

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNA 118 146461**

Date In: 12/11/18-17:05	Job description	Date & Time Completed	Done by
Ref No: 10/INC 180 20479/24	SAS e-filing		
Veh No: SKW 2106P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/11/18-12:15	i-Motor Claim Form	M7/10/19451-001	12/11/18 21:11
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: () Tel: () Fax: ()

TP Particulars: Vch No: **6P9299D** 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

NA1807378 Invoice Preparation Checklist:

Claimant's Particulars :-	Invoice Preparation Checklist:	Am't (\$) Est Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Pat. 1:	7) N1: Idac DA + SMRT Survey \$160		
Pat. 2 / 3:	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	9) N11: TP (Non INC) against INC \$20		
	*N5: Courtesy Car / Tpl 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 willful 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. 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	12/11/2018 17:05
Date Of Accident	12/11/2018 12:15
Exact Location Of Accident	RACE COURSE RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2106P
Insured/Policyholder	
Name Of Registered Owner	JASON LIM LIMOUSINE
Co Reg No	53317133D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97800594
Alternative Phone No	OFFICE-97800594

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5S CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094864593-01
Cover Note Number	

Driver

Name of Driver	LIM SOON HOCK
NRIC No	S1728689G
Date Of Birth	15/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	07/05/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97800594
Fax Number	
Contact Number	OFFICE-97800594
EMail Address	NOEMAIL

Address	BLK 552 WOODLANDS DRIVE 44 #04-34
Postcode	730552
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GP9299D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	81810737
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM SOON HOCK
------	---------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKW2106P
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:



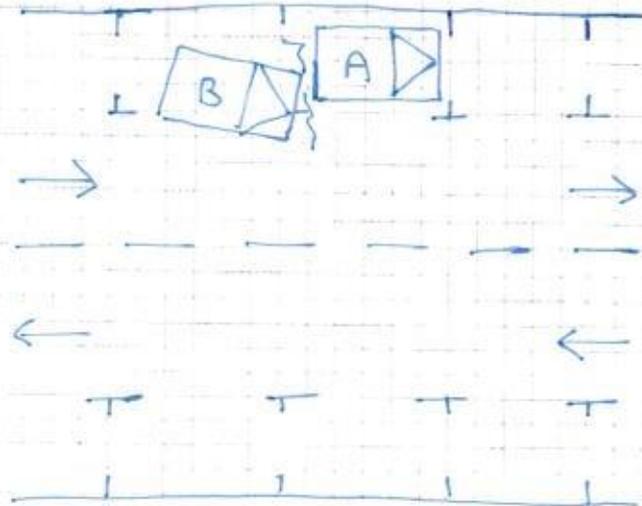
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

VEHICLE A - SKW 2106P
 VEHICLE B - GP 9299D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY PARKED IN A PARKING LOT ALONG RACE COURSE ROAD TOWARDS BUKIT TIMAH DIRECTION.

WHILE I WAS IN PARKING LOT 40, I WAS RESTING INSIDE THE VEHICLE, WHERE SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

A LIGTH FROM MY VEHICLE AND REALIZED A VEHICLE WITH LICENCE PLATE (GP 9299D) HAD COLLIDED TO THE REAR OF MY VEHICLE, WHILE I'M STATIONARY PARKED IN THE CAR PARK LOT.

VEHICLE A - SKW 2106P
 VEHICLE B - GP 9299D

DECLARATION

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



[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

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

Vehicle No.	SKW 2106P	Model / Make	TOYOTA ALPHARD
Date of Accident	12/11/2018		
Time of Accident	1215	HRS	
Location of Accident	RACE COURSE ROAD TOWARDS BUKIT TIMAH RD Direction		
Exact purpose use during accident	STATIONARY PARKED IN PARKING LOT.		
Name of Owner	JASON LIM LIMOUSINE		
Telephone No.	H/P: 9780 0594	Home:	Office:
NRIC	S 3317133D		
Address	552 WOODLANDS DRIVE 44 #04-34 S(730552)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5094864593-01		
Name of Driver	As Above If <input checked="" type="radio"/> No, LIM SOON HOCK		
NRIC	S 1728699C	Any Passengers: NIL	
Date of birth	15 SEP 1965		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	07 MAY 1985		
Gender	Male	/ Female	
Contact No.	H/P: 9780 0594	Home:	Office:
Address	BLK 552 WOODLANDS DRIVE 44 #04-34 S(730552)		
Driver have any own vehicle	<input checked="" type="radio"/> No	If yes, Reg No.	
Relationship	Employee,	If no, state	CO. OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If <input checked="" type="radio"/> Yes, Who?	
Name And Contact No.	JASON LIM SOON HOCK 9780 0594		
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No	If Yes, Where?	
Vehicle B No.	CP 9299D	Any Passengers:	
Name of Driver		Contact No.: 81810737	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes / <input checked="" type="radio"/> No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1728689G



Name
LIM SOON HOCK

林 順 福

Race
CHINESE
Date of birth
15-09-1965 Sex
M
Country/Place of birth
SINGAPORE

S1728689G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1728689G**

Name
LIM SOON HOCK

Birth Date: **15 Sep 1965**

Issue Date: **26 Mar 2004**



001177741G

Land Transport Authority



VOCATIONAL LICENCE

Licence No. **S1728689G**

Name **LIM SOON HOCK**

Issue Date: **30/10/2013**

Please visit www.lta.gov.sg to check
the status of this vocational licence

5255071



NRIC No. **S1728689G**



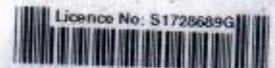
Date of issue
10-01-2014

Address
**APT BLK 552 WOODLANDS DRIVE 44
#04-34
SINGAPORE 730552**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Feb 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 May 1985

NP 428A



Licence No. **S1728689G**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	01/02/2006
03	BUS VL	09/11/2007
04	BUS ATTENDANT	09/11/2007





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: 5094864593-01

Cover : drive CLASSIC

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SKW2106P |
| Chassis Number | : AGH300020339 |
| 2. Name of Policyholder | : JASON LIM LIMOUSINE |
| 3. Effective Date of Insurance | : 21 Oct 2018 |
| 4. Expiry Date of Insurance | : 20 Oct 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)

Date of Issue : 22 Sep 2018 12:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094864593-01		JASON LIM LIMOUSINE	53317133D	GPC	drive CLASSIC	SKW2106P	SKW2106P	21/10/2018	20/10/2019

Policy Information

Policy No.	5094864593-01	Policyholder Name	JASON LIM LIMOUSINE	Policyholder NRIC	53317133D
Certificate No.					
Address	BLK 552 #04-34 WOODLANDS DRIVE 44 SINGAPORE 730552				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/09/2018	Effective Date	21/10/2018 00:00	Expiry Date	20/10/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 552 #04-34	Address 2	WOODLANDS DRIVE 44	Address 3	SINGAPORE 730552
Address 4		Address Type	Singapore address	Post Code	730552
Unit No.	04-34	Related Policy Number	5094864593-01		

Insured Object: SKW2106P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident **MY1019451**

Policy No.	5094864593-01	Vehicle No.	SKW2106P	GST Registration No.	53317133D
Certificate No.					
Policyholder Name	JASON LIM LIMOUSINE	Policyholder NRIC		53317133D	
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	LOADING	0
Contact No.(Mobile)	97800594	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KIX	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes

↳ **Accident Details**

Report Date	12/11/2018 21:08	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2018	Time of Accident h:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RACE COURSE RD TWDS BUKIT TIMAH RD				

↳ **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	Yes	GST Registration Date	22/09/2015
GST Registration No.	53317133D	GST Status Verified	No
Modification History			

↳ **Policyholder Mailing Address**

Address 1	BLK 552 #04-34	Address 2	WOODLANDS DRIVE 44	Address 3	SINGAPORE 730552
Address 4		Address Type	Singapore address	Post Code	730552
Unit No.	04-34	Related Policy Number	5094864593-01		

↳ **Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM SOON HOCK	Driver NRIC	51728689G	Driver ODR	15/09/1965
Register Date of Driver License	07/05/1985	Driver Age	53	Driving Experience	33
Contact No.(Mobile)	97800594	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 552	Address 2	WOODLANDS DRIVE 44	Address 3	SINGAPORE 730552
Address 4		Address Type	Singapore address	Post Code	730552
Unit No.	04-34				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

↳ **Declaration**

Serum/Catalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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↳ **Modification History**

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	JASON LIM LIMOUSINE	Insured NRIC	53317133D
Contact No.(Mobile)	96682982	Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description	SKW2106P / GP9299D ON 12 Nov 2018		Vehicle Number	SKW2106P	GP9299D
Preferred Workshop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured Liability	Not at Fault	Name of Preferred Workshop	
Repaired at Finalisation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received		
Report Taken By	JACKSON	Claim Close Date		Date Received	12/11/2018 00:00

Print AX letter

Save Submit

Attachment

Accident No.	MY1019451	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	12/11/2018 21:12

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

↳ **Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Ser# (CD)	Action
NAC_PAYA_USL_806601(NATIONAL ASSESSMENT CENTRE SERVICES) a	12 Nov 2018 21:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12		Edit



NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	SAS	Normal	SAS 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	Photos 2018-11-12	Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2018 21:12	Photos	Normal	SAS 2018-11-12	Edit

Video List

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