NATIONAL Assessment C	Centre Services. N	we! 1 Jan'051MN	VE/0908/14		
Date In: 10 18 18 18	Job description		Date &Time Completed	Done	py.
Ref No: NA/INC18/1233/24	SAS e-filing				
Veh No: J(x 3)45 4	E-mail (within Sh	irs, AIC 2hrs)			a
D.O.A: 117/8-22:00	i-Motor Claim	Form	100-09 FCod (LW)	विश्वार्यक	173
	i-Motor W/O	(Within: OD 2hrs			
OD / TP / Reporting Only	i-Photo Uploa	ded			
TD I	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (Tel:	Fax:)
TP Particulars: Veh No	: SKE 6KV .	, INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	-
Insured/Driver Liability: (%) [Note-Est. Status (W		0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
	g:\$1,000()/\$2,000(regg o programme	
General Remarks:-	The state of the s		1.2 Company	Stander State - 2	
() Walk-In Customer : Custome		idential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail					
Drive-In ()/ Towed-In (); I	Invoice: YES () / NO		owing Co: ()
Remarks:- : (INC hotline: 6788 6	616)		Date& Time Completed	Done	by
1) Apply for Transport Allowance ()/Courtesy Car ()	V			
2) QC Check / Post Repair Inspection					
3) Upload Resurvey Photo [Repair Co	ost > \$3000] ()				
Injury:					
Date/Time Actions		State and a	or to see	5,224	(************************************
Date time Actions				9006084 1M-3687 8-8.	
			7		
			7.		
	•				
				10 89	
NAI804414		Invoice Pre	paration Checklist	Anit (\$) fat Bill	Amil (\$) Add Bill
The second second residence is a second seco	3	l) AR : Accident	Reporting (530);		
laimant's Particulars:-		2) DA : Damage 3) TF : Towing F		(80) (0/ 5 45	
river/Owner:		4) FT : Follow-T	brough Survey	\$120	
ontact No:	78 .	For claiming a	hrough Survey (Resurvey) sainst INC Only (wef 10 Jan 200	\$30	
amaged Portion:		6) TR : Re-inspec	tion	\$75 \$160	
		NTUC Addition			
C Checked by (Engr-In-Charge):	-	OD*	Car / Tpt Allowance	\$5	
		*N6: Repair C	o-ordination	\$10 \$25	
uditors! Comments :-			lect Excess Coordination	33	
t. 1:	A STATE OF THE PARTY OF THE PAR	TP (N11) : TP	(Non INC) against INC	\$20 30	-
1. 2/3:		9) N12: Idac Mo Invoice dated	Fee Charged		and Jak
The state of the s		Invoice dated	Fee Charged	WASHING.	

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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 witholding 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.
- 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,	
- A - A - A - A - A - A - A - A - A - A	ACCIDENT STATEMENT
Date Of Report	12/07/2018 18:03
Date Of Accident	11/07/2018 22:00
Exact Location Of Accident	JUNC PASIR RIS DR 1 & PASIR RIS ST 11
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3245Y
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8E CVT
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	YES

5097558305

Driver

Policy Number Cover Note Number

CHEE CHOON XIONG, MELVIN Name of Driver S8217486I NRIC No Date Of Birth 22/06/1982 OUTDOOR Occupation 11/07/2002 Date Of Driving Pass 16 YEARS AND 0 MONTHS Driving Experience MALE

Gender

(LOCAL) +65-98444849 Mobile Number

Fax Number

OFFICE-98444849 Contact Number

NOEMAIL EMail Address

Address BLK 143 RIVERVALE DRIVE

#07-549

Postcode 540143

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

*

NO

YES

NO

3

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? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKE615U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver LEONG WAI HONG

NRIC/Passport Number

Contact Number 87001639

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

CHEE CHOON XIONG, MELVIN Name

Approximate Age

NECK & BACK Injuries Sustain

Injured person in which vehicle? SLX3245Y

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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)
 - (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

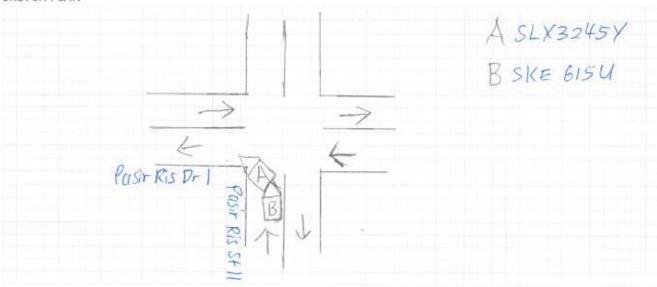
Date & Time:

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

NRIC/FIN No.:

Name:

Reporting Centre Personnel Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While approaching the cross junction, there was a cyclist crossing the pedestrian crossing therefore I stop at the cross junction to allow the cyclist to cross the road. Suddenly Vericle B knock me from behind with a sudden impact.
the peciestrian crossing therefore I stop at the cross junction to
allow the cyclist to cross the road.
Suddenly Vehicle B knock me from behind with a sudden impact.

DECLARATION

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

Policyholder Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Our Email: sm@idac.com.sg Fax no; 6454 3279 (If did not bring your insurance certificate)

Personal Particulars of yourself (Vehicle A)

*Date of Accident: 11 /07/2018 (dd/mm/yy)
Vehicle No.: SLX3245Y Vehicle Make & Model: TOYOTA PRIUS HYBRIP 1. 8ECVT
*Exact location of Accident: Cross junction of Pasir Ris Drive 1 & Pasir Ris St 11
Owner or Company Names / IC No. : FORTE AUTO LEASING PTE LTP
*Driver's Name / IC No.: Chee Choon Xiony Melvin S8217486I (As Above)
*Driver's Contact No. : 98444849 Company Contact No: 91449265
Insurance Company: NTUC Email address (if any): emrek 99@hotmail.com
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose No. of Passengers (Including Driver): 03 (Im , 11)
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Was there any video captured by your Car Camera? Yes / No
Any Injuries? (MC of 3 days or more, police report is required)
Yes / No If Yes, which police station? Singapore / Malaysia
Injuries Person Name: Chee Choon Xing Melvin Approximate Age: 36
Injuries Sustain: Neck and lower Back Strain Injured person in which vehicle? SLX 3245 Y
The Other Party (Vehicle B) Details:
Driver's Name & IC No: Leony Wai Hong Vehicle No.: SKE 6154
Insurance Company (If Any): NTUC Driver's Contact No: 8700 1639
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other (Vehicle C) Involved: VEH NO: Driver Name & /IC N:
Independent Witness (If Any): Contact No:
Preferred workshop Name & Ph no or Fax No: *If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Internedical 24 Hr Clinic

525 Ang Mo Kio Avenue 10, #01-2407 Singapore 560525 Tel: 69192998

Medical Certificate

Date

: 12 Jul 2018

MC No.

: 0000010161

This is to certify that:

Name : CHEE CHOON XIONG MELVIN

NRIC : S8217486I

is Unfit for Duty for 2 days

from 12/07/2018 to 13/07/2018 inclusive.

Dr Sandra Lim

175150

MBBS (NUS), GDFM (NUS)

LIM HUI JUAN SANDRA

MBBS (SINGAPORE) GDFM (SINGAPORE)

^{*}This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$82174861





Name

CHEE CHOON XIONG, MELVIN

徐煅堆

CHINESE
Date of birth Sex
22-06-1982 M

Country of birth SINGAPORE - Littler

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 11 Jul 2002 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

4917034



26-12-2012

APT BLK 143 RIVERVALE DRIVE #07-549 SINGAPORE 540143

NRIC No: S8217486I

Date: 25/10/2014



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: 5097558305	Cover :	drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLX3245Y

Chassis Number : 7VW516062061

2. Name of Policyholder : FORTE AUTO LEASING PTE LTD

3. Effective Date of Insurance : 23 Mar 2018 4. Expiry Date of Insurance : 22 Mar 2019

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	; YES
NCD PROTECTION	; NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE 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)

: ANIKA INS BROKERS & CONSULTANTS P/L (00000690423) Agency

Date of Issue : 19 Jan 2018 17:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer** Chief Executive

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change Lar	nguage	· Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss Policy No. Date of Accident 11/0 Vehicle No. (For Motor) SLX3245Y Incomparison of Accident Incomparison of	7/2018 22:00	6								
	Vehicle	No.(For Motor)	SLX3245Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097558305	FORTE AUTO LEASING PTE LTD	201631486C	GFT	drivo CLASSIC	SLX3245Y			
					- 8	Continue				

Policy No.	5097558305	Policyholder Name	FORTE A	UTO LEASING PTE LTD	Policyholder NRIC	201631486	С
Address	25 KAKI BUKIT ROAD 4 #01-6	and the second	KB SINGAR	PORE 417800	Hide		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	19/01/2018	Effective Date	19/01/20	018 00:00	Expiry Date	11/09/2018	23:59
xcess ype		All Claim Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	3413.73				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
gent	ANIKA INS BROKERS & CONSU	IL Agent Tel.	6672998	8	GST Flag	Υ	
Co- nsurance Flag Open Policy nfo Certificate nfo	No						
Policy!	holder Mailing Address						
ddress 1	53 UBI AVENUE 1	Addre	ess 2	#05 - 44 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
ddress 4		Addre	ess Type	Singapore address		Post Code	408934
Jnit No.	01-62	Relate	ed Policy per	5097558305			
D Insure	ed Object: SLX3245Y						
♥ Endors	sements						
Sequer 1	19/01/2018 00:00	Basic Informa Endorsement		Endorsement Numbe	Endorseme Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. ZVW516062412 09-03-2018 \$720.16 In view of this amendment, an additional premium of \$1,440.32(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
s <mark>.</mark>	21/03/2018 00:00	Basic Informal Endorsement	tion	000001286779657	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF5098L 22-03-2018 \$612.40 2. SLF5241P 22-03-2018

Claim Handling The premium on this policy has Accident MT/1002760	nat been collected.				·Ex
Policy No.	5097558305	Vehicle No.	SLX1245Y	GST Registration No.	
Policyholder Name	FORTE AUTO LEASING PTE LTD			Policyholder NR3C	201631486C
Product Code	PLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Cornact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	THE V
KFK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	•
NCD Protection	No	NCD Encomment(%)	0	Private Hire	Yes
→ Accident Details				NEW WORLD	XXXII
Report Date	12/07/2018 18:51	Accident Report Within 24 his	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/07/2018	Time of Accident hh:mm	22:00		
Reporting Centre	NEGOTIAN TO THE PERSON OF THE	Orange Force	44.00	Country of Academs ICM No.	Singapore
Accident Location	JUNC PASIR RIS DR 1 & PASIR RIS ST 11	Change Porce		ICM No.	
▽ Benefits	TOTAL PASIE RES ON 1 & PASIE RES ST 11				
♥ Excess					
Own damage Exorss	2,000.00	Additional Excess	0		992330
Unnamed Driver Excess	Electrical Co.	Outside Singapore OD Excess		Windscreen Excess	100.00
Third Party Excess	1 500 00		2,000.00		
₩ GST Registered Inform	1,500,00	Outside Singapore TP Excess	1,500.00		
GST Registered	No.		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	idreus	55555554500			
Address 1	53 UBI AVENUE I	Address 2	#05 - 44 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Linit No.	01-62	Related Policy Number	5097558305		
□ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEE CHOON KIONG, MELVIN	Oriver NRIC	582174861	Driver DOB	22/06/1982
Register Date of Driver License	11/07/2002	Driver Age	36	Driving Experience	16
Contact No. (Mobile)	98444849	Contact No. (Office)	0	Contact No.(Home)	a
Address 1	BLK 143	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540143
Address 4		Address Type	Singapore address	Post Code	540143
Unit No. Does he own a Singapore Registered car?	07-549 ○ Yes ® No	Driver Venicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	D mg	Any injury?	® Yes ○No		
Modification History					
Claim 001 New					
Claim Type *	ор-мх 💌	Insured Name	PORTE AUTO LEASING PTE LTD	Insured NR1C	201631486C
Contact No. (Mobile)	97984296	Contact No.(Home)		Contact No.(Office)	+
Email Address		Of Vehicle Number	SLX3245Y	TP Vehicle Number	SKE619U
Claim Description	SUX3245V / SKE615U ON 11 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/07/2016 18:53	Claim Close Date		Date Received	12/07/2018 00:00
Report Taken By	Jackson		7.7		777 military (1900 - 19
Print AK letter					
Attachment			Save Submit		
o .	1007-10000	gg ortonius	102010		
Accident No.	MT/1002760	Claim No.	001		
Last Doc. Received	● Yes □ No	Upload Date	12/07/2018 18:55		
	Path *	110000000	Category •	Confidential Urgen	cy * Description *
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		Browse.	Clear Please Select	V Normal	☑
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		Browse	Clear Please Select	V Normal	V
		Browse.	Clear Please Select	V Normal	∇
		Browse	Clear Please Select	Normal	v
Providencial I		THE STATE OF THE S			

	NAC_PAYA_UBI_800601[N	IATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul	NR3C/ Driving License	Normal	NRIC/ Driving License 2018-7-12	(CO)
ergs	NAC PAYA URL ROOFOLLS	2018 18:55 MATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul	Sec. of	, workings	nikity briving ticense 2018-7-12	
		2018 18:55	NR3C/ Driving License	Normal	NRIC/ Driving Licerse 2018-7-12	
A.	NAC_PAYA_US1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:55	SAS	Normal	SAS 2018-7-12	
J	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:55	Photos	Normal	Photos 2018-7-12	
	NAC_PAYA_US1_80060)(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:55	Photos	Normal	Photos 2018-7-12	
争	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:55	Photos	Normal	Photos 2018-7-12	
M	NAC_PAYA_UBI_B00601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:54	Photos	Normal	Photos 2018-7-12	
No.	NAC_PAYA_UBI_800601(N	ATTIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:54	Photos	Normal	Photos 2018-7-12	
6	NAC_PAYA_UBI_800601 N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:54	Photos	Normal	Photos 2018-7-12	
	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:54	Photos	Normal	Photos 2018-7-12	
	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:54	Photos	Normal	Photos 2016-7-12	
V	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18-54	Photos	Normal	Photos 2018-7-12	
V	NAC_PAYA_UB3_800603(N	ATIONAL ASSESSMENT CENTRÉ SERVICES) en 12 Jul 2016 18:53	Photos	Normal	Photos 2016-7-12	
7	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:53	Photos	Normal	Photos 2018-7-12	
The same of	NAC_PAYA_UBI_800601[N	ATJONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:53	Photos	Normal	Photos 2018-7-12	
4	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:53	Photos	Normal	Photos 2018-7-12	
1	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:51	Photos	Normal	Photos 2018-7-12	
357	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18-53	Photos	Normal	Photos 2018-7-12	
W.	NAC_PAYA_UBI_B00601(N/	ATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:53	Protos	Normat	Photos 2018-7-12	
	NAC_PAYA_UBI_B00601(NA	NTIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 18:53	Photos	Normal	Photos 2018-7-12	
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. Li	NAC_PAYA_UB1_800601(NA	2018 18:53 KTIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul		25.005	Photos 2018-7-12	
deo List	The second secon	2018 18:53	Photos	Normal	Photos 2018-7-12	
	Uploaded By/Date	Folder Date	File Name	9	Source	Action