

NATIONAL Assessment Centre Services

ver 1 Jan 09

MNA 118037720

Date In: 2013/18 11:42	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 18005167/h4	SAS e-filing		
Veh No: GBD 34922	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 7/3/18 14:45	i-Motor Claim Form	M710986353	2013/18 16:26
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 535 1637M. 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
Cat. 1:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	Q1:		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	20/03/2018 11:42
Date Of Accident	07/03/2018 14:45
Exact Location Of Accident	OPEN CARPARK BEHIND BLK 739 BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3492Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGA SIGNAGE AND DESIGN EXHIBIT PTE LTD
Co Reg No	199204382D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68442722

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200 TRITON DOUBLE CAB A/T NO SUNROOF
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067510093-03
Cover Note Number	-

#### Driver

Name of Driver	GAN KHUAT HIN
NRIC No	S0335735Z
Date Of Birth	02/06/1943
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1961
Driving Experience	57 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97739972
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 453 SIN MING AVE #15-565  
 Postcode 570453  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLIDED INTO PARKED VEHICLE  
 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) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905  
 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 SJS1637M  
 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)

0

**SKETCH PLAN**

**IMPORTANT NOTICE**

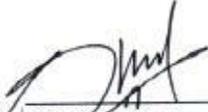
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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**

A = GBD 3492Z  
B = SJS 1637M.

Open carpark behind BIK 739 Bedok Reservoir Rd

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer to Police Report

**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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 3 / 18 ) (DD/MM/YYYY), TIME: ( 14 : 45 ) (HH:MM)

LOCATION: Open Carpark behind blk 739 Bedok Reservoir Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 3492Z  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
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: Singa Signage and design <sup>Exhibit Pte Ltd.</sup> ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 68442722  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Gan Khuat Hin ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97739972  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( DD / MM / YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: Bishan NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 1637M 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 driver )  
( 1 )

\* No of passenger  
( Including driver )  
( 0 )

\* No of passenger  
( Including driver )  
( )

taych1singa@gmail.com

email =

fax =



**SINGAPORE  
POLICE FORCE**



T/20180308/2187

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180308/2187

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2018 22:16	Vide Report No.:	Station Diary No.: 129
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Informant's Particulars			
Name of Informant: GAN KHUAT HIN		Address: APT BLK 453 SIN MING AVENUE #15-565 SINGAPORE 570453	
ID Type / ID No.: NRIC NO / S0335735Z		Contact No.: Home/Office:	Mobile: 97739972
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 74	Date of Birth: 02/06/1943	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/03/2018 14:45	Type of Location: Car Park
Location: Along Road 1 BEDOK RESERVOIR ROAD				
Open Space Carpark, behind Blk 739 Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3492Z	Van	MITSUBISHI	DOUBLE CAB	Grey	Slightly Damaged	0
SJS1637M	Car	PEUGEOT				0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180308/2187

2 of 3

Report No. T/20180308/2187

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**CONTINUATION OF REPORT**

Driver			
Name	GAN KHUAT HIN		ID No. S0335735Z
Related Vehicle	GBD3492Z (Van)		Contact No. 97739972
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07 March 2018, I was helping out my friend to do some deliveries for his company (Singa Signages Design & Exhibit Pte Ltd, Owner: Tay Chin Hua, HP: 96644843). On 07 March 2018 at about 2.45pm, I was driving vehicle (GBD3492Z, MITSUBISHI) in the open carpark located at Blk 739 Bedok Reservoir Road. As I was reversing the vehicle, I accidentally hit onto another stationary vehicle parked at Lot: 18. My vehicle hit onto the vehicle left front headlight, causing a scratch and a light crack. I then waited for another 30mins for the vehicle driver to return to his vehicle, but no one showed up. As such, I left the place. I wished to state that I am afraid the other vehicle will file a report stating that I hit and run onto his vehicle. I am not aware that I should leave my contact details on the vehicle for the vehicle owner to contact me. I wished to state that I do not have any in-car camera installed in my vehicle. No government property was damaged and no one was injured at that point of time. I wished to state that I hope that the other vehicle driver can contact my friend who is the owner of the company to private settle the matter.



**SINGAPORE  
POLICE FORCE**



T/20180308/2187

3 of 3

Report No. T/20180308/2187

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**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:

E /

Staff Sgt TAN AI HWEE, TERESA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/03/2018 22:16

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 061

Authentication Stamp

NP168

  
SIGNATURE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0335735Z



Name

GAN KHUAT HIN

顏 厥 兴

Race

CHINESE

Date of birth

02-06-1943

Sex

M

Country/Place of birth

SINGAPORE



5614891



NRIC No. S0335735Z



Date of issue

23-06-2016

Address

APT BLK 453 SIN MING AVENUE  
#15-565  
SINGAPORE 570453

REPUBLIC OF SINGAPORE — DRIVING LICENCE



Licence Number: **S0335735Z**

Name:

**GAN KHUAT HIN**

Birth Date: **02 Jun 1943**

Issue Date: **09 Sep 2003**



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Feb 1965
Class 2A	Motorcycles between 201 cc and 400 cc	09 Feb 1965
Class 2	Motorcycles exceeding 400 cc	09 Feb 1965
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Jan 1961

NP 426A



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"/>	5067510093-03	SINGA SIGNAGE AND DESIGN EXHIBIT PTE LTD	199204382D	GCV	Comprehensive	GBD3492Z	GBD3492Z	22/09/2017	21/09/2018

Continue

**Claim Handling**

**Accident MT/0986353**

Policy No.	5067510093-03	Vehicle No.	GBD3492Z	GST Registration No.	199204382D
Policyholder Name	SINGA SIGNAGE AND DESIGN EXHIBIT PTE LTD			Policyholder NRIC	199204382D
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

**Accident Details**

Report Date	16/03/2018 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	07/03/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK RESERVOIR RD OPEN CARPARK NEXT BLK 740				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

**GST Registered Information**

GST Registered	Yes	GST Registration Date	08/01/2001
GST Registration No.	199204382D	GST Status Verified	Yes
Modification History	16/03/2018 17:48:19 Karthlyn Yuen changed GST Status Verified from No to Yes 16/03/2018 17:52:45 Karthlyn Yuen changed GST Registered from No to Yes 16/03/2018 17:52:45 Karthlyn Yuen changed GST Registration No. from null to 199204382D		

**Policyholder Mailing Address**

Address 1	BLK 1078 #01-162	Address 2	EUNOS AVENUE 6	Address 3	SINGAPORE 409634
Address 4		Address Type	Singapore address	Post Code	409634
Unit No.		Related Policy Number	5084543630-01		

**OI Driver Info**

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

**Claim 002** **New**

Claim Type *	GD-MX	Insured Name	SINGA SIGNAGE AND DESIGN E	Insured NRIC	199204382D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68442922
Email Address	JOCELYNTAY@SINGASIGN.COM	OI Vehicle Number	GBD3492Z	TP Vehicle Number	SJS1637M
Claim Description	GBD3492Z / SJS1637M ON 7 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/03/2018 00:00
Date Registered	20/03/2018 16:20	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/0986353	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 16:26

Path *	Category *	Confidential	Urgency *	Descr
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:20	SAS	Normal	SAS 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:26	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:26	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:21	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:21	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:21	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:21	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:21	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 16:21	Photos	Normal	Photos 2018-3-20

Video List

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

Scan and uploading