

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA 118047644

Date In: 10/4/18 13:34	Job description	Date & Time Completed	Done by
Ref No: NAI INC 1800 6580164	SAS e-filing		
Veh No: FBH 727 X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/3/18 15:15	i-Motor Claim Form	MT10985794	10/4/18 17:11
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: SHA 1727 E. 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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100), INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>QD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>	<p>Ant (\$)</p> <p>1st Bill</p> <p>30.00</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	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	10/04/2018 13:34
Date Of Accident	09/03/2018 15:15
Exact Location Of Accident	ALONG ECP TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH727X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN SHAARI
NRIC No	S9335489C
Email Address	MUHAMMAD_FARHAN93@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92379972
Alternative Phone No	OFFICE-92379972

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075780465-02
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD FARHAN BIN SHAARI
NRIC No	S9335489C
Date Of Birth	26/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92379972
Fax Number	
Contact Number	OFFICE-92379972
Email Address	MUHAMMAD_FARHAN93@HOTMAIL.COM

Address	BLK 542 CHOA CHU KANG ST 52 #03-64
Postcode	680542
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	SHA1727E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN SHAARI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBH727X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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

A = FBH 727 X
B = SHA 1727 E

B
O
A

ECP towards City

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: (9 / 3 / 18) (DD/MM/YYYY), TIME: (15 : 15) (HH:MM)

LOCATION: Along ECP towards City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F13H 727X
b) INSURANCE COMPANY: INC
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: Private Use
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: Muhammad Farhan Bin Shuhri (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9237 4972
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner

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: Choa Chu Kang NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 1727 E 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)
()

* No of passenger
(Including driver)
()

Email = MUHAMMAD - FARHAN 93@HOTMAIL.COM

fax =



SINGAPORE POLICE FORCE



T/20180315/2069

1 of 3

Report No. T/20180315/2069

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2018 13:28	Vide Report No.: P/20180309/0048	Station Diary No.: 73
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Informant's Particulars

Name of Informant: MUHAMMAD FARHAN BIN SHAARI			Address: APT BLK 542 CHOA CHU KANG STREET 52 #03-64 SINGAPORE 680542		
ID Type / ID No.: NRIC NO / S9335489C			Contact No.: Home/Office: Mobile: 92379972		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 26/09/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2018 15:15	Type of Location: Expressway
Location: Along Road 1 EAST COAST EXPRESSWAY along ECP (Airport Blvd) towards City.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBH727X	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH727X	NTUC Income Insurance Co-Operative Limited	5075780465-02	01/03/2018	28/02/2019



SINGAPORE POLICE FORCE



T/20180315/2069

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180315/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN SHAARI	ID No.	S9335489C
Related Vehicle	FBH727X (Motorcycle)	Contact No.	92379972
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/03/2018	Date Discharge	09/03/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

On 09/03/2018 at about 1515hrs, I was riding my motorcycle bearing register plate number FBH727X along ECP (Airport Blvd) towards City. I was travelling on the 3rd lane. It was dry clear weather. The traffic was moderate. There was a taxi in front of my motorcycle. Suddenly the taxi driver jammed brake and I am unable to stop behind him and my motorcycle collided onto him. I was injured. Shortly ambulance and traffic police came to scene. I was conveyed to Changi general Hospital and treated as outpatient and discharge on the same day. I was given ten days of hospital leave. My motorcycle was damaged badly as well. I did not take note of the taxi plate number as I was injured and I also never exchange particular with the taxi driver. I was given a reference case card number P/20180309/0048 and advised to make a traffic accident report. I am lodging the police report for investigation.



**SINGAPORE
POLICE FORCE**



T/20180315/2069

3 of 3

Report No. T/20180315/2069

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:

J /

Sgt 2 LIM CEHANG HERMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Signature :

Signature Of Informant:

Date/Time:

15/03/2018 13:28

Classification Of Case:

Authentication Stamp
NP168

Singapore Police

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9335489C



Name
MUHAMMAD FARHAN BIN
SHAARI
محمد فرحان بن شعاري

Race
MALAY

Date of birth
26-09-1993

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9335489C

Name
MUHAMMAD FARHAN BIN
SHAARI

Birth Date 26 Sep 1993

Issue Date 21 Jun 2012





002079876H

4265001



NRIC No. S9335489C



Date of issue
26-09-2008

Address
APT BLK 542 CHOA CHU KANG STREET 52
#03-64
SINGAPORE 680542

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE
18 Nov 2013
21 Jun 2012


Class 2B	Motorcycles <= 200 CC
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

S / No. 9000181170

S9335489C

NP 42EA

Licence No. S0335489C



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

09/03/2018 09:06

Vehicle No. (For Motor)

FBH727X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5075780465-02	MUHAMMAD FARHAN BIN SHAARI	S9335489C	GMC	Third Party	FBH727X	FBH727X	01/03/2018	28/02/2019

4/10/2018

Claim Handling(Claim Task)

Claim Handling

Accident MT/0985794

Policy No.	5075780465-02	Vehicle No.	FBH727X	GST Registration No.	
Policyholder Name	MUHAMMAD FARHAN BIN SHAARI	Cover Type	Third Party	Policyholder NRIC	S9335489C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	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(%)	15	eCode Reason	
NCD Protection	No			Private Hire	Not available

▼ Accident Details

Report Date	13/03/2018 11:23	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	09/03/2018	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	AJRPORT BLVD TWDS CITY B4 POLICE STATION EXIT				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 542 #03-64	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680542
Address 4		Address Type	Singapore address	Post Code	680542
Unit No.	03-64	Related Policy Number	5075780465-02		

▼ 01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
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 *	OD-MX ▼	Insured Name	MUHAMMAD FARHAN BIN SHAARI	Insured NRIC	S9335489C
Contact No.(Mobile)	92379972	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBH727X	TP Vehicle Number	SHA1727E
Claim Description	FBH727X / SHA1727E ON 9 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	10/04/2018 00:00
Date Registered	10/04/2018 17:09	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985794	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/04/2018 17:11		
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 ▼	
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 ▼	
Choose File	No file chosen	Clear Please Select ▼	NO ▼	Normal ▼	

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2441489&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&readAllBox=1&clmtAc>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:11	SAS	Normal	SAS 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:11	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:11	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:11	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:09	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:09	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:09	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:09	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:09	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 17:09	Photos	Normal	Photos 2018-4-10

Video List

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

Scan and uploading