	White		0





# SINGAPORE POLICE FORCE



T/20180105/2027

2 of 4

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

Report No. T/20180105/2027

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP6310M	NTUC Income Insurance Co-Operative Limited	5095787273	10/11/2017	09/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN KAH SIONG, JOSEPH		ID No.	S1397750Z
Related Vehicle	SJP6310M (Car)		Contact No.	84880234
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	04/01/2018		Date Discharge	04/01/2018
No. of Days granted Medical Leave		05	Degree of Injury	NIL
Driver				
Name	ONG TECK LEE		ID No.	S0210751A
Related Vehicle	XD7873X (TRUCK)		Contact No.	91769813
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,  
I WAS STATIONARY AT THE JUNCTION OF BALESTIER ROAD BY SERANGOON ROAD ON THE EXTREME LEFT LANE WITH MY RIGHT SIGNAL ON, AS THE TRAFFIC LIGHT WAS RED AND I WANTED TO PROCEED STRAIGHT. THEREFORE I NEED TO MAKE A LANE CHANGE TO THE SECOND LANE FROM THE LEFT AS THE EXTREME LEFT LANE WAS A LEFT TURN ONLY. MY VEHICLE WAS ALREADY ONE QUARTER INTO THE SECOND LEFT LANE AND I STOPPED BECAUSE ALL TRAFFIC HAS STOPPED DUE TO TRAFFIC LIGHT BEING RED. AFTER THE TRAFFIC LIGHT TURN GREEN, I WANTED TO CONTINUE TO THE RIGHT, AS I WAS MOVING OFF, I FELT AN IMPACT FROM THE RIGHT REAR PORTION. AFTER WHICH WE CAME DOWN AND EXCHANGE PARTICULARS AND LEFT THE SCENE AS THERE WAS NO EXTERNAL INJURY. ABOUT 1 HOUR LATER, I FELT PAIN IN MY LOWER BACK AND SHOULDER NECK AREA, SO I PROCEEDED TO MOUNT ALVERNIA HOSPITAL TO GET MYSELF CHECK AND WAS GIVEN 5 DAYS MEDICAL LEAVE.





**SINGAPORE  
POLICE FORCE**



T/20180105/2027

3 of 4

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

Report No. T/20180105/2027

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180105/2027

4 of 4

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

Report No. T/20180105/2027

**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 /  
NICHOLAS YEO HAO QUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/01/2018 09:53

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 





## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and  
Emergency Department  
No: M18000204

This is to certify that TAN KAH SIONG JOSEPH (S1397750Z) is granted medical leave for 5 day  
(s) from 04/01/2018 to 08/01/2018.

**Type of medical leave:**

- ☒ OUTPATIENT SICK LEAVE  
☐ HOSPITALISATION LEAVE  
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

HO LI CHIN  
MBBS (SINGAPORE)  
MCR : 06147F

04/01/2018

Date

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1397750Z**

Name  
**TAN KAH SIONG, JOSEPH**

Birth Date: **24 Apr 1959**

Issue Date: **27 Jan 2003**

000153131G




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1397750Z**

Name  
**TAN KAH SIONG, JOSEPH**

**陈家祥**

Race  
**CHINESE**

Date of Birth: **24-04-1959** Sex: **M**

Country of Birth  
**SINGAPORE**






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

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	27 Dec 1976
Class 2A	Motorcycles between 201 CC and 400 CC	27 Dec 1976
Class 2	Motorcycles > 400 CC	27 Dec 1976
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Mar 1977
Class 4	Heavy motor cars and motor tractors > 2500 kg	26 Nov 2013

S1397750Z

S / No. 9000200020

Licence No. S1397750Z



NP 428A

0429012

Barcode

NRIC No. **S1397750Z**



Blood Group: **O+** Date of issue: **16-07-1992**

**10 AVA ROAD #15-05 SINGAPORE 329949**

NRIC No. **S1397750Z** Date: **16-11-2000** No: **3621954**



eBaoTech

[Change Language](#) [Change Password](#) [Log Out](#)

Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

04/01/2018 09:40

Vehicle No.(For Motor)

SJP6310M

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095787273	TAN KAH SIONG JOSEPH	S1397750Z	GPC	Third Party	SJP6310M	SJP6310M	10/11/2017	09/11/2018

## ▼ Policy Information

Policy No.	5095787273	Policyholder Name	TAN KAH SIONG JOSEPH	Policyholder NRIC	S1397750Z
Address	2 KALLANG AVENUE #08-16 CT HUB SINGAPORE 339407				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/11/2017	Effective Date	10/11/2017 00:00	Expiry Date	09/11/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	10 AVA ROAD	Address 2	#15-05 AVA TOWER	Address 3	SINGAPORE 329949
Address 4		Address Type	Singapore address	Post Code	329949
Unit No.	15-05	Related Policy Number	5095787273		

## ▶ Insured Object: SJP6310M

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/0976489

Policy No.	5095787273	Vehicle No.	SJP6310M	GST Registration No.	S13
Policyholder Name	TAN KAH SIONG JOSEPH	Cover Type	Third Party	Policyholder NRIC	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	84880234	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

## Accident Details

Report Date	05/01/2018 10:55	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	04/01/2018	Time of Accident hh:mm	09:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEFORE JUNC BALESTIER RD & SERANGOON RD				

## Benefits

## Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	10 AVA ROAD	Address 2	#15-05 AVA TOWER	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	3291
Unit No.	15-05	Related Policy Number	5095787273		

## OI Driver Info

Driver Name	TAN KAH SIONG JOSEPH	Driver Type	Main Driver	Driver DOB	24/01/1977
Unnamed driver Name		Driver NRIC	S13977502	Driving Experience	40
Register Date of Driver License	09/03/1977	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	84880234	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	10 AVA ROAD	Address 2	AVA TOWER	Post Code	3291
Address 4		Address Type	Singapore address		
Unit No.	15-05			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TAN KAH SIONG JOSEPH	Insured NRIC	S13
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJP6310M	TP Vehicle Number	XD7
Claim Description	SJP6310M / XD7873X ON 4 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	05/01/2018 10:58	Claim Close Date		Date Received	05/01/2018
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
			Save	Submit	

## Attachment

# Claim Handling(accident reporting Claim Task )

1/5/2018

Accident No.

MT/0976489

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

05/01/2018 11:00

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

Category *	Confidential	Urgency *
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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 11:00	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:59	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2018 10:58	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading