

NATIONAL Assessment Centre Services [Ref: JAW02]

Date In: 31/08/18	Job description	Date & Time Completed	Done by
Ref No: NM/INC18015933/13	SAS e-filing		
Veh No: FBK77704	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/08/18 1630	i-Motor Claim Form	MT/1009637-001	
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**KIM KEAT (BBDC)**) Tel: () Fax: ()

TP Particulars: Veh No: **Lust Control** 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:- (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

NA1805539

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

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	31/08/2018 14:57
Date Of Accident	28/08/2018 16:30
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7770H
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	
Driver	
Name of Driver	ASMAROYANIE SHAFFIE BTE OTHMAN
NRIC No	S72990601
Date Of Birth	13/07/1972
Occupation	INDOOR
Date Of Driving Pass	28/08/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96840522
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	126 JALAN JURONG KECHIL
Postcode	598621
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
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

AS I GOING THRU THE NARROW PLANK, I LOST CONTROL OF THE BIKE AND FELL ON RIGHT SIDE.

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 INJURED PERSON 1

Name	ASMAROYANIE SHAFFIE BTE OTHMAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK7770H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/small 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.

BUKIT BATOK DRIVING CENTRE LTD
615 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

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

Narrow Plank @ Bukit Batok driving Centre.



FBK 77704

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I going thru the narrow plank, I lost control of the bike and fell on right side.

DECLARATION
I/we hereby declare that the above information is true in every respect.
SINGAPORE 155085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
Date & Time.

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

31/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident: 28/8/2018
 Time: 1630
 Location of Accident: Bukit Batok Driving Centre

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBK 7770 H
Name of Policyholder	
NRIC/ FIN/ Passport/ RDC (If Policyholder is company)	
Address	
Contact Number	Tel: 65944-3513 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda GLR 125 L
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus <input checked="" type="radio"/> Motorcycle Others:
Exact Purpose for which vehicle was being used at the time of accident,	
Are you claiming under your own Insurance policy?	<input type="radio"/> Yes <input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	00734151220
DRIVER	
Name of Driver	Asmarayanie Shaffie Bte othman
NRIC/ FIN/ Passport	S72990602
Date of Birth	13/07/1972
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp: 96840522
Address	BK 126 Jalan Jurong Kechil Singapore 598621
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, relationship of Driver with the Insured	
Vehicle Number of Driver's Own Vehicle (If applicable)	
Insurance of Driver's Own Vehicle (If applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Weather Conditions	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:
Road Surface	
Damage Area	
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (In car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No	
Was notice of Intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

Other Vehicle or Property 2

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

DETAILS OF WITNESS

Name	
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

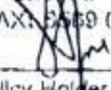
Name	Asmaroyanie Shaffie Bte othman	
NRIC/ FIN/ Passport	S72990601	
Address		
Approximate Age		
Injuries Sustained	Cut on right eyebrow.	
If Vehicle Occupants, state in which vehicle?		
Were Seat Belts Worn?	<input type="radio"/> Yes	<input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

DETAILS OF INJURED PERSON 2

Name		
NRIC/ FIN/ Passport		
Address		
Approximate Age		
Injuries Sustained		
If Vehicle Occupants, state in which vehicle?		
Were Seat Belts Worn?	<input type="radio"/> Yes	<input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes	<input type="radio"/> No

BUKIT BATOK DRIVING CENTRE LTD
 815 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 651085

TEL: 6561 1233 FAX: 6569 0777


 Signature of Policy Holder
 (Company Chop if applicable)

Date & Time


 Signature of Driver / Date & Time
 (If Driver is not the Policy Holder)

Date & Time

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S72990601



ASMAROYANIE SHAFFIE BTE
OTHMAN

اسماروياني شافيه بنت عثمان

Race
JAVANESE

Date of birth

13-07-1922 F

Country of birth

SOHORE



3758005

IDENTITY CARD NO. S72990601



Street Name

84-03-3994

128 JALAN JURONG KECIL
SINGAPORE 600021

NRIC No. S72990601

Date: 11/06/2018



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 : 0073451220-14

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK7770H |
| Chassis Number | : JC641000025 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2018 |
| 4. Expiry Date of Insurance | : 31 Dec 2018 |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : BUKIT BATOK DRIVING CENTRE (00000662435)
 Date of issue : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Transaction ref 20160201102734926392

The owner and vehicle particulars for Vehicle No. FBK7770H as at 01 Feb 2016 are as follows:

1. Name	: BUKIT BATOK DRIVING CENTRE LTD
2. Identification No. Type	: Company
3. Identification No.	: 198801155R
4. Place Of Passport Issue	: -
5. Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6. Mailing Address	: -
7. Vehicle No.	: FBK7770H
8. Effective Date of Ownership	: 01 Feb 2016
9. Original Registration Date	: 01 Feb 2016
10. First Registration Date	: 01 Feb 2016
11. Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: HONDA
17. Vehicle Model	: GLR125LWH
18. Year of Manufacture	: 2015
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: JC641000025 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: JC64E1000027 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 124 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 131
28. Maximum Laden Weight(kg)	: 289
29. Open Market Value	: \$3,464.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2016020106000231R
35. COE Expiry Date	: 31 Jan 2026
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,889.00
38. Actual Quota Premium/PQP Paid	: \$6,889.00
39. Actual ARF Paid	: \$520.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: -
45. Road Tax Amount	: \$45.00
46. Road Tax Start Date	: 01 Feb 2016
47. Road Tax End Date	: 31 Jan 2017
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1009637

Policy No.	0073451220-14	Vehicle No.	FBK7770H	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD.			Policyholder F
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	31/08/2018 15:32	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	28/08/2018	Time of Accident hh:mm	16:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK DRIVING CENTRE			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01,
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5072565215-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ASMAROYANIE SHAFFIE BTE OT	Driver NRIC	S7299060I	Driver DOB
Register Date of Driver License	28/08/2018	Driver Age	46	Driving Exper
Contact No.(Mobile)	96840522	Contact No.(Office)	0	Contact No.(I
Address 1	126 JALAN JURONG KECHIL	Address 2	MANDARIN PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	B
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	F
Claim Description	FBK7770H ON 28 Aug 2018		
Preferred Workshop		Insured Liability	Fully at Fault
CONTACT No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	31/08/2018 15:35
		Workshop Repairer	ROSLINDA

 Print AK letter

Save Submit

Attachment

Accident No. MT/1009637 Claim No. 001
 Last Doc. Received Yes No Upload Date 31/08/2018 00:00

Path * Choose File No file chosen Choose File No file chosen Message Read	Category * Clear Please Select <input type="text"/> NO Clear Please Select <input type="text"/> NO	Confid NO NO NO NO NO NO
--	--	--

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confid
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:35	Photos	Normal	P

Video List

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