

NATIONAL Assessment Centre Services

Form 1 Jan 2005

Date Inc: 02/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002074/13	SAS e-filing		
Veh No: SJF1184B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/02/18 0845	i-Motor Claim Form	MT/0980596	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel:

Fax:

TP Particulars:

Veh No:

SJF786SA

INC () / Non-INC ()

Tel:

Owner / Driver: ()

Cover Type: ()

Policy No: ()

Period: ()

Date:

Time:

Confirmed by: ()

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:-	Date & Time Completed	Done by
(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 (\$) In Bill	Amt (\$) 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) RT: 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		
	TP (N11): TP (N'n 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	
Cat. 1:			
Cat. 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 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	02/02/2018 09:13
Date Of Accident	01/02/2018 08:45
Exact Location Of Accident	JALAN KAYU TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE1184B
Insured/Policyholder	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE LTD
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93639889

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091577771
Cover Note Number	

Driver

Name of Driver	MOHAMED OMAR BIN MOHAMED SAID
NRIC No	S8908703A
Date Of Birth	10/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86601310
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 110 JALAN BUKIT MERAH #05-1560
Postcode	160110
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?	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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180201/2079

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	SJF7865A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED OMAR BIN MOHAMED SAID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJE1184B
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.



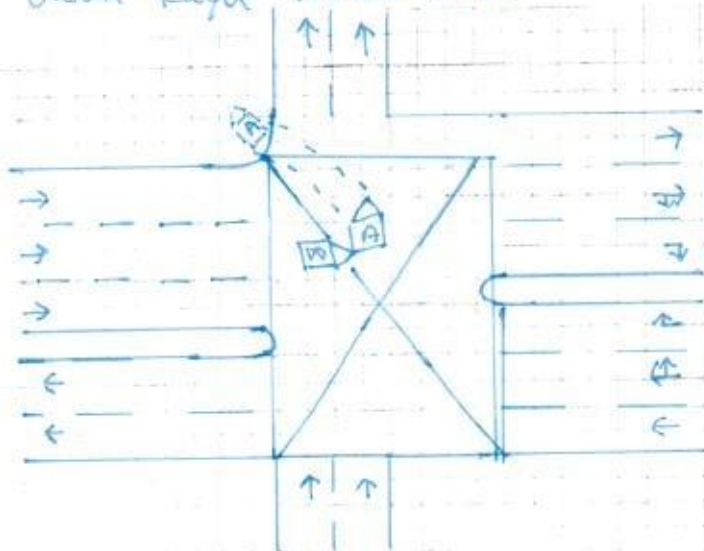
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Jalan Kaya Toward CTE



A-SJE 1184 B

B-SJF 7865A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180201/2079

DECLARATION

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



Policyholder's Signature
Date & Time:

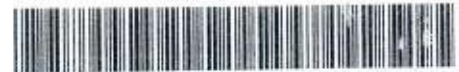
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature 02/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJE 1184 B		Model / Make	Toyota Allion
Date of Accident	1/2/18			
Time of Accident	08.45	HRS		
Location of Accident	Jalan Kaya toward CTE			
Exact purpose use during accident	Private Use			
Name of Owner	Enterprise Car Rental Pte Ltd			
Telephone No.	H/P : 9363 9889	Home :	Office :	
NRIC	201701215C			
Address	103 Defu Lane 10 #01-05 Fna Group Building S(539223).			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5091577771			
Name of Driver	As Above (If No, Mohamed Omar Bin Mohamed Said)			
NRIC	58908703A		Any Passengers : Nil	
Date of birth	10/2/1989			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	24 Jun 2013			
Gender	Male	/	Female	
Contact No.	H/P : 8660 1310	Home :	Office :	
Address	B11C 110 Jalan Bukit Merah #05-1560 S(160110)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	(If no, state Hirer		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	(If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	(If Yes, Where? Hougang NPP		
Vehicle B No.	SJF 7865A	Any Passengers : 1		
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	Rear And Front Right Portion			
Camera Recorder	Yes / (No)			
Email Address				
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Amos			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



**SINGAPORE
POLICE FORCE**



T/20180201/2079

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180201/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 13:35		Vide Report No.: F/20180201/0114		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: MOHAMED OMAR BIN MOHAMED SAID			Address: APT BLK 110 JALAN BUKIT MERAH #05-1560 SINGAPORE 160110		
ID Type / ID No.: NRIC NO / S8908703A			Contact No.: Home/Office: Mobile: 86601310		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 10/02/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: AIRPORT EMERGENCY OFFICER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2018 08:45	Type of Location:
Location: Along Road 1 JALAN KAYU Along Jalan Kayu Flyover towards CTE				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE1184B	Car				Seriously Damaged	0
SJF7865A	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180201/2079

2 of 3

Report No. T/20180201/2079

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Brief Details.

I am lodging this report for record and insurances purposes.

On 01/02/2018 at about 0845hrs, I travelling along Jalan Kayu Flyover towards CTE in my vehicle (SJE 1184B). After which I came to a stop at the traffic junction and was ready to make a right turn.

I then waited for the green right arrow before making a right turn and when doing so, I checked my blindspot before making the right turn and suddenly there was another vehicle (SJF 7865A) which was travelling straight. I wish to state that I thought the vehicle was going to stop as it was a red light however, the vehicle beat the red light and collided onto my vehicle.

I wish to state that traffic police attended to my accident and the other driver admitted to beating red light. I wish to state that I did not suffer any injuries at the moment and my vehicle's back bumper was dislodged and dented. Furthermore, the right front headlight was also damaged when my vehicle collided onto one of traffic light nearing the traffic junction.



**SINGAPORE
POLICE FORCE**



T/20180201/2079

3 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180201/2079

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:

F /

Sgt 1 ONG YU HAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

S/4 C36

Signature Of Informant:

Date/Time:

01/02/2018 13:35

Classification Of Case:


Authentication Stamp

NP168

Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8908703A



Name
MOHAMED OMAR BIN MOHAMED SAID

Race
MALAY

Date of birth
10-02-1989

Country of birth
SINGAPORE

Sex
M

3477799

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8908703A**

Name
MOHAMED OMAR BIN MOHAMED SAID

Birth Date: **10 Feb 1989**

Issue Date: **23 Jan 2013**



002145076C

3477799



NRIC No. **S8908703A**



Date of issue
25-02-2004

APT BLK 110 JALAN BUKIT MERAH #05-1560
SINGAPORE 160110

NRIC No: **S8908703A** Date: **08/01/2016**


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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	23 Jan 2013
Class 1A Motorcycles between 201 CC and 400 CC	23 Jan 2013
Class 2 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	23 Jan 2013
Class 4 Heavy motor cars and motor tractors > 2500 kg	14 Nov 2013

S8908703A S / No. 9000219023

NP 428A

Licence No: **S8908703A**



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: 5091577771

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJE1184B**
 Chassis Number : NZT2603020650
2. Name of Policyholder : ENTERPRISE CAR RENTAL PTE LTD
3. Effective Date of Insurance : 25 Jul 2017
4. Expiry Date of Insurance : 24 Jul 2018
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 01 Jun 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0980596

Policy No.	5091577771	Vehicle No.	SJE1184B	GST Registration No.	
Policyholder Name	ENTERPRISE CAR RENTAL PTE LTD			Policyholder NRIC	201
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93639889	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	02/02/2018 09:36	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	01/02/2018	Time of Accident hh:mm	08:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN KAYU TWDS CTE				

▼ 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	150 SOUTH BRIDGE ROAD	Address 2	#02-12 FOOK HAI BUILDING	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	058
Unit No.	02-12	Related Policy Number	5092424573		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED OMAR BIN MOHAMED	Driver NRIC	58908703A	Driver DOB	10/0
Register Date of Driver License	24/06/2013	Driver Age	28	Driving Experience	4
Contact No.(Mobile)	86601310	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 110	Address 2	JALAN BUKIT MERAH	Address 3	TIOU
Address 4	SINGAPORE 160110	Address Type	Singapore address	Post Code	160
Unit No.	#05-1560				
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	ENTERPRISE CAR RENTAL PTE L	Insured NRIC	201
Contact No.(Mobile)	93639889	Contact No.(Home)		Contact No.(Office)	
Email Address	carrenting101@gmail.com	OI Vehicle Number	SJE1184B	TP Vehicle Number	SJF7
Claim Description	SJE1184B / SJF7865A ON 1 Feb 2018			Name of Preferred Workshop	NS1
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	02/0
Date Registered	02/02/2018 09:43	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0980596	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/02/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

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
Clear	Please Select	NO	Normal

Confidential

Urgency *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 09:43	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div style="display: flex; justify-content: flex-end; gap: 10px;"> Display in New Window Scan and uploading </div>			