

# NATIONAL Assessment Centre Services (wef 1 Jan 09) MNA 118015705

Date In: 11/2/18 10:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 1800 1982/4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SJM 1789P	i-Motor Claim Form	MT/0980536	11/2/18 16:45
D.O.A: 31/1/18 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (P) Reporting Only	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: 35229 MID INC ( ) / Non-INC ( )		
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]		
Year of Registration: ( ) Warranty: YES ( ) / NO ( )		
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )		

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1800716		<b>Invoice Preparation Checklist</b>		Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);	INC (\$80)	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100);			
Contact No:		3) TF: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2009)			
Sat 1:		6) TR: Re-inspection	\$75		
Sat 2/3:		7) N1: Idac DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		9) QP:			
		*N5: Courtesy Car / Tpl 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	\$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 willful 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	01/02/2018 10:32
Date Of Accident	31/01/2018 14:00
Exact Location Of Accident	OUTSIDE SELETAR CAMP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1789P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APEX CAR LEASING
Co Reg No	53337283J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91114442

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5081063948-01
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD ALI HANAFIAH BIN MOHAMED NOOR
NRIC No	S8536549E
Date Of Birth	02/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114442
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 101 BEDOK RESERVOIR RD #05-454
Postcode	470101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	35229MID
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

GOVERNMENT

Name of Driver

JEREMY TAN JIA HAO

NRIC/Passport Number

S9805942C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.:



## Personal Particulars

Date of Accident: 31/1/18 Time of Accident: 2-00 PM  
Exact Location of Accident: Outside Selayar Camp  
Owner's Name: Apex Car Leasing NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Mohd Ali Haniffah Bin Mohd Noor NRIC No: 58536549F HP No: 91114442  
Date of Birth: 2/11/1985 Driving Licence Passing Date: 23/4/2009 Occupation: Indoor / Outdoor  
Address: BK Wj Bekk Reservoir Rd #05-454 C470101  
Relationship of Driver with Insured: Hire Email Address: \_\_\_\_\_  
Vehicle No: 5JM 1789 P Make & Model: Toyota Vios  
Insurance Co: NTUC Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 3 B: 1 + 1 C: \_\_\_\_\_ D: \_\_\_\_\_  
men

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes / ☒ No)

## Third Party Driver's Particulars

Vehicle B No: 35229 MID Make & Model: \_\_\_\_\_  
Driver's Name: Jeremy Tan Jit Hao NRIC No: 59805942C HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



F/20180131/7031

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20180131/7031

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

Date/Time Report Made 31/01/2018 16:42	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ALI HANAFIAH BIN MOHAMED NOOR	Address APT BLK 101 BEDOK RESERVOIR ROAD #05-454 SINGAPORE 470101	
ID Type / ID No. NRIC NO / S8536549E	Contact No. Home/Office: Mobile: 91114442	
Nationality SINGAPORE CITIZEN	Email Address aligoli07des@yahoo.com.sg	
Occupation BRANCH MANAGER	Sex Male	Age 32
Institution/School Name	Date of Birth 02/11/1985	Race Boyanese
Date/Time Of Incident 31/01/2018 14:00	Location Of Incident 101 BEDOK RESERVOIR ROAD #05-454 SINGAPORE 470101	

**Brief details.**

Military vehicle (35229 MID) was in front of my car (SJM 1789P) waiting for the traffic light to turn green outside Seletar camp. When the traffic light turn green, military vehicle (35229 MID) suddenly rolled back and hit onto my car (SJM 1789P) which was still stationary. Traffic condition was minimal and weather was clear but there is a slope about 35 degrees. The driver (LCP Jeremy Tan) claim that the break was faulty and he was under familirazation training. As such, his officer (LTA Jarren Kok - Hp no 91863554) came out to access the situation and we was told to mak claim via LKK Auto Consultants Pte Ltd.

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: 31/01/2018 16:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20180131/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180131/7031

Subjects Involved			
<b>Suspect</b>			
Person Name	Jeremy Tan Jia Hao		
ID Type	NRIC NO	ID No	S9805942C
Gender	Male	Age	19-20
Race	Chinese	Language	English
Occupation	Other government associate professionals nec	Address Type	HDB / HUDC
Address	APT BLK 4 jalan minyak #04-312 SINGAPORE 163004		
<b>Victim</b>			
Person Name	MUHAMMAD ALI HANAFIAH BIN MOHAMED NOOR		
ID Type	NRIC NO	ID No	S8536549E
Gender	Male	Age	32
Race	Boyanese	Language	English
Occupation	BRANCH MANAGER	Address Type	
Address	APT BLK 101 BEDOK RESERVOIR ROAD #05-454 SINGAPORE 470101		Mobile No
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD ALI HANAFIAH BIN MOHAMED NOOR (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

31/01/2018 16:42

Classification Of Case:







### 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: 5081063948

Cover : Third Party

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

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.

- ### 5. 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.

ii) 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)	: SS1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INSURE LINK PTE LTD (00000614836)  
Date of Issue : 06 Jun 2016 15:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Insurance Pte Ltd  
2 K... 28-16  
CT Hub S(3)940  
On : 6444 4444  
F : 6444 0000  
Authorized Officer

### Chief Executive



## Claim Handling

Accident MT/0980536

Policy No.	5081063948-01	Vehicle No.	SJM1789P	GST Registration No.	
Policyholder Name	APEX CAR LEASING			Policyholder NRIC	53331
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91114442	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	Yes

**Accident Details**

Report Date	01/02/2018 16:32	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	31/01/2018	Time of Accident hh:mm	14:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE SELETAR CAMP				

**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	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	756 UPPER SERANGOON ROAD	Address 2	#01-33 UPPER SERANGOON SH	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53461
Unit No.	01-33	Related Policy Number	5081063948-01		

**01 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/11
Unnamed driver Name	MUHAMMAD ALI HANAFIAH BIN	Driver NRIC	S8536549E	Driving Experience	8
Register Date of Driver License	23/04/2009	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	91114442	Contact No.(Office)		Address 3	EUNO
Address 1	BLK 101 #05-454	Address 2	BEDOK RESERVOIR ROAD	Post Code	47011
Address 4	SINGAPORE 470101	Address Type	Singapore address		
Unit No.	05-454				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	APEX CAR LEASING	Insured NRIC	53331
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SJM1789P	TP Vehicle Number	35225
Claim Description	SJM1789P / 35229MID ON 31 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Recei
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	01/02
Date Registered	01/02/2018 16:43	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0980536	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2018 16:45

Path *	Category *	Confidential	Urgency *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>

#### Attachment List

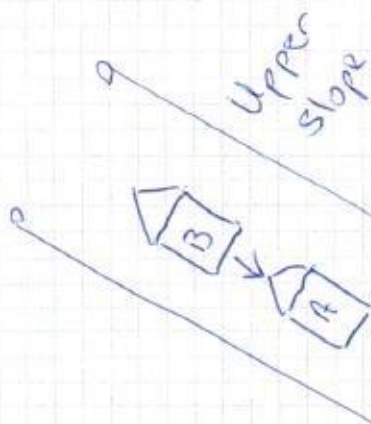
Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:45	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:45	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:45	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 16:43	Photos	Normal	Photos 2018

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



# SKETCH PLAN



Outside Sektor Camp

DOA: 31/1/18

A: SJM 1789P

B: 35229 MID

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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