

NATIONAL Assessment Centre Services. Page 1 Jan 2009 MMA 118036292

Date In: 16/13/18 17:23	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 18005051/h4	SAS e-filing		
Veh No: SLV 4604 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/13/18 15:05	i-Motor Claim Form	MT/0986424	17/13/18 14:41
OD: <input checked="" type="checkbox"/> 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: SJU 3887J	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

NA1801769	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:-			
QC Checked by (Engr-In-Charge):	QJ*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Pat 1:	9) N12: Idao Mobile 30			
Pat 2 / 3:	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 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 16/03/2018 17:23
 Date Of Accident 16/03/2018 15:05
 Exact Location Of Accident CLAYMORE RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV4604Z
Insured/Policyholder
 Name Of Registered Owner H & H RENTAL & LEASING PTE. LTD.
 Co Reg No 201703965Z
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67433291

Vehicle Particulars

Manufacturer TOYOTA
 Model SIENNA
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL 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 COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5090735902
 Cover Note Number -

Driver

Name of Driver JEFFREY LIM CHYE HUA
 NRIC No S1444672I
 Date Of Birth 21/05/1960
 Occupation OUTDOOR
 Date Of Driving Pass 11/08/1980
 Driving Experience 37 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96254084
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 510A YISHUN ST 51 #07-565
Postcode	761510
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG CLAYMORE RD, WHEN NOTICED MY FRONT VEH SLOW DOWN AND STOP FOR TURNING INTO ETON HOUSE, AS SUCH I FOLLOW TO SLOW DOWN AND STOPPED. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJU3887J) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3887J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADAM
NRIC/Passport Number	

Contact Number 90613500

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name JEFFREY LIM CHYE HUA

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLV4604Z

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.

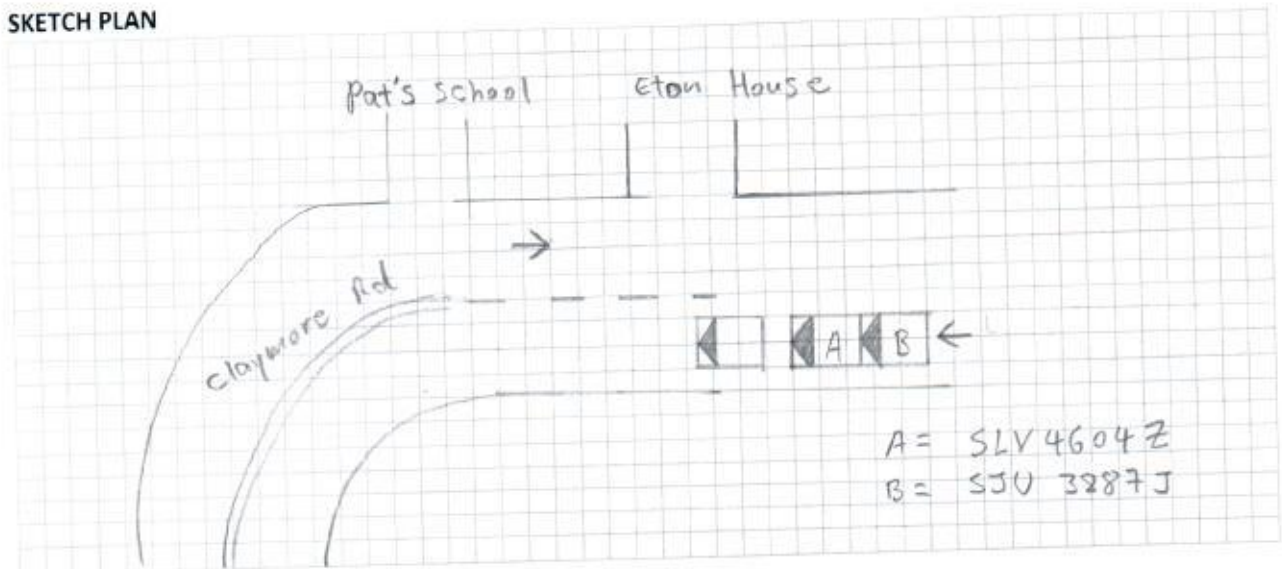


Policyholder's Signature
Date & Time:

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

Please Refer to statement

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/20180316/2197

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180316/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2018 22:58		Vide Report No.:		Station Diary No.: 84	
Informant's Particulars					
Name of Informant: JEFFREY LIM CHYE HUA			Address: APT BLK 510A YISHUN STREET 51 #07-565 SINGAPORE 761510		
ID Type / ID No.: NRIC NO / S14446721			Contact No.: Home/Office:		Mobile: 96254084
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 21/05/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/03/2018 15:10	Type of Location: Straight Road
Location: Along Road 1 CLAYMORE ROAD				
towards orchard tower				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU1887J	Car				No Damage	0
SLV4604Z	Car				Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180316/2197

CONTINUATION OF REPORT

Driver			
Name	JEFFREY LIM CHYE HUA	ID No.	S1444672I
Related Vehicle	SLV4604Z (Car)	Contact No.	96254084
Hospital/Clinic	C&K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/03/2018	Date Discharge	16/03/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Adam	ID No.	NIL
Related Vehicle	NIL	Contact No.	90613500
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 16/3/2018 at about 1505hrs, While I was driving along Claymore road towards orchard tower, I saw the vehicle in front of me slowed down as the vehicle was planning to turn right as such I slowed down as well. Suddenly a vehicle(SJU3887J) collided on to the rear of my vehicle (SLV4604Z). After which I made a check on my passenger if she is ok, I alighted and exchange particulars after which I continue my journey.

When the accident happen I have one passenger in my vehicle, Its was drizzling and the floor is wet, when the accident happen I do have a dash cam but not sure if the dash cam is working.

No ambulance or traffic police is at scene. I was given 7 days of MC due to this accident .

I am lodging this report for insurance claim and for record purposes.



SINGAPORE
POLICE FORCE



T/20180316/2197

3 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180316/2197

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 2 LUM JUN KAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

16/03/2018 22:58

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S14446721**

Name: **JEFFREY LIM CHYE HUA**

Birth Date: **21 May 1960**

Issue Date: **12 Jun 2003**

000561435B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S14446721**

Name: **JEFFREY LIM CHYE HUA**

林 才 华

Race: **CHINESE**

Date of Birth: **21-05-1960** Sex: **M**

Country of Birth: **SINGAPORE**

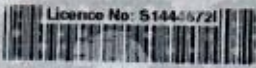



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2D	Motorcycles not exceeding 200 cc	04 Dec 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Aug 1990

NP 428A

Licence No: **S14446721**



2394726

S14446721

APR 510A YISHUN STREET 51 #07-585
SINGAPORE 761510

NRIC No: **S14446721** Date: **02/06/2017**

Blood Group: **O+** Date of issue: **19-08-1994**




eBaoTech

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

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

16/03/2018 17:10

Vehicle No.(For Motor)

SLV4604Z

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090735902	H & H RENTAL & LEASING PTE. LTD.	201703965Z	GFT	drivo CLASSIC	SLV4604Z	SLV4604Z	29/12/2017	

▼ Policy Information

Policy No.	5090735902	Policyholder Name	H & H RENTAL & LEASING PTE. I	Policyholder NRIC	2017039652
Address	61 UBI AVENUE 2 #04-12 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/04/2017	Effective Date	27/04/2017 00:00	Expiry Date	27/03/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5090735902		

▶ Insured Object: SLV4604Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	05/05/2017 00:00	Basic Information Endorsement	000001286553275	Endorsement Take Effective	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. SJF9597K 06-05-2017 \$1,124.32 In view of this amendment, an additional premium of \$1,124.32 (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.
2	17/05/2017 00:00	Basic Information Endorsement	000001286560843	Endorsement Take Effective	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. SJL8391L 17-05-2017 \$1,187.44 In view of this amendment, an additional premium of \$1,187.44 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if



C & K Family Clinic Pte Ltd
108 Upper East Coast Road
Singapore 455297
Tel: 6242 9588 Fax: 6242 9277

MEDICAL CERTIFICATE

Certificate No : MC/57751

Date Of Visit : 16/03/2018

Patient Ref No : 27484

This is to certify that :

LIM CHYE HUA JEFFREY

NRIC : S1444672I

is unfit for work for 7 days
from 16/03/2018 to 22/03/2018.

A handwritten signature in black ink, appearing to be 'Dr. Chua Tee Lian'.

DR CHUA TEE LIAN
M.B., Ch.B. (Leicester)

Claim Handling

Accident MT/0986424

Policy No.	5090735902	Vehicle No.	SLV4604Z	GST Registration No.	
Policyholder Name	H & H RENTAL & LEASING PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201703965Z
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	67433291	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details		Accident Report Within 24 hrs		Yes	Accident Type	Collision - Head to Rear
Report Date	17/03/2018 14:35	Time of Accident hh:mm		15:05	Country of Accident	Singapore
Date of Accident	16/03/2018	Orange Force		ICM No.		
Reporting Centre						
Accident Location	CLAYMORE RD					

Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5090735902		

OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/05/1960
Unnamed driver Name	JEFFREY LIM CHYE HUA	Driver NRIC	S14446721	Driving Experience	37
Register Date of Driver License	11/08/1980	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	96254084	Contact No.(Office)		Address 3	OLEANDER BREEZE @ Y15
Address 1	BLK 510A #07-565	Address 2	YISHUN STREET 51	Post Code	761510
Address 4	SINGAPORE 761510	Address Type	Singapore address		
Unit No.	07-565	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☐ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	H & H RENTAL & LEASING PTE. L	Insured NRIC	201703965Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLV4604Z	TP Vehicle Number	SJU3887J
Claim Description	SLV4604Z / SJU3887J ON 16 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/03/2018 00:00
Date Registered	17/03/2018 14:40	Claim Close Date			
Report Taken By	LI EW SHAN HUI				
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0986424	Claim No.	001		
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2018 14:41		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

3/17/2018

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	SAS	Normal	SAS 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:41	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar 2018 14:40	Photos	Normal	Photos 2018-3-17

Video List

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

Scan and uploading