

# NATIONAL Assessment Centre Services

(wef 1 Jan 09)

MNA 118039185

Date In: 22/13/18 16:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005407/14	SAS e-filing		
Veh No: GBF 4433 C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/13/18 15:00	i-Motor Claim Form	MT/0987256	22/13/18 17:32
OD / TP / <u>Reporting</u> 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: SHA 8184 A	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	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	30.00	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$90)		
Damaged Portion:	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 2009)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services :-		
	QH*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Pat 1:			
Pat 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	22/03/2018 16:55
Date Of Accident	17/03/2018 15:00
Exact Location Of Accident	AT THE CARPARK GANTRY SERVING BLK 716 YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4433C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	38 HOME FACTOR
Co Reg No	53275939K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63457923

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5085943590-01
Cover Note Number	-

### Driver

Name of Driver	ZHAO JIAN
NRIC No	G8002792W
Date Of Birth	30/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94899508
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 38 CHANGI RD  
 Postcode 419701  
 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 COLLISION - HEAD TO REAR  
 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 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

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 SHA8184A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver CHEOK CHWEE SAN  
 NRIC/Passport Number S0186474B  
 Contact Number 96167086  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

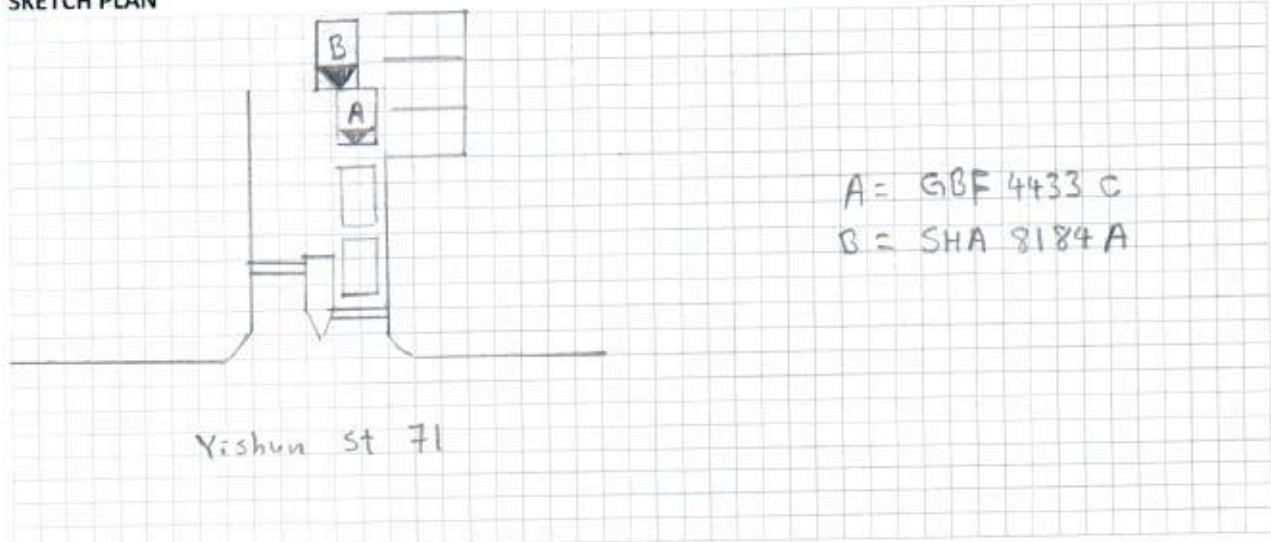


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



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:

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

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 3 / 18) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: At the carpark gantry serving B116 Yishun

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GDF 4433C  
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: Working  
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: 38 Home Factor. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6345 7923  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Zhao Jian. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 94899508.  
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: Yishun South N.P.C.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 8184 A MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: cheok chwee san.  
c) NRIC/FIN/PASSPORT: 501864748 CONTACT: 96167086.

### 9. THIRD PARTY VEHICLE

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

Email = Lingngoh @ gmail.com

fax = 69693838.



# SINGAPORE POLICE FORCE



T/20180317/2123

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/20180317/2123

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/03/2018 17:29	Vide Report No.: F/20180317/0170	Station Dia'y No.: 85
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**Informant's Particulars**

Name of Informant: ZHAO JIAN			Address: 38 CHANGI ROAD SINGAPORE 419701	
ID Type / ID No.: FIN NO / G8002792W			Contact No.: Home/Office: 69693838	Mobile: 94899508
Nationality: CHINESE			Email:	
Sex: Male	Age: 37	Date of Birth: 30/01/1981	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/03/2018 15:00	Type of Location: Car Park
Location: Along Road 1 YISHUN STREET 71				
At the carpark gantry serving Blk 716 Yishun.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4433C	Lorry	TOYOTA		Grey	Slightly Damaged	0
SHA3184A	Car	HYUNDAI		White		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180317/2123

2 of 3

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

Report No. T/20180317/2123

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ZHAO JIAN	ID No.	G8002792W
Related Vehicle	GBF4433C (Lorry)	Contact No.	69693838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 05/04/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Cheok Chwee San	ID No.	S0186474B
Related Vehicle	SHA8184A (Car)	Contact No.	96167086
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 17/03/2018 at about 3pm, I was at Blk 716 Yishun to delivery some goods and when I am done with it, I then drove my lorry bearing GBF4433C off towards Ang Mo Kio for next delivery. However, when I was about to exit the car park gantry along Yishun St 71, my lorry came to a stop as there were 2 vehicle in front of my lorry exiting the gantry. While I was waiting for my turn and suddenly, I felt a bang from the rear of my vehicle. Thus, my vehicle had swerved a little to the left but my vehicle did not hit on other vehicles.

Immediately, I alighted from my lorry and discovered that a yellow taxi bearing SHA8184A had hit onto the rear of my lorry. I made a checked and found that my door of car truck container was dented and my rear headlight was damaged. I also observed that the yellow taxi front bumper and bonnet were dented. While I was checking on my vehicle, the TP IO came and assisted us. After which I then exchanged my particulars with the driver of the taxi. The taxi driver had verbally admitted t hat it was his fault that he had hit onto the rear of my lorry.

Ambulance was also at scene and the taxi driver was then conveyed to hospital. I am not sure how many passenger were there in the taxi and only noticed that there is someone inside the taxi. I wish to state that the TP IO had instructed me to lodge a police traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20180317/2123

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/20180317/2123

**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 /

Staff Sgt NEO QIAO YI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365



Signature:

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

ZHC J/1/1/1

Date/Time:

17/03/2018 17:29

Classification Of Case:

SN 085

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LING CARPETS**

Sector: **SERVICE**

Name  
**ZHAO JIAN**

Occupation  
**CUSTOMER SALES EXECUTIVE**

S Pass No.  
**0 57461053**

Date of Application  
**20-02-2017**

Date of Issue  
**07-03-2017**

Date of Expiry  
**07-03-2019**

**L7709484**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **G8002792W**

NAME  
**ZHAO JIAN**

Birth Date **30 Jan 1981**

Issue Date **06 Apr 2017**

Valid Till **05/04/2022**

**002572984E**

**VISIT PASS**  
Immigration Regulations

Name  
**ZHAO JIAN**

Date of Birth **30-01-1981** Sex **M** Nationality **CHINESE**

Fin **G8002792W** Date of Issue **07-03-2017** Date of Expiry **07-03-2019**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

	EFFECTIVE DATE
CClass 2B Motorcycles <= 200 CC	06 Apr 2017
CClass 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/Vehicles <= 3500 kg	27 Jun 2017

**S / No. 9000300950**

**G8002792W**

**NP 428A**

**Licence No: G8002792W**

eBaoTech

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

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5085943590-01	38 HOME FACTOR	53275939K	GCV	Comprehensive	GBF4433C	GBF4433C	09/11/2017	31/10/2018

## Claim Handling

Accident MT/0987256

Policy No.	5085943590-01	Vehicle No.	GBF4433C	GST Registration No.	
Policyholder Name	3B HOME FACTOR	Cover Type	Comprehensive	Policyholder NRIC	53275939K
Product Code	COMMERCIAL VEHICLE INSURAT	Contact No.(Office)		Loading	0
Contact No.(Mobile)	63457923	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date

22/03/2018 17:28

Date of Accident

17/03/2018

Reporting Centre

Accident Location

AT THE CARPARK GANTRY SERVING BLK 716 YISHUN

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

15:00

Orange Force

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

Own damage Excess

600.00

Unnamed Driver Excess

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

1

GST Registered

No

GST Registration No.

Modification History

GST Registered Date

GST Status Verified

No

Address 1

3B CHANGE ROAD

Address 4

Unit No.

Address 2

SINGAPORE 419701

Address Type

Singapore address

Related Policy Number

5085943590-01

Address 3

Post Code

419701

Driver Name

Unnamed Driver

Unnamed driver Name

ZHAO JIAN

Register Date of Driver License

27/06/2017

Contact No.(Mobile)

94899508

Address 1

3B # CHANGE ROAD

Address 4

Unit No.

Does he own a Singapore Registered car?

Yes ☒ No ☐

Driver Type

Unnamed Driver

Driver NRIC

GB002792W

Driver Age

37

Contact No.(Office)

Address 2

SINGAPORE 419701

Address Type

Singapore address

Driver DOB

30/01/1981

Driving Experience

0

Contact No.(Home)

Address 3

Post Code

419701

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any Injury?

☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	3B HOME FACTOR	Insured NRIC	53275939K
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GBF4433C	TP Vehicle Number	SHA8184A
Claim Description	GBF4433C / SHA8184A ON 17 Mar 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/03/2018 17:31	Claim Close Date		Date Received	22/03/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0987256	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 17:32

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:32	SAS	Normal	SAS 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:32	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:32	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:32	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:32	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:31	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:31	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:31	Photos	Normal	Photos 2018-3-22
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:31	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:31	Photos	Normal	Photos 2018-3-22
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