

NATIONAL Assessment Centre Services. (wef 1 Jan'05) M NA118080216

Date In: 22/6/18-16:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801M8/24	SAS e-filing		
Veh No: SKJ 6321B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/6/18-18:30	i-Motor Claim Form	MT/0999212-001	22/6/18-18:39
OD: <u>TP</u> 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: FS557P 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

NA1803944	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) 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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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	

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	22/06/2018 16:25
Date Of Accident	21/06/2018 18:30
Exact Location Of Accident	WOODLANDS AVE 5 BESIDE HDB BLK 618
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6321B
Insured/Policyholder	
Name Of Registered Owner	EC MOTOR TRANSPORTATION
Co Reg No	53364183K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83080899
Alternative Phone No	OFFICE-83080899

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096491776
Cover Note Number	

Driver

Name of Driver	WONG CHEN YUI (WANG ZHENYU)
NRIC No	S8818725C
Date Of Birth	03/06/1988
Occupation	INDOOR
Date Of Driving Pass	31/03/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92768187
Fax Number	
Contact Number	OFFICE-92768187
Email Address	NOEMAIL

Address	444 MILTONIA CLOSE
Postcode	768408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180622/2046.

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	FS557P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.

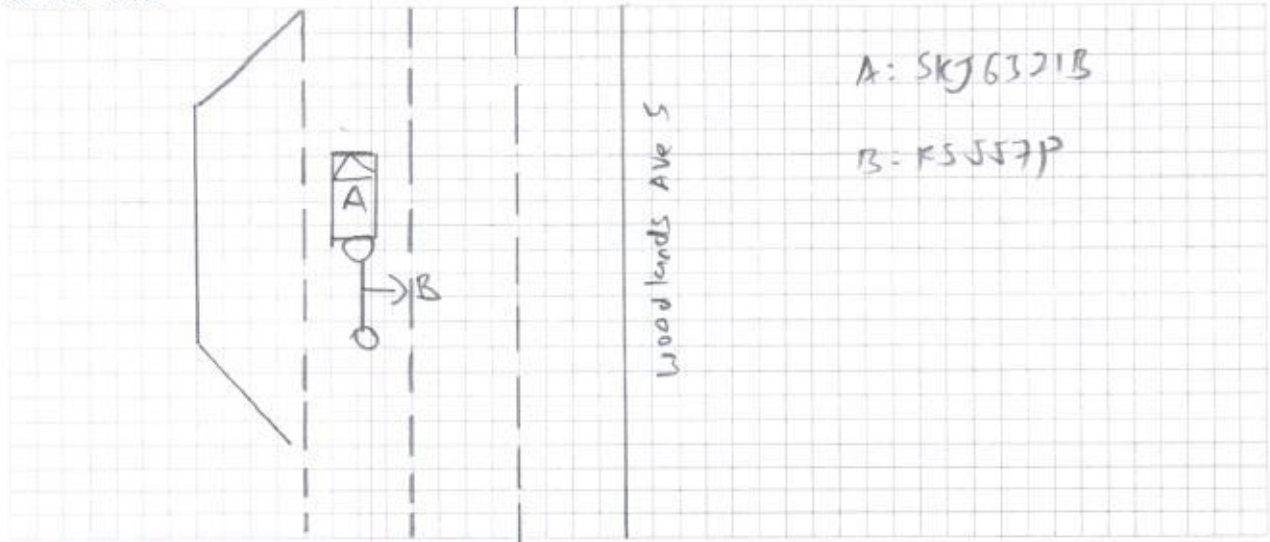


Policyholder's Signature
Date & Time:

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/20180622/2016.

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:

[Handwritten signature]

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

[Handwritten signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 6 / 18 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: Woodlands Ave 5 beside HDB blk 618

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ6321B
b) INSURANCE COMPANY: NJC
c) POLICY NUMBER: 5096491776
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: commercial use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: EC Motor Transportation (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 533641831C CONTACT: 8308 0899
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Long Chen Yu (Wang Zhenyu) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58818235C CONTACT: 922 68187
c) ADDRESS: 444 Miltonia Close (768406)

*d) DATE OF BIRTH: 3 / 6 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 / 3 / 2011

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FC55AP 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: _____

Email = didiK88@hotmail.com

fax = Admin@mycar.sg



SINGAPORE POLICE FORCE



T/20180622/2046

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180622/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 12:31		Vide Report No.: J/20180621/0161		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: WONG CHEN YUI			Address: 444 MILTONIA CLOSE SINGAPORE 768408		
ID Type / ID No.: NRIC NO / S8818725C			Contact No.: Home/Office: Mobile: 9276 8187		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 03/06/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ACCOUNT MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
FS557P	Motorcycle				Slightly Damaged	0
SKJ6321B	Car				Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180622/2046

CONTINUATION OF REPORT

Driver			
Name	WONG CHEN YUI	ID No.	S8818725C
Related Vehicle	SKJ6321B (Car)	Contact No.	9276 8187
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21 June 2018 at around 6.28pm, I was driving my car, a white Volkswagen New Golf bearing the registration plate number: SKJ 6321B, along the Woodlands Avenue 5, beside Blk 618 Woodlands Avenue 4. I was driving straight on the left most lane and I realized that there was a signage "Works Ahead". As such, I drove at a slower speed. Suddenly, one red Yamaha motorcycle, bearing the registration plate number, FS 557P, collided on the rear of my car. I stopped my car and got out to make a check. The motorcyclist was on the ground and as I was about to take photos of the accident, the motorcyclist immediately shifted his motorcycle to the side of the road and called for ambulance.

The ambulance arrived about 30 minutes later and conveyed the said motorcyclist. I was not able to obtain his particulars. Prior to the conveyance, the motorcyclist insisted on making insurance claims. I then waited for about an hour for Traffic Police to arrive and was given the case card which states the incident number: J/20180621/0161.

I wish to state that I was not injured. The rear left side suffered scratches and the front part of the motorcycle was damaged. I am lodging this report to assist Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20180622/2046

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No. T/20180622/2046

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: G / Sgt 2 AMIRUL HARITH BIN ABD MAJID
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365

Signature Of Informant:
Date/Time: 22/06/2018 12:31
Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8818725C

Name: WONG CHEN YUI (WANG ZHENYU)

Birth Date: 03 Jun 1968

Issue Date: 31 Mar 2016

002552653J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8818725C

WONG CHEN YUI (WANG ZHENYU)

王振宇

Race: CHINESE

Date of Birth: 03-06-1968

Sex: M

Country of Birth: SINGAPORE




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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE: 31 Mar 2011

Licence No: S8818725C

NP 428A

A0014525

S8818725C

12-06-2003


ANTONIA CLOSE

SINGAPORE 768408

PIC No: S8818725C

Date: 27-03-2007

No: 8101118



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="21/06/2018 18:30"/>						
Vehicle No. (For Motor)	<input type="text" value="SKJ6321B"/>								
<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"/>	5096491776	EC MOTOR TRANSPORTATION	53364183K	GPC	drive CLASSIC	SKJ6321B	SKJ6321B	06/12/2017	05/12/2018
<input type="button" value="Continue"/>									

 Policy Information

Policy No.	5096491776	Policyholder Name	EC MOTOR TRANSPORTATION	Policyholder NRIC	53364183K
Address	BLK 913 #05-38 HOUGANG STREET 91 SINGAPORE 530913				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/12/2017	Effective Date	06/12/2017 00:00	Expiry Date	05/12/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 913 #05-38	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530913
Address 4		Address Type	Singapore address	Post Code	530913
Unit No.	05-38	Related Policy Number	5091800195-01		

 Insured Object: SKJ6321B

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/0999712

Policy No.	5096491776	Vehicle No.	SK6321B	GST Registration No.	
Policyholder Name	EC MOTOR TRANSPORTATION	Cover Type	drive CLASSIC	Policyholder NRIC	53364183K
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83080899	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	Yes		

Accident Details

Report Date	22/06/2018 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/06/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 5 BESIDE HDB BLK 518				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 913 #05-38	Address 2	HOUANG STREET 91	Address 3	SINGAPORE 530913
Address 4		Address Type	Singapore address	Post Code	530913
Unit No.	05-38	Related Policy Number	5091800195-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/06/1988
Unnamed driver Name	WONG CHEN YUI (WANG ZHEN)	Driver NRIC	S8018725C	Driving Experience	7
Register Date of Driver License	31/03/2011	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	92768187	Contact No.(Office)	0	Address 3	SINGAPORE 768408
Address 1	444 MILTONIA CLOSE	Address 2	THE SHAUGHNESSY	Post Code	768408
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	EC MOTOR TRANSPORTATION	Insured NRIC	53364183K
Contact No.(Mobile)	83080899	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SK6321B	TP Vehicle Number	PS557P
Claim Description	SKJ6321B / PS557P ON 21 Jun 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/06/2018 00:00
Date Registered	22/06/2018 18:39	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No. MT/0999712 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 22/06/2018 18:40

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		
Browse... Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		

[Attachment List](#)

☐ Send Message [Upload](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	SAS	Normal	SAS 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:40	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 18:39	Photos	Normal	Photos 2018-6-22		Edit
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 Video List						
Uploaded By/Date	Folder Date	File Name		Source		Action
		Display in New Window	Scan and uploading			