

NATIONAL Assessment Centre Services

Date In: 14/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006892/13	SAS e-filing		
Veh No: 4BE9300A	E-mail (within 3hrs, Aft 2hrs)		
Date: 13/04/18 0810	i-Motor Claim Form	MT/0990363-001	
Chk: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within 10) 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profited Wksp / INC Assign Wksp / QW: (14-51)	Tel:	Fax:
TP Particulars:	Veh No: SLW7472L	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Oh*		
	*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 \$0		
	Invoice date:	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	14/04/2018 09:02
Date Of Accident	13/04/2018 08:10
Exact Location Of Accident	TPE TWDS CHANGI B4 TAMPINES AVE 12 RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9300A
Insured/Policyholder	
Name Of Registered Owner	TEAM FIRE PTE LTD
Co Reg No	201008873M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92281578
Alternative Phone No	OFFICE-92281578

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090173886
Cover Note Number	

Driver

Name of Driver	MAYALAGU ANANDHAKUMAR
Passport No/FIN	G8420507P
Date Of Birth	25/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83107553
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2C YISHUN AVE 7
Postcode	768930
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	CHAIN COLLISION
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?	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)	11
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: : MALE
Passenger 10	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 SLW7472L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LAI YIN FEI
NRIC/Passport Number
Contact Number 91838408
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XE3314P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Vehicle No.	GRE9300A	Model / Make	TOYOTA DYNA 3.0M
Date of Accident	13/04/18		
Time of Accident	0810 AM	HRS	
Location of Accident	TPE TOWARDS CHANGE BEFORE TAMPINES AVE 12 ROAD EXIT.		
Exact purpose use during accident	COMMERCIAL USE		
Name of Owner	TEAM FIRE PTE LTD		
Telephone No.	H/P :	Home : MAH MOH SEAH HUA YEW	Office : 9228 1578
NRIC	201008873M		
Address	71 KALI BUKIT INDUSTRIAL TERRACE		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5090173886		
Name of Driver	As Above If No,	MAYALAGU ANANDHAKUMAR	
NRIC	G8420507P	Any Passengers :	10 (MALE)
Date of birth	25/07/1984		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	11/09/2009		
Gender	Male	/	Female
Contact No.	H/P : 8310 7553	Home :	Office :
Address	26 YISHUN AVENUE 7 S(768930)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No, SLW	If Yes, Where?	
Vehicle B No.	SXW 7472 L	Any Passengers :	NZL
Name of Driver	LAZ YIN FEI	Contact No. :	9183 8408
Vehicle C No.	XE 3314 P	Any Passengers :	NZL
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	NSI AUTOMOTIVE		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JUN MENG.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

SKETCH PLAN

TPE TOWARDS CHANGI BEFORE TAMPINES AVE 12 ROAD EXIT.

A - GBE 9300A

B - SLW 7472 L

C - XE 3314 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along TPE TOWARDS CHANGI ON THE EXTREME LEFT LANE OF A 4-LANES, EXPRESSWAY. SOMEWHERE BEFORE TAMPINES AVE 12 ROAD EXIT, VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED. AS SUCH, I APPLIED BRAKE AND STOPPED COMPLETELY. OUT OF SUDDEN, VEHICLE FROM THE REAR FRONT PORTION COLLIDED ONTO MY REAR PORTION. THEREFORE, I ALIGHTED AND REALISED I WAS INVOLVED IN A 3 VEHICLES CHAIN COLLISION ACCIDENT.

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)


Reporting Centre Personnel's Signature
Name:



REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number: **G8420507P**
 Name: **MAYALAGU ANANDHAKUMAR**
 Birth Date: **25 Jul 1984**
 Issue Date: **11 Sep 2014**
 Valid Till: **10 Sep 2019**

002344205H

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


 Employer: **TEAM FIRE PTE. LTD.**
 Sector: **CONSTRUCTION**
 Name: **MAYALAGU ANANDHAKUMAR**
 Occupation: **CONSTRUCTION WORKER-CUM-DRIVER**
 Work Permit No.: **0 34347425**
 Date of Application: **22-06-2015**
 Date of Issue: **01-08-2016**
 Date of Expiry: **15-09-2018**


L7086786

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	11 Sep 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Sep 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Apr 2015

G8420507P
 S / No. 9000218390
 Licence No: G8420507P
 NP 428A

VISIT PASS
Immigration Regulations

Name: **MAYALAGU ANANDHAKUMAR**

 Date of Birth: **25-07-1984** Sex: **M** Nationality: **INDIAN**
 FIN: **G8420507P** Date of Issue: **01-08-2016** Date of Expiry: **15-09-2018**
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.



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.:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5090173886

Cover : Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE9300A |
| Chassis Number | : KDY2318023895 |
| 2. Name of Policyholder | : TEAM FIRE PTE LTD |
| 3. Effective Date of Insurance | : 03 May 2017 |
| 4. Expiry Date of Insurance | : 02 May 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TOH SOON HUAT CO PTE LTD (00000614289)

Date of Issue : 20 Apr 2017 16:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



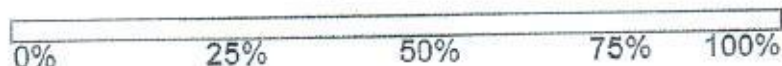
Countersigned By:

Authorised Officer



Chief Executive

Text size + -

**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	GBE9300A		
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	DYNA 3.0 M
Chassis No.:	KDY2318023895	Engine No.:	1KD2597503
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2982 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	1780 kg	Maximum Laden Weight:	3425 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	03 May 2016	Original Registration Date:	03 May 2016
Manufacturing Year:	2016	Open Market Value:	\$34,817.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$1,741.00		

Owner Particulars

Owner Name:	TEAM FIRE PTE LTD
Owner ID Type:	Company
Owner ID:	201008873M
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	71
Registered Street Name:	KAKI BUKIT INDUSTRIAL TERRACE
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	416151
COE No. / Expiry Date:	2016050305000338W / 02 May 2026
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$39,324.00
Transaction Details	
Business Transaction Ref. No.:	20160503111107590846
	03 May 2016

Claim Handling

Accident MT/0990363

Policy No.	5090173886	Vehicle No.	GBE9300A	GST Registration No.	
Policyholder Name	TEAM FIRE PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	201008873M
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92281578	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	14/04/2018 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/04/2018	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI B4 TAMPINES AVE 12 RD EXIT				
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	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	71 KAKI BUKIT INDUSTRIAL TER	Address 2	SINGAPORE 416151	Address 3	
Address 4		Address Type	Singapore address	Post Code	416151
Unit No.		Related Policy Number	5069628570-03		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/01/1984
Unnamed driver Name	MAYALAGU ANANDHAKUMAR	Driver NRIC	G8420507P	Driving Experience	8
Register Date of Driver License	11/09/2009	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	83107553	Contact No.(Office)	0	Address 3	SINGAPORE 768930
Address 1	2C YISHUN AVENUE 7	Address 2	SIMPANG LODGE 2	Post Code	768930
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TEAM FIRE PTE LTD	Insured NRIC	201008873M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBE9300A	TP Vehicle Number	SLW7472L
Claim Description	GBE9300A / SLW7472L ON 13 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/04/2018 16:09	Claim Close Date		Date Received	14/04/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0990363	Claim No.	001																
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/04/2018 00:00																
<div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div>																			
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Descr</th> </tr> </thead> <tbody> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Descr	Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal	
Category *	Confidential	Urgency *	Descr																
Clear Please Select	NO	Normal																	
Clear Please Select	NO	Normal																	
Clear Please Select	NO	Normal																	

4/14/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

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 14 Apr 2018 16:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:09	SAS	Normal	SAS 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:09	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:09	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:09	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:08	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:08	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:08	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:08	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:08	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:08	Photos	Normal	Photos 2018-4-14

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading