

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] **NA18099399**

Date In: <b>1/8/18-14:55</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 18099399/24</b>	SAS e-filing		
Veh No: <b>68632536</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>31/7/18-14:15</b>	i-Motor Claim Form	<b>MT125570-001</b>	<b>1/8/18 16:29</b>
OD: <b>TP</b> 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: <b>SLP61305</b>	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

<b>NA1809824</b>	Invoice Preparation Checklist		Am't (\$) Inc 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)			
Ref. 1:	6) TR: Re-inspection	\$75		
Ref. 2/3:	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QD*			
	*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	Fees Charged		
	Invoice dated	Fees 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	01/08/2018 14:55
Date Of Accident	31/07/2018 14:15
Exact Location Of Accident	BOON KENG RD TWDS SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG3253G
Insured/Policyholder	
Name Of Registered Owner	OPTIMUM COPIER TRDG & SVCS
Co Reg No	48232800B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5102589725
Cover Note Number	
Driver	
Name of Driver	WANG JUN
Passport No/FIN	G5364869Q
Date Of Birth	16/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96703027
Fax Number	
Contact Number	OFFICE-96703027
Email Address	NOEMAIL

Address	996 BENDEMEER ROAD #05-06
Postcode	339944
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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?	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?	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	SLP6130S
Vehicle Make/Model/Colour	MITSUBISHI
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)	

#### DETAILS OF INJURED PERSON 1

Name	WANG JUN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	GBG3253G
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.

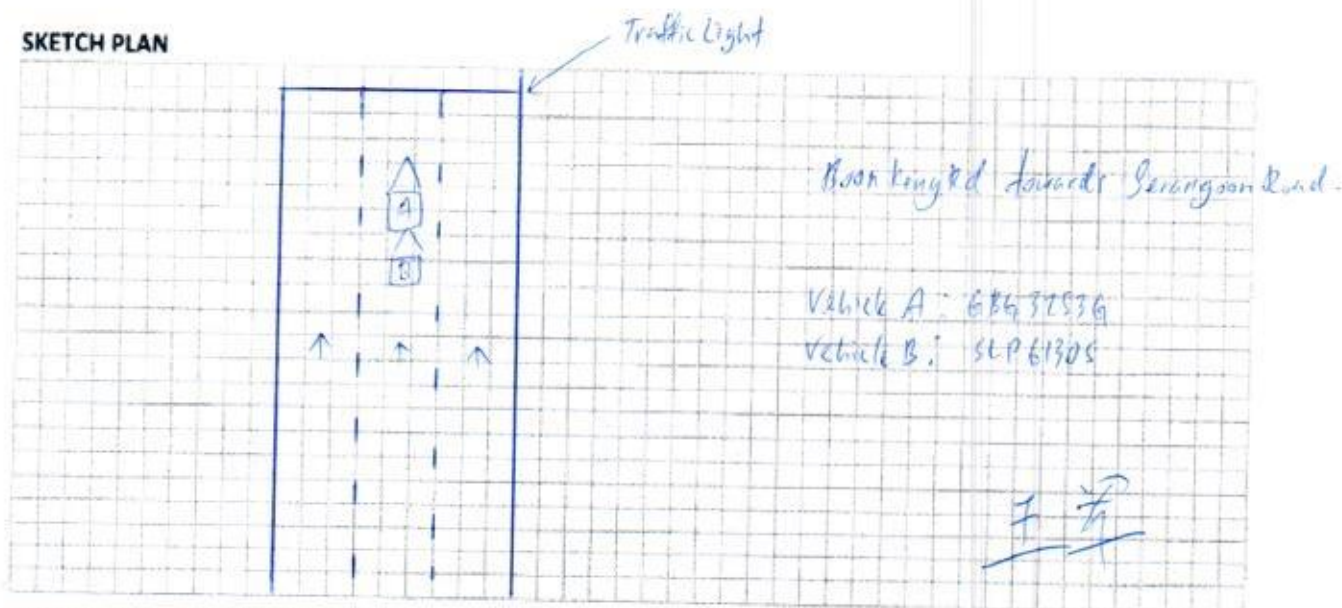


Policyholder's Signature  
Date & Time:

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

I was travelling in my vehicle (686 32536) at lane 2 along Baan Kong Rd towards Serangoon Road in my own lane. The traffic light was red in my favour hence I came into a complete stop. After 3 second, I felt a impact at the rear of my vehicle. I went out and realised that vehicle B (SLP 61305) has hit onto my vehicle.

*[Signature]*

## 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:

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

## SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 31/07/18 (DD/MM/YY) Time: 14:13 (HH:MM)
Exact location of accident	Boon Keng Rd towards Serangoon Road

Details of vehicle

Vehicle registration number	GB6 3253G
Vehicle make and model	Toyota HIACE
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Work
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	JTFHT02P900217168
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Optimum Copies Trading & Services	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	482328008	
Contact		
Address	946 #05-06 Bendemeer Road S337744	

DriverSame as insured above ☐ (skip to D.O.B)

Name	Wang Jun	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G15764869	
Contact	96703027	
Address		
Email address		
Date of birth	16/05/1975	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	15 Aug 2017	

## General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Worker</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	<u>1</u>	(Inclusive of driver)

### Passenger 1

Name	<u>Wang Jinn (Driver)</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

### Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLP 61308
Vehicle make model	Mitsubishi

### Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Witness 1**

Name	
------	--

**Witness 2**

Name	
------	--

**Injured person 1**

Name	Wing Jun	
Injuries sustained	Neck	
Which vehicle person in?	G86 3253 G	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**Injured person 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Injured person 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Injured person 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Employer  
OPTIMUM COPIER TRADING & SERVICES

Sector: SERVICE



Name:  
WANG JUN  
Occupation:  
OPERATIONS SUPERVISOR

S Pass No.  
0 75302126

Date of Application  
11-01-2017  
Date of Issue  
18-02-2017  
Date of Expiry  
29-04-2019



L764722

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G5364869Q**

Name:

**WANG JUN**

Birth Date: **16 May 1975**

Issue Date: **20 Oct 2017**

Valid Till **14/06/2018**



002735396F



VISIT PASS

Immigration Regulations

Name  
WANG JUN



Date of Birth	Sex	Nationality
16-05-1975	M	CHINESE
FIN	Date of Issue	Date of Expiry
G5364869Q	18-02-2017	29-04-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	15 Aug 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	15 Aug 2013

NP 428A



Licence No: G5364869Q

eBaoTech

GeneralClaim

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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102589725		OPTIMUM COPIER TRDG & SVCS	482328008	GCV	Comprehensive	GBG3253G	GBG3253G	24/07/2018	23/07/2019

Continue

 Policy Information

Policy No.	5102589725	Policyholder Name	OPTIMUM COPIER TRDG & SVCS	Policyholder NRIC	48232800B
Certificate No.					
Address	996 BENDEMEER ROAD #05-06 SINGAPORE 339944				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	23/07/2018	Effective Date	24/07/2018 00:00	Expiry Date	23/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	996 BENDEMEER ROAD	Address 2	#05-06	Address 3	SINGAPORE 339944
Address 4		Address Type	Singapore address	Post Code	339944
Unit No.		Related Policy Number	5102589725		

 Insured Object: GBG3253G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

## Claim Handling

Exit

## Accident MT/1005570

Policy No.	S102589725	Vehicle No.	GBG3253G	GST Registration No.	
Certificate No.					
Policyholder Name	OPTIMUM COPIER TRDG & SVCS	Cover Type	Comprehensive	Policyholder NRIC	48232800B
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	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(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	01/08/2018 16:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/07/2018	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON KENG RD TWOS SERANGOON RD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

## Policyholder Mailing Address

Address 1	996 BENDEMEER ROAD	Address 2	#05-05	Address 3	SINGAPORE 339944
Address 4		Address Type	Singapore address	Post Code	339944
Unit No.		Related Policy Number	S102589725		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/05/1975
Unnamed driver Name	WANG JUN	Driver NRIC	G5364869Q	Driving Experience	4
Register Date of Driver License	15/08/2013	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	96703027	Contact No.(Office)	0	Address 3	SINGAPORE 339944
Address 1	996 BENDEMEER ROAD	Address 2	B CENTRAL	Post Code	339944
Address 4		Address Type	Singapore address		
Unit No.	05-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration:

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

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	OPTIMUM COPIER TRDG & SVCS	Insured NRIC	48232800B
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62944922
Email Address	jeah@optimumcopier.com.sg	OT Vehicle Number	GBG3253G	TP Vehicle Number	SLP61305
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	GBG3253G / SLP61305 ON 31 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/08/2018 16:29	Claim Close Date		Date Received	01/08/2018 00:00
Report Taken By	Jackson				
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1005570	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/08/2018 16:30		
Patch *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
		Clear	Please Select	NO	Normal

Browse...

Browse...

Clear

Please Select

NO

Normal

☐ Send Message
 

Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	SAS	Normal	SAS 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:30	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2018 16:29	Photos	Normal	Photos 2018-8-1		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">Display in New Window</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Scan and uploading</div> </div>				