

Date In: 11/9/18 11:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18016542/h4	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SJF 8218J	i-Motor Claim Form	MT/1011/32-001	12/9/18 10:42
D.O.A: 719118 17:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SKF 971K	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

MA 1805820

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

### Invoice Preparation Checklist

	Am't (\$) In Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QD:		
* N5: Courtesy Car / Tpt Allowance \$5		
* N6: Repair Co-ordination \$10		
* N7: Fast Repair Inspection \$25		
* N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idac Mobile \$0		
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	11/09/2018 11:51
Date Of Accident	07/09/2018 17:30
Exact Location Of Accident	HOUGANG AVE 6 AT BLK 428 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP8218J
Insured/Policyholder	
Name Of Registered Owner	CARLAND AUTOMOBILE
Co Reg No	53204664A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98008411
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097499516
Cover Note Number	-
Driver	
Name of Driver	GOO SWEE HENG
NRIC No	S7535530J
Date Of Birth	20/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98008411
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 134 AMK AVE 3 #11-1687
Postcode	560134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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)	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

PLEASE REFER TO 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	SKF971K
Vehicle Make/Model/Colour	
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	GOO SWEE HENG
Approximate Age	

Injuries Sustain	NECK
Injured person in which vehicle?	SJP8218J
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.

**CARLAND  
AUTOMOBILE**

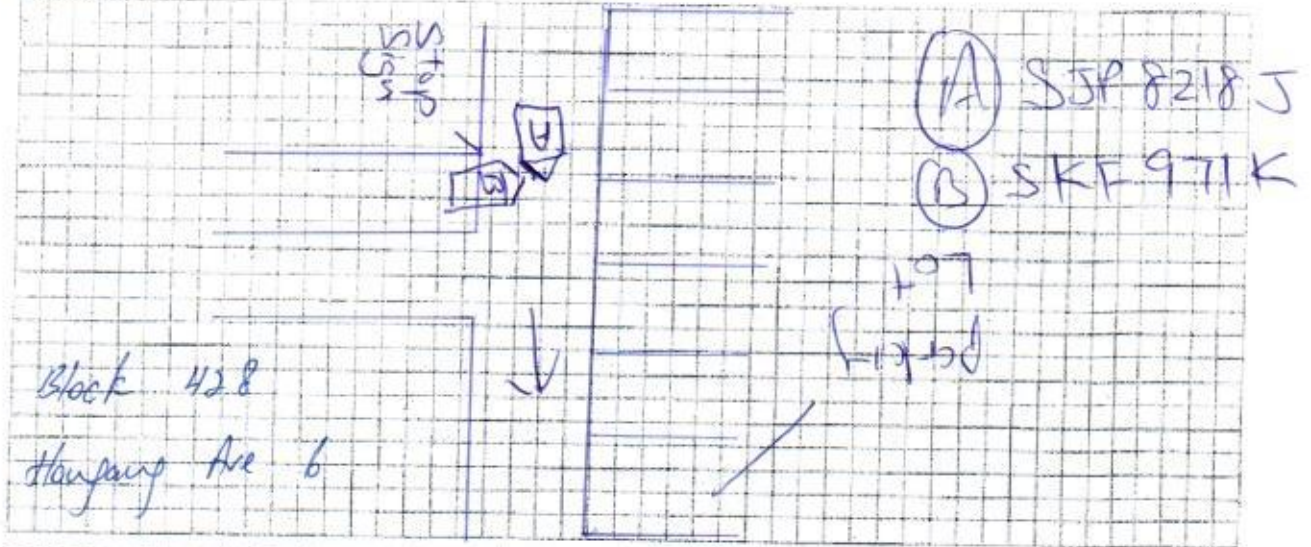
Policyholder's Signature  
Date & Time:

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

My vehicle was travelling straight at  
 BIK 428 open Car park. Vehicle B with a  
 stop sign did not stop and give way  
 to me, and he dash out and hit onto  
 my vehicle.

*[Signature]*

## DECLARATION

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

**CARLAND  
 AUTOMOBILE**

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: 7-9-2018 (DD/MM/YY) Time: 17.30 (HH:MM)
Exact location of accident	Hougang Ave 6 at Blk 428 Carpark

## Details of vehicle

Vehicle registration number	SJP82183		
Vehicle make and model	Honda stream		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input 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	Working.		
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	5077499516
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Carland Automobile	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address	Blk 101 #09-98 Bukit Batok West Ave 6 S'pore 650107	

## Driver

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

Name	Goo Swee Heng	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S75355303	
Contact	98008411	
Address	Blk 134 AMK Ave 3 #11-1687 Singapore 560134	
Email address		
Date of birth	20-10-1975	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	10-6-2009	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	01 (Inclusive of driver)

#### Passenger 1

Name	_____
Gender	Male <input 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	SKF9THK
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKF9THK
Vehicle make model	Nissan

**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	Goo Swee heng	
Injuries sustained	Neck	
Which vehicle person in?	driver	
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"/>



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7535530J



Name

GOO SWEE HENG

Race

CHINESE

Date of birth

20-10-1975

Sex

M

Country/Place of birth

SINGAPORE

S7535530J

5606483



NRIC No. S7535530J



Date of issue

31-05-2016

Address

APT BLK 134 ANG MO KIO AVENUE 3  
#11-1687  
SINGAPORE 560134

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S7535530J**  
Name  
**GOO SWEE HENG**

Birth Date: **20 Oct 1975**  
Issue Date: **10 Jun 2009**



 00175 1081G

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


		PASS DATE	
C	Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	27 Aug 2015
	Class J	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	10 Jun 2009

S7535530J

S / No. 9000223292

NP 428A

Licence No: S7535530J







# THE SCHEDULE

## Private Car Insurance-Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No: M4-0009030-8

Policy Number	S097499516
The Policyholder	CARLAND AUTOMOBILE BLK 107 #09-98 BUKIT BATOK WEST AVENUE 6 SINGAPORE 650107
Period of Insurance	17 Jan 2018 To 16 Jan 2019
Sum Insured	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	S\$2,026.38
Interest Insured	
Cover Type	drive CLASSIC
Primary Driver	N/A
Named Driver (1)	N/A
Named Driver (2)	N/A
Make/Model	HONDA/STREAM
Registration Number	SJP8218J
Chassis Number	JHMRN686095200070
Repair at Owner's Preferred Workshop	No
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 to Terms and Conditions
Hire Purchase Company	<i>To. Thong Lee Trading Pte Ltd</i>
Optional Cover	
Transport Allowance	No
Excess Waiver	No

**Memo A :** 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.  
2) Section 1 clause B on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency : ASSURE PTE. LTD. (00000072842)  
Date of Issue : 17 Jan 2018 17:13 hrs

## DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



## 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, 1939 (MALAYSIA)

Certificate Number: S097499516

Cover : drive CLASSIC

- Index mark and Registration Number of Vehicle : SJP8218J
- Chassis Number : JHMRN686095200070
- Name of Policyholder : CARLAND AUTOMOBILE
- Effective Date of Insurance : 17 Jan 2018
- Expiry Date of Insurance : 16 Jan 2019

- Persons or Classes of Persons entitled to drive:  
(a) The Policyholder

- 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

## Claim Handling

Accident MT/1011132

Policy No.	5097499516	Vehicle No.	SJP8218J	GST Registration No.	
Certificate No.					
Policyholder Name	CARLAND AUTOMOBILE	Cover Type	drive CLASSIC	Policyholder NRIC	532041
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98008411	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

▼ Accident Details

Report Date	12/09/2018 10:33	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	07/09/2018	Time of Accident hh:mm	17:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 6 AT BLK 428 CARPARK				

▼ Excess

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

▼ Benefits

▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	101 KITCHENER ROAD	Address 2	#03-20 JALAN BESAR PLAZA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	20851
Unit No.	03-20	Related Policy Number	S103421179		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOO SWEE HENG	Driver NRIC	S7535530J	Driver DOB	20/10/
Register Date of Driver License	10/06/2009	Driver Age	42	Driving Experience	9
Contact No.(Mobile)	98008411	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 134 #11-1687	Address 2	ANG MO KIO AVENUE 3	Address 3	KEBUN
Address 4	SINGAPORE S60134	Address Type	Singapore address	Post Code	S6013
Unit No.	11-1687				
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 type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CARLAND AUTOMOBILE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SJP8218J
Claim Description	SJP8218J / SKF971K ON 7 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	12/09/2018 10:42
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1011132	Claim No.	001
--------------	------------	-----------	-----



Last Doc. Received

☒ Yes ☐ No

Upload Date

12/09/2018 10:43

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Please Select

Confidential

NO

Urgency \*

Normal

Clear

Category \*

Please Select

Confidential

NO

Urgency \*

Normal

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Confidential

NO

Urgency \*

Normal

Clear

Category \*

Please Select

Confidential

NO

Urgency \*

Normal

Clear

Category \*

Please Select

Confidential

NO

Urgency \*

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:43	SAS	Normal	SAS 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:43	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:43	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:42	Photos	Normal	Photos 2018-9-12
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