

NATIONAL Assessment Centre Services part 1 (cont) MMA 118052390

Date In: 2014/118 15:31	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18007373164	E-mail (within 5hrs, A/C 2hrs):		
Veh No: 58A 92260.	i-Motor Claim Form	MT/0991357 ⁰⁰¹	23/4/18 10:34
P.O.A: 19/4/18 12:40	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> TP * Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: 52C 2060E.	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

MMA1802559.	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30),		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2013)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	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: Idao Mobile \$0			
	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	20/04/2018 15:31
Date Of Accident	19/04/2018 12:40
Exact Location Of Accident	JUNC OF CENTRAL BLVD & MARINA WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9726B
Insured/Policyholder	
Name Of Registered Owner	NETWORK PRINTING & ENTERPRISE
Co Reg No	44025600C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96190802

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY 658 A
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	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	5099873967
Cover Note Number	-

Driver

Name of Driver	ONG FOONG LENG
NRIC No	S1246979I
Date Of Birth	19/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96190802
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 2D UPP BOON KENG RD #10-656
Postcode	384002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
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?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC2060E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPH GAN CHER CHUEN
NRIC/Passport Number	S7730515G
Contact Number	97999164
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG FOONG LENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBA9726B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

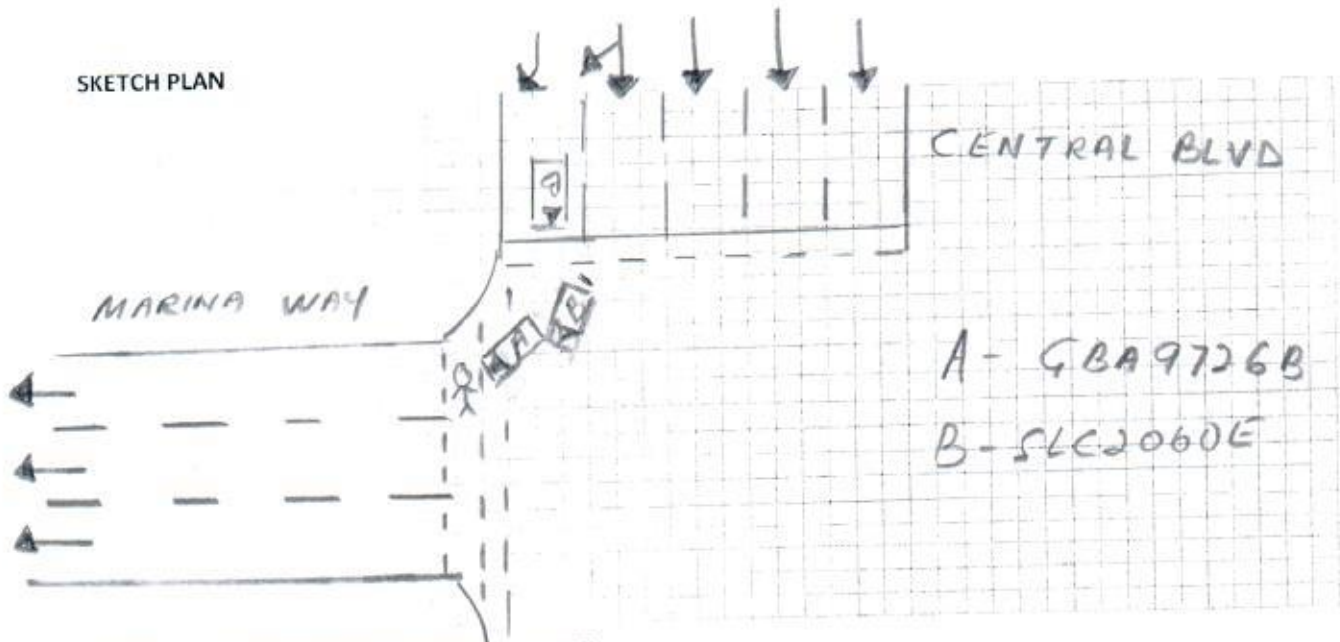
NETWORK PRINTING & ENTERPRISE

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/4/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

NETWORK PRINTING & ENTERPRISE

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:

19/4/18

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

I WAS TRAVELLING FROM CENTRAL BOULEVARD TURNING RIGHT TO MARINA WAY ON THE EXTREME RIGHT LANE. WHILE MAKING A RIGHT TURN, I STOPPED MY VEH COZ THERE WAS PEDESTRIAN CROSSING AT THE TRAFFIC LIGHT JUNCTION. SUDDENLY VEH(B) FROM MY REAR TRY TO OVERTAKE ME FROM MY LEFT AND HIT ONTO MY LEFT REAR PORTION OF MY VEH.

NETWORK PRINTING & ENTERPRISE

.....

✱

ACCIDENT STATEMENT

ACCIDENT DATE: 19/04/18 (DD/MM/YYYY), TIME: 12:40 (HH:MM) ^{pm}

LOCATION: Marina Way CENTRAL BLVD TURNING RIGHT TO MARINA WAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA97268
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5099873967
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: SUZUKI EVERY
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL 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 NETWORK PRINTING & ENTERPRISE

- A) NAME: ONG FOON KENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12469795 CONTACT: 96190802
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG FOON KENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12469795 CONTACT: 96190802
 c) ADDRESS: BLK 3D UPPER BOON KENG RD
#10-656 (384002)

*d) DATE OF BIRTH: 19/06/57 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/05/1993

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

5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS _____
 b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED YES / NO BACK & NECK

7. a) REPORTED TO POLICE (YES / NO) TO BE CONFIRM
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLC2060E MODEL: _____
 b) DRIVER'S NAME: JOSEPH GAN CHER CHUEN
 c) NRIC/FIN/PASSPORT: 577305156 CONTACT: 97999164

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)
()

19/04/18

waiting for
 company stamp

email =

fax =



**SINGAPORE
POLICE FORCE**



T/20180419/2164

1 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20180419/2164

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2018 21:26	Vide Report No.:	Station Diary No.: 64
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ONG FOONG LENG			Address: APT BLK 2D UPPER BOON KENG ROAD #10-656 SINGAPORE 384002		
ID Type / ID No.: NRIC NO / S1246979I			Contact No.: Home/Office: Mobile: 9619 0802		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 60	Date of Birth: 19/06/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2018 12:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CENTRAL BOULEVARD MARINA WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9726B	Van				Slightly Damaged	0
SLC2060E	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180419/2164

2 of 3

Police Station Of Origin: Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20180419/2164

CONTINUATION OF REPORT

Driver			
Name	ONG FOONG LENG	ID No.	S1246979I
Related Vehicle	GBA9726B (Van)	Contact No.	9619 0802
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/04/2018	Date Discharge	19/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JOSEPH GAN CHER CHUEN	ID No.	S7730515G
Related Vehicle	SLC2060E (Car)	Contact No.	9799 9164
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 19/04/2018 at about 1240hrs, I was driving my van (GBA 9726 B) along Central Boulevard at the right most lane, wanting to turn into Marina Way.

In the midst of me turning (the light was green in my favour), I stopped at the pedestrian crossing as there was a lady crossing the road. While I was stationary, I got rear ended by a car behind me. When I got out of my van, an MPV (SLC 2060 E) had crashed into the rear of my van.

Both I and the other driver got out to examine the damage however the other driver mentioned that he was in a rush as he claimed he had a meeting. Both of us exchanged particulars and we then parted ways. My van sustained a dented left bumper and broken left tail light whereas the other car sustained dents/scratches to his right front bumper and broken right headlight.

After the accident, I drove back home as I felt very giddy. I went to Shenton Family Medical Clinic @ Towner and I was given MC for 3 days (from 19/04/2018 till 21/04/2018).



**SINGAPORE
POLICE FORCE**



T/20180419/2164

3 of 3

Police Station Of Origin: ...
Kōlam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20180419/2164

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:

A /

Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

19/04/2018 21:26

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1246979I



Name

ONG FOONG LENG

Race

CHINESE

Date of birth

19-06-1957

Sex

F

S1246979I



Country/Place of birth
SINGAPORE

5292328



NRIC No. S1246979I



Date of issue

22-03-2014

Address

APT BLK 2D UPPER BOON KENG ROAD
#10-656
SINGAPORE 384002

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S12469791**

Name: **ONG FOONG LENG**

Birth Date: **19 Jun 1957**

Issue Date: **08 Mar 2004**



001154063J




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

PACS DATE: **11 May 1993**

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

NP 428A

Licence No: **S12469791**



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099873967	NETWORK PRINTING & ENTERPRISE	44025600C	GCV	Comprehensive	GBA9726B	GBA9726B	13/04/2018	20/04/2019

Claim Handling

The premium on this policy has not been collected.

Accident MT/0991357

Policy No.	5099873967	Vehicle No.	GBA9726B	GST Registration No.	
Policyholder Name	NETWORK PRINTING & ENTERPRISE			Policyholder NRIC	44025600C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96190802	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	23/04/2018 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/04/2018	Time of Accident hh:mm	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CENTRAL BLVD & MARINA WAY				
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	BLK 2D #10-656	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 384002
Address 4		Address Type	Singapore address	Post Code	384002
Unit No.		Related Policy Number	5099873967		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/06/1957
Unnamed driver Name	ONG POONG LENG	Driver NRIC	S12469791	Driving Experience	24
Register Date of Driver License	11/05/1993	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	96190802	Contact No.(Office)		Address 3	KALLANG HEIGHTS
Address 1	BLK 2D #10-656	Address 2	UPPER BOON KENG ROAD	Post Code	384002
Address 4	SINGAPORE 384002	Address Type	Singapore address		
Unit No.	10-656				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NETWORK PRINTING & ENTERPRISE	Insured NRIC	44025600C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GBA9726B	TP Vehicle Number	SLC2060E
Claim Description	GBA9726B / SLC2060E ON 19 Apr 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	23/04/2018 10:30	Claim Close Date		Date Received	23/04/2018 00:00
Report Taken By	LIU SHAN HUI				
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0991357	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	23/04/2018 10:34		
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

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 23 Apr 2018 10:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:33	SAS	Normal	SAS 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:33	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:33	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:33	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:33	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:33	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:31	Photos	Normal	Photos 2018-4-23

Video List

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

Display in New Window

Scan and uploading