

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MNA/18019307**

Date In: 7/2/18-19:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002526/24	SAS e-filing		
Veh No: SICQ 23460	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/2/18-1250	i-Motor Claim Form	MT/098/462	7/2/18 19:36
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **YMS10E**

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

Invoice Preparation Checklist

Am't (\$)
In Bill

Am't (\$)
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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: Idao 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 (Non INC) against INC \$20

9) N12: Idao Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 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 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 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	07/02/2018 19:16
Date Of Accident	06/02/2018 10:50
Exact Location Of Accident	WOODLANDS AVE 9 BEFORE JUNC WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ2346U
Insured/Policyholder	
Name Of Registered Owner	AUTOHOME TRADING
Co Reg No	52827128L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5083939856-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARID BIN SARIP
NRIC No	S9002493J
Date Of Birth	22/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97921842
Fax Number	
Contact Number	OFFICE-97921842
EMail Address	NOEMAIL

Address	BLK 879 YISHUN STREET 81 #03-249
Postcode	760879
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 - 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?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

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/20180206/7007.

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	YM510E
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

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/or 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.

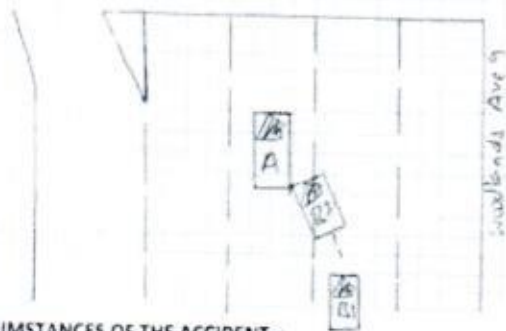


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A SKQ 2346U

B 7M 310E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2/18 0206/7007

DECLARATION

I declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & TimeReporting Centre Personnel's Signature
Name:
NRIC/IN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 2 / 18) (DD/MM/YYYY), TIME: (10 : 50) (HH:MM)

LOCATION: Along Woodlands Ave 9 before junction Woodlands Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ2346U
 b) INSURANCE COMPANY: NTJC
 c) POLICY NUMBER: 5083939836-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Antshome trading (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52827122 L CONTACT: 90088701
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Muhammad Farid Bin Sarip (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S90024935 CONTACT: 97921842
 c) ADDRESS: Bk 879 Vishnu Href 81 03-249 (760879)

* d) DATE OF BIRTH: (22 / 1 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/3/2012 (C class 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YMA 510E MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including d) (2)

* No of passenger (including d) (1)

* No of passenger (including d) (1)

Email = 99584tephlee@gmail.com

fax =



**SINGAPORE
POLICE FORCE**



T/20180206/7007

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

1 of 3

Report No. T/20180206/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 12:12	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMMAD FARID BIN SARIP		Address: APT BLK 751 WOODLANDS CIRCLE #01-590 SINGAPORE 730751	
ID Type / ID No.: NRIC NO / S9002493J		Contact No.: Home/Office:	Mobile: 97921842
Nationality: SINGAPORE CITIZEN		Email: farid_dila@hotmail.com	
Sex: Male	Age: 28	Date of Birth: 22/01/1990	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/02/2018 10:50	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9 BEFORE TRAFFIC JUNCTION OPPOSITE REPUBLIC POLYTECNIC				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ2346U	Car	TOYOTA	WISH	Grey	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180206/7007

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

2 of 3

Report No. T/20180206/7007

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FARID BIN SARIP	ID No.	S9002493J
Related Vehicle	SKQ2346U (Car)	Contact No.	97921842
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

JUST PICK UP A PASSANGER FROM 844 WOODLAND AVE 4 .WHILE IM DRIVING AT WOODLAND AVE 9 GOING STRAIGHT WHEN A LORRY(YM510E) SUDDENTLY CHANGE LANE AND HIT MY RIGHT REAR SIDE.DRIVER STOP AWHILE TO MAKE A PHONE CALL AND TOOK PHOTO THEN DRIVE OFF.DRIVER REFUSE TO EXCHANGE PATICULAR WHEN ASK TO.



**SINGAPORE
POLICE FORCE**



T/20180206/7007

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

3 of 3

Report No. T/20180206/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp

NP168


Signature Of Informant:

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

Date/Time:
06/02/2018 12:12

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9002493J




Name
MUHAMMAD FARID BIN SARIP

Race
JAVANESE

Date of birth
22-01-1990

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9002493J


Name
MUHAMMAD FARID BIN SARIP

Birth Date: 22 Jan 1990

Issue Date: 10 Jul 2015

002449626F



5479641



NRIC No. S9002493J



Date of issue
18-05-2015

APT BLK 879 YISHUN STREET 81 #03-240
SINGAPORE 760379

NRIC No: S9002493J Date: 28/09/2016 (R)

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 27 Mar 2012

NP 428A

Licence No: S9002493J



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083939856-01	AUTOHOME TRADING	52827128L	GFT	Third Party, Fire & Theft	SKQ2346U	SKQ2346U	11/07/2017	

Continue

▼ Policy Information

Policy No.	5083939856-01	Policyholder Name	AUTOHOME TRADING	Policyholder NRIC	52827128L
Address	317 OUTRAM ROAD #B1-37 CONCORDE HOTEL SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/06/2017	Effective Date	11/07/2017 00:00	Expiry Date	10/07/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	3404.09		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	HOBBS INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	317 OUTRAM ROAD #B1-37	Address 2	CONCORDE HOTEL SHOPPING C	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	5096005396		

► Insured Object: SKQ2346U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/07/2017 00:00	Basic Information Endorsement	000001286586342	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKQ2346U 11-07-2017 \$1,161.16 In view of this amendment, an additional premium of \$1,161.16 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We</p>

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/0981462

Policy No.	308393900-01	Vehicle No.	SKQ2346U	GST Registration No.	
Policyholder Name	AUTOHOME TRADING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	52827128L
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90088701	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	07/02/2018 19:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/02/2018	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 9 BEFORE JUNC WOODLANDS AVE 2				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
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	317 OUTRAM ROAD #B1-37	Address 2	CONCORDE HOTEL SHOPPING C	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	5096005396		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/01/1990
Unnamed driver Name	MUHAMMAD FARID BIN SARIP	Driver NRIC	S90024931	Driving Experience	5
Register Date of Driver License	27/03/2012	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	97921842	Contact No.(Office)	0	Address 3	SINGAPORE 760879
Address 1	BLK 879	Address 2	YISHUN STREET 81	Post Code	760879
Address 4		Address Type	Singapore address		
Unit No.	03-249				
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
-------------------------------------	------	-------------	---------------------------------------------------------------

Modification History

Claim 001 **New**

Claim Type *	DO-MIX	Insured Name	AUTOHOME TRADING	Insured NRIC	52827128L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67345055
Email Address		OI Vehicle Number	SKQ2346U	TP Vehicle Number	YM510E
Claim Description	SKQ2346U / YM510E ON 6 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/02/2018 00:00
Date Registered	07/02/2018 19:36	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0981462	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/02/2018 19:36

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal	

☐ Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	SAS	Normal	SAS 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 19:36	Photos	Normal	Photos 2018-2-7		Edit

Video List

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