

NATIONAL Assessment Centre Services (wef Jan'05)

Date In 04/08/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18014175/13	SAS e-filing		
Veh No 5107646B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 03/08/18 2230	i-Motor Claim Form	MT/1005952-001	
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (ZERO GRAVITY)	Tel:	Fax:
TP Particulars:	Veh No: GBC1249D	INC () / Non-INC ()
Owner / Driver: ()	Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1804886	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	04/08/2018 14:35
Date Of Accident	03/08/2018 22:30
Exact Location Of Accident	PIE(TUAS) TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7646B
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD YAZZID BIN YAHYA
NRIC No	S8743407I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88778984
Alternative Phone No	OTHERS-88778984

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099898544
Cover Note Number	

Driver

Name of Driver	MOHAMMAD YAZZID BIN YAHYA
NRIC No	S8743407I
Date Of Birth	26/12/1987
Occupation	INDOOR
Date Of Driving Pass	28/06/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88778984
Fax Number	
Contact Number	OTHERS-88778984
EMail Address	NOEMAIL

Address	BLK 649 PASIR RIS DR 10 #05-80
Postcode	510649
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: WEIHONG YAN GENDER: MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBC1249D
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG DINGGUO
NRIC/Passport Number	S8329147H
Contact Number	98001325
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD YAZZID BIN YAHYA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJD7646B
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.

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4/08/18

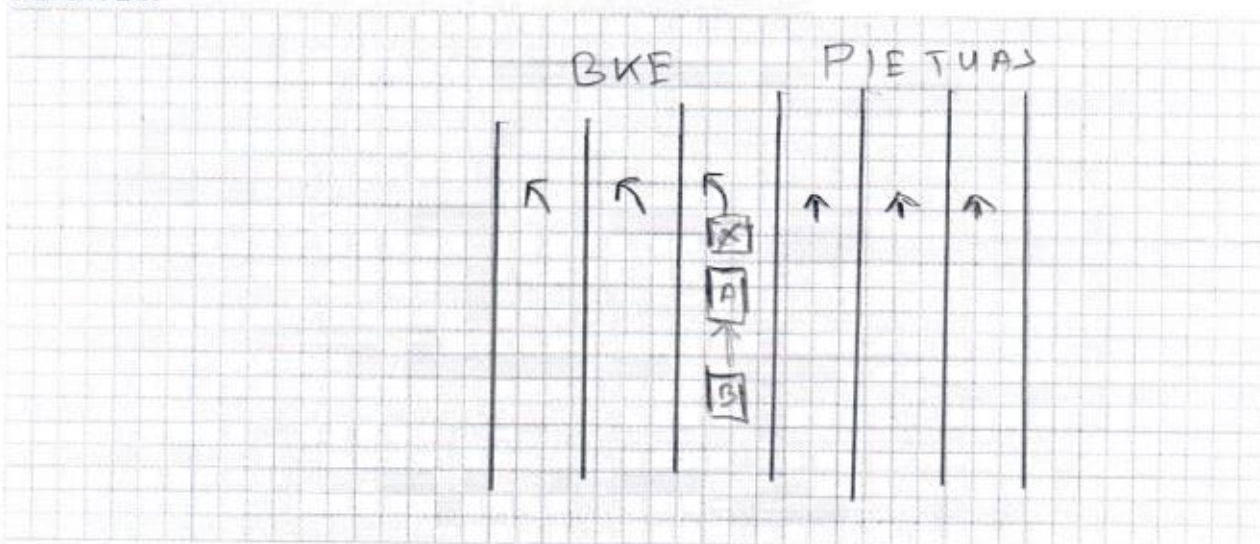
Policyholder's Signature
Date & Time:

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

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

4/08/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling down PIETUAS towards BKE exit. Vehicle X stopped the vehicle, I stopped my vehicle A, Vehicle B hit ~~me~~^{on to} ~~at~~ my rear.

Vehicle A : SDP 7646B

Vehicle B : GBC 1249P

DECLARATION

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

[Signature] 04/08/18

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 04/08/18

Reporting/Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 3/08/18 Time 2230 Hrs
Exact Location Of Accident * PIE Tuas towards BKE

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * S3D 7646 B

Insured Policyholder

Name of Registered Owner * Mohammad Yazzid bin Yahya
NRIC/FIN/Passport Number * S8743407I

Vehicle Particulars

Manufacturer ↓ Honda
Model ↓ Odyssey
Exact Purpose for which vehicle was being used at time of accident * Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others ☐

If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐

Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company *
Type of Coverage *
Fleet Policy Yes ☐ No ☐
Policy Number *
Cover Note Number *

Driver

Name of Driver * Mohammad Yazzid bin Yahya
NRIC/FIN/Passport Number * S8743407I
Date of Birth * 26 Dec 1987
Occupation * Specialist
Date of Driving Pass * 28 June 2011
Gender * Male ☒ Female ☐
Mobile Number * 8877 8984
Address * 649 Pagar Rd Drive 10 H05-80
S510649
Email Address * Yazzid-Yahya@hotmail.com

Was driver an employee of the Insured's Company? * Yes ☐ No ☒


If no, Relationship of the Driver with the Insured * owner

SAS 1

(Male) weihong Yan

Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)	<input type="text"/>
General Information of the Accident	
Type of Accident	* <input type="text"/>
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>
Other Information	
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Injured Persons	
Name	* Mohammad Yazid bin Yahya
Address	649 Pasir Ris Drive 10 Fl05-80
Approximate Age	* 30
Injuries Sustained	* <input type="text"/>
If vehicle Occupants, state in which vehicle?	SSD 7646 B
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"/>
Details of Police Action	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state which Police Station	<input type="text"/>
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, against whom?	<input type="text"/>
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number	* GBC 1249 D
Vehicle Make / Model / Colour	Nissan NV200 Grey
Detail Of Properties	<input type="text"/>
Name of Driver	* Wang Dingguo
NRIC/Passport Number	S8329147H
Contact Number	* 98001325
Email Address	<input type="text"/>
Address	69 Jalan Asas
Insurance Company Name	<input type="text"/>
Nature of Damage	<input type="text"/>
Details Of Witness	
Name	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S87434071



MOHAMMAD YAZZID BIN YAHYA

Race
MALAY

Date of Birth
26-12-1987

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Expiry Number: **S87434071**

Name:
MOHAMMAD YAZZID BIN YAHYA

Birth Date: **26 Dec 1987**

Issue Date: **28 Jun 2011**





Expiry Number: **S87434071**



Blood Group: Date of Issue:
30-01-2003

Address:
**APT BLK 649 PASIR RIS DRIVE 10
 #05-80
 SINGAPORE 510649**

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

Class	Description	Effective Date
Class 2B	Motorcycles < 350 CC	15 Jun 2014
Class 3	Motor cars < 3500 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 2500 kg	28 Jun 2011

S87434071

S/No. 9000181699

Expiry No. S87434071



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: 5099898544

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD7646B**
Chassis Number : JHMR818508C203190
2. Name of Policyholder : MOHAMMAD YAZZID BIN YAHYA
3. Effective Date of Insurance : 26 Apr 2018
4. Expiry Date of Insurance : 25 Apr 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMMAD YAZZID BIN YAHYA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEEDO CAPITAL 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)

Agency : SPEEDO CAPITAL PTE. LTD. (00000615301)
Date of Issue : 26 Apr 2018 13:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Registration Details

Owner Particulars	
NRIC/Passport/Company Cert No. :	S8743407I
Owner ID Type :	Singapore NRIC
Owner Name :	MOHAMMAD YAZZID BIN YAHYA
Registered Address :	APT BLK 649 PASIR RIS DRIVE 10 #05-80 SINGAPORE 510649
Mailing Address :	-
Birth Date :	26 Dec 1987
Vehicle Particulars	
Vehicle No. :	SJD7646B
Previous Vehicle No. :	-
Effective Date of Ownership :	27 Apr 2018
Original Regn Date :	02 Apr 2008
Registration Date :	02 Apr 2008
Year of Manufacture :	2007
Vehicle Type :	Passenger Station Wagon/Jeep/Land Rover
Vehicle Scheme :	-
Vehicle Attachment 1 :	With Sun Roof
Vehicle Attachment 2 :	-
Vehicle Attachment 3 :	-
Vehicle Make :	HONDA
Vehicle Model :	ODYSSEY 2.4 A
Primary Colour :	Purple
Secondary Colour :	-
Passenger Capacity :	6
Chassis No. :	JHMRB18508C203190
Engine No. :	K24A65003198
Engine Capacity / Power Rating :	2354 cc / -
Maximum Power Output :	118.0 kW (158 bhp)
Propellant :	Petrol
Max Unladen Weight :	1648 kg
Maximum Laden Weight :	1810 kg
Open Market Value :	\$28,209.00
PARF Eligibility :	Forfeited
PARF Eligibility Expiry Date :	-
Minimum PARF Benefit :	-
No. of Transfers :	2
IU Label No. :	1121940620
COE No. :	2008040103000449K
COE Expiry Date :	01 Apr 2023
COE Category :	B - Car (1601cc & above)
COE Registration Category :	B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium :	\$18,000.00 / -
PQP Paid :	\$20,441.00
QP (Regn Cat) :	\$18,000.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$18,000.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$28,209.00
Vehicle Lifespan Expiry Date :	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Claim Handling

Accident MT/1005952

Policy No.	5099898544	Vehicle No.	SJD7646B	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD YAZZID BIN YAHYA			Policyholder NRIC	S874
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88778984	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	04/08/2018 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	03/08/2018	Time of Accident hh:mm	22:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE(TUAS) TWDS BKE				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 649 #05-80	Address 2	PASIR RIS DRIVE 10	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5106
Unit No.	05-80	Related Policy Number	5099898544		
▼ OI Driver Info					
Driver Name	MOHAMMAD YAZZID BIN YAHYA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S87434071	Driver DOB	25/12
Register Date of Driver License	26/06/2011	Driver Age	30	Driving Experience	7
Contact No.(Mobile)	88778984	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 649	Address 2	PASIR RIS DRIVE 10	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5106
Unit No.	#05-80				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMMAD YAZZID BIN YAH
Contact No.(Mobile)	86609534	Contact No. (Home)	65833807
Email Address		Vehicle Number	SJD7646B
Claim Description	SJD7646B / GBC1249D ON 3 Aug 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/08/2018 16:16
		Workshop Repairer	ROSINDA
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

8/4/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.	MT/1005952	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/08/2018 00:00

Path *	Category *	Confidential	Urgency *
Choose File No file chosen	Clear Please Select ▼	NO ▼	Normal ▼
Choose File No file chosen	Clear Please Select ▼	NO ▼	Normal ▼
Choose File No file chosen	Clear Please Select ▼	NO ▼	Normal ▼
Choose File No file chosen	Clear Please Select ▼	NO ▼	Normal ▼
Choose File No file chosen	Clear Please Select ▼	NO ▼	Normal ▼
Choose File No file chosen	Clear Please Select ▼	NO ▼	Normal ▼
Message Read	Clear Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	SAS	Normal	SAS 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Aug 2018 16:16	Photos	Normal	Photos 2018-8-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading