

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118064783

Date In: 18/5/18-13:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009078/24	SAS e-filing		
Veh No: FRA58197	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/5/18-16:45	i-Motor Claim Form	MT/0993833-002	18/5/18 16:52
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: 5JR23796	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% P: 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

NA1803141	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Lat 1:

Lat 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 willful 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	18/05/2018 13:23
Date Of Accident	03/05/2018 16:45
Exact Location Of Accident	JUNC MOUNTBATTEN RD & NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA5819T
Insured/Policyholder	
Name Of Registered Owner	LEE SHE FENG
NRIC No	S0231448G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92721233
Alternative Phone No	OFFICE-92721233

Vehicle Particulars

Manufacturer	HONDA
Model	CBX 250 M
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	5080908957-01
Cover Note Number	

Driver

Name of Driver	LEE SHE FENG
NRIC No	S0231448G
Date Of Birth	09/05/1954
Occupation	INDOOR
Date Of Driving Pass	15/04/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92721233
Fax Number	
Contact Number	OFFICE-92721233
Email Address	NOEMAIL

Address	BLK 114 LORONG 3 GEYLANG #08-63
Postcode	381114
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER TO POLICE REPORT - T/20180504/2094. VEHICLE HAS BEEN SOLD.

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	SJR2379G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LEE SHE FENG

Approximate Age

Injuries Sustain HAND

Injured person in which vehicle? FBA5819T

Were seat belts worn?

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.



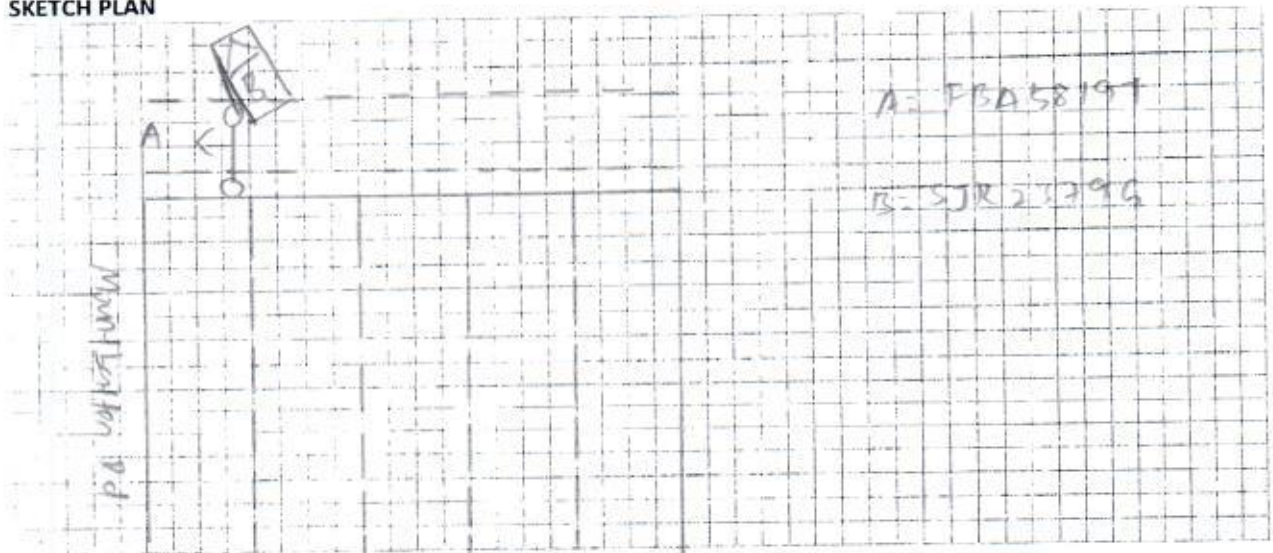
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180504/2094.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



T/20180504/2094

1 of 3

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

Report No. T/20180504/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2018 16:05	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE SHE FENG			Address: APT BLK 114 LORONG 3 GEYLANG #08-63 SINGAPORE 381114	
ID Type / ID No.: NRIC NO / S0231448G			Contact No.: Home/Office:	Mobile: 92721233
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 09/05/1954	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2018 16:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MOUNTBATTEN ROAD NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
FBA5819T	Motorcycle	HONDA	CBX 250 M	Red	Slightly Damaged	0
SJR2379G	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA5819T	NTUC Income Insurance Co-Operative Limited	5080908957-01	22/06/2017	21/06/2018



**SINGAPORE
POLICE FORCE**



T/20180504/2094

2 of 3

Police Station Of Origin:

Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Tel No: 1800-2969999

Report No. T/20180504/2094

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE SHE FENG	ID No.	S0231448G
Related Vehicle	FBA5819T (Motorcycle)	Contact No.	92721233
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/05/2018 at about 1630hrs, I was riding my motorcycle, FBA5819T, from Lower Delta Road towards Lorong 3 Geylang to go home.

At about 1645hrs, while I was at Mountbatten Road junction of Nicoll Highway at the traffic light. When it was green light, I was moving forward when the car in front of me, SJR2379G suddenly filtered to the left. I could not stop my motorbicycle in time and as such, the front of my motorbicycle collided into the passenger side left taillight of his vehicle.

We then got down our vehicles to take pictures of the accident. We then exchanged contact numbers. After which I gave him my particulars and details but he did not give his particulars to me. He told me that the vehicle number itself would be sufficient.

As such I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180504/2094

3 of 3

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

Report No. T/20180504/2094

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 HENG CHENG SOON, DESMOND

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

04/05/2018 16:05

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

Our Ref: MT/CA/TP/001/0993833-001/TTK/VU

10 May 2018

LEE SHE FENG
BLK 114 #08-63
LORONG 3 GEYLANG
SINGAPORE 381114

Dear Policyholder

CLAIM NUMBER: MT/0993833-001
ACCIDENT INVOLVING FBA5819T / SJR2379G on 3 May 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

Our ref 0905182004N014748985

09 May 2018

LEE SHE FENG
APT BLK 114 LORONG 3 GEYLANG
#08-63
SINGAPORE 381114

001232



Dear MR LEE SHE FENG

NOTIFICATION ON REQUEST OF NEW VEHICLE PIN AT LTA FOR FBA5819T
Transaction Reference No. 20180509102758729517

We wish to inform you that your request for a new Vehicle PIN for your Vehicle No. FBA5819T has been successfully processed. The Transaction PIN has been given to you/your authorised representative over our LTA counters.

2. Your PIN should be kept confidential as it is your key to access and perform ownership-related transactions on your Vehicle. Please note that your PIN has no expiry date and is valid for one-time use only. Your PIN will be void upon the successful completion of the transaction that requires its input, or transfer or de-registration of the vehicle.
3. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

Our ref 1205180501N001022766

12 May 2018

LEE SHE FENG
APT BLK 114 LORONG 3 GEYLANG
#08-63
SINGAPORE 381114

000837



Dear MR LEE SHE FENG

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. FBA5819T

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 12 May 2018. The details are as follows:

Vehicle No.	: FBA5819T
Application Date	: 12 May 2018
Effective Transfer of Ownership Date	: 12 May 2018
Vehicle Make	: HONDA
Vehicle Model	: CBX 250 M
Chassis No./Trailer Chassis No.	: 9C2MC35005R500939 / -
Engine No./Motor No.	: MC35E5500939 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
3. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0231448G



LEE SHE FENG
李世芬
Race
CHINESE
Date of Birth 09-05-1954 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0231448G
Name
LEE SHE FENG
Birth Date 09 May 1954
Issue Date 27 Oct 2014





S0231448G



AB+ 08-01-1999

Address
APT BLK 114 LORONG 3 GEYLANG
#08-63
SINGAPORE 381114

SINGAPORE TURF CLUB

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Apr 1976
Class 2A Motorcycles between 201 cc and 400 cc	15 Apr 1976
Class 2 Motorcycles > 400 cc	15 Apr 1976
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	23 Dec 1972

Licence No: S0231448G



NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/05/2018 16:45"/>						
Vehicle No. (For Motor)	<input type="text" value="FBA5819T"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080908957-01	LEE SHE FENG	S0231448G	GMC	Third Party	FBA5819T	FBA5819T	22/06/2017	21/06/2018
<input type="button" value="Continue"/>									

Claim Handling

• Exit

Accident MT/0993833

Policy No.	5080908957-01	Vehicle No.	FBAS819T	GST Registration No.	
Policyholder Name	LEE SHE PENG			Policyholder NRIC	50231448G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Report Date	10/05/2018 15:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/05/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT JUNCTION OF MOUNTBATTEN/NICOLL HIGHWAY				

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

Policyholder Mailing Address

Address 1	BLK 114 #08-63	Address 2	LORONG 3 GEYLANG	Address 3	SINGAPORE 381114
Address 4		Address Type	Singapore address	Post Code	381114
Unit No.		Related Policy Number	5080908957-01		

OI 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LEE SHE PENG	Insured NRIC	50231448G
Contact No.(Mobile)	92721233	Contact No.(Home)	67463037	Contact No.(Office)	
Email Address		OT Vehicle Number	FBAS819T	TP Vehicle Number	SJR2379G
Claim Description	FBAS819T / SJR2379G ON 3 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/05/2018 00:00
Date Registered	18/05/2018 16:32	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter









Attachment

Accident No.	MT/0993833	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/05/2018 16:53

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal	
<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal	

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Hqg Sent? Action (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma					

	y 2018 16:53					
		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	SAS	Normal	SAS 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	Photos	Normal	Photos 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	Photos	Normal	Photos 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	Photos	Normal	Photos 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	Photos	Normal	Photos 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	Photos	Normal	Photos 2018-5-18	Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:53	Photos	Normal	Photos 2018-5-18	Edit	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						