

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA1814814V

Date In: 15/11/18-16:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC/807732/24	SAS e-filing		
Veh No: JKLG789A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/11/18 07:20	i-Motor Claim Form	17/10/99 01-00	15/11/18 17:05
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:

Veh No: JKLG789A

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

NA1807480	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref 1:			
Ref 2 / 3:			

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 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	15/11/2018 16:10
Date Of Accident	15/11/2018 07:20
Exact Location Of Accident	SLE (BKE) NEAR L/P: 627
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6789A
Insured/Policyholder	
Name Of Registered Owner	LUCKY JOINT CONSTRUCTION PTE LTD
Co Reg No	198200882E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97716789
Alternative Phone No	OFFICE-97716789

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100981267
Cover Note Number	

Driver

Name of Driver	CHUA TAH WEE DAVID
NRIC No	S7505091G
Date Of Birth	17/01/1975
Occupation	INDOOR
Date Of Driving Pass	21/06/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96536789
Fax Number	
Contact Number	OFFICE-96536789
EMail Address	NOEMAIL

Address	BLK 685C JURONG WEST CENTRAL 1 #13-164
Postcode	643685
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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	3
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	SJL7921P
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN3347Z
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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

CHUA TAH WEE DAVID

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKL6789A

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:

A handwritten signature in blue ink.

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

A handwritten signature in blue ink.

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

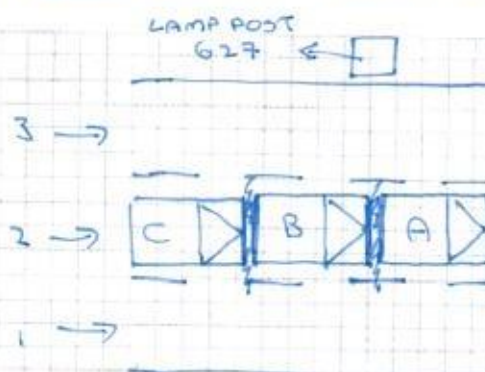
SLE TOWARDS BKE BEFORE EXIT 11

SKETCH PLAN

VEHICLE A - SKL 6789A

VEHICLE B - SJL 7921P

VEHICLE C - SGN 3347Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SLE TOWARD BKE, I WAS ON THE SECOND LANE.

WHILE TRAVELLING STRAIGHT AHEAD, DUE TO THE HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKED TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP, SUDDENLY AFTER A FEW SECOND I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SJL 7921P) THAT COLLIDED TO THE REAR OF MY VEHICLE, AND IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - SKL 6789A

VEHICLE B - SJL 7921P

VEHICLE C - SGN 3347Z

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	SKL 6789A	Model / Make	TOYOTA ESTIMA
Date of Accident	15/11/2018		
Time of Accident	0720	HRS	
Location of Accident	SLE TOWARDS BKE NEAR LAMP POST 627		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	Lucky JOINT CONSTRUCTION PTE LTD		
Telephone No.	H/P : 9771 6789	Home :	Office :
NRIC	198200882E		
Address	17 TIAS AVE 3	S(639414)	
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5100981267		
Name of Driver	As Above If No, CHUA TAH WEE DAVID		
NRIC	S7505001 G	Any Passengers :	NIL
Date of birth	17/01/1975		
Occupation	Outdoor / Indoor		
Driving License Pass Date	21 Jun 2003		
Gender	Male / Female		
Contact No.	H/P : 9653 6789	Home :	Office :
Address	BCK 685 C JURONG WEST CENTRAL 1 #13-164	S(643685)	
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	CHUA TAH WEE DAVID, 9653 6789		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	S5L 7921P	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	S4N3347Z	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 / No		
Email Address	boongyea@luckyjoint.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			
OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7505091G

Name: CHUA TAY WEE DAVID

蔡大伟

Race: CHINESE

Date of Birth: 17-01-1975

Country of Birth: SINGAPORE

Sex: M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7505091G

Name: CHUA TAY WEE DAVID

Birth Date: 17 Jan 1975

Issue Date: 19 Feb 2003

2826080



NRIC No: S7505091G



Blood Group: O+ Date of issue: 06/07/2009

APT BLK 685C JURONG WEST CENTRAL 1 #13-164
SINGAPORE 633885

NRIC No: S7505091G Date: 06/07/2009 No: 6262144

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	18 Oct 1995
Class 3	Motor cars <= 3000 kg w/o > 9 passengers, exclusion of the driver; and motor tractors <= 2500 kg	21 Jun 2003
Class 4	Heavy motor cars and motor tractors > 2500 kg	20 Feb 2006
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	31 May 2006

96536789

S7505091G S / No. 9000049178

NP 428A

Licence No: S7505091G



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: 5100981267

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKL6789A
Chassis Number : ACR500163591
2. Name of Policyholder : LUCKY JOINT CONSTRUCTION PTE LTD
3. Effective Date of Insurance : 28 Jun 2018
4. Expiry Date of Insurance : 27 Jun 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)	: N/A
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	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHUA TAH WEE DAVID
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

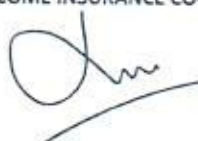
Date of Issue : 25 May 2018 11:51 hrs

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"/>	5100981267		LUCKY JOINT CONSTRUCTION PTE LTD	198200882E	GPC	drivo CLASSIC	SKL6789A	SKL6789A	28/06/2018	27/06/2019

Policy Information

Policy No.	5100981267	Policyholder Name	LUCKY JOINT CONSTRUCTION P	Policyholder NRIC	198200882E
Certificate No.					
Address	17 TUAS AVENUE 3 SINGAPORE 639414				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/05/2018	Effective Date	28/06/2018 00:00	Expiry Date	27/06/2019 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	17 TUAS AVENUE 3	Address 2	SINGAPORE 639414	Address 3	
Address 4		Address Type	Singapore address	Post Code	639414
Unit No.		Related Policy Number	5105342340		

Insured Object: SKL6789A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

• Exit

Accident MT/1019969

Policy No.	S100901267	Vehicle No.	SKL6789A	GST Registration No.	M200516257
Certificate No.					
Policyholder Name	LUCKY JOINT CONSTRUCTION PTE LTD			Policyholder NRIC	19820082E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97716789	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(%)	50	Private Hire	No
Accident Details					
Report Date	15/11/2018 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	15/11/2018	Time of Accident(h:mm)	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE (RKE) NEAR L/P: 627				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver			99999999.99		
Transport Allowance			99999999.99		
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200516257	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	17 TUAS AVENUE 3	Address 2	SINGAPORE 639414	Address 3	
Address 4		Address Type	Singapore address	Post Code	639414
Unit No.		Related Policy Number	S105342340		
01 Driver Info					
Driver Name	CHUA TAN WEE DAVID	Driver Type	Main Driver	Driver DOB	17/01/1975
Unnamed driver Name		Driver NRIC	S7505091G	Driving Experience	15
Register Date of Driver License	21/06/2003	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	96536799	Contact No.(Office)	0	Address 3	SINGAPORE 643685
Address 3	BLK 685C	Address 2	JURONG WEST CENTRAL 1	Post Code	643685
Address 4		Address Type	Singapore address		
Unit No.	33-164				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Alcoholalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History








Claim 001 **New**

Claim type *	OD-MX	Insured Name	LUCKY JOINT CONSTRUCTION P	Insured NRIC	19820082E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62840258
Email Address		01 Vehicle Number	SKL6789A	TP Vehicle Number	5JL7921P
Claim Description	SKL6789A / 5JL7921P ON 15 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/11/2018 17:04	Claim Close Date		Date Received	15/11/2018 00:00
Report Taken By	JACKSON				

Print Ack letter

Save Submit

Attachment	
<div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Message Read</div> </div> </div>	
<div> <div> <div>Accident No.</div> <div>MT/1019969</div> </div> <div> <div>Claim No.</div> <div>001</div> </div> </div> <div> <div> <div>Last Doc. Received</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div> <div>Upload Date</div> <div>15/11/2018 17:05</div> </div> </div> <div> <div>Path *</div> <div></div> </div>	
<div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Description *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div>	<div> <div>NO</div> <div>Normal</div> </div> <div> <div>NO</div> <div>Normal</div> </div> <div> <div>NO</div> <div>Normal</div> </div> <div> <div>NO</div> <div>Normal</div> </div> <div> <div>NO</div> <div>Normal</div> </div> <div> <div>NO</div> <div>Normal</div> </div>
<div> <div>Send Message</div> <div>Upload</div> </div>	
Attachment List	

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	SAS	Normal	SAS 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	Photos	Normal	Photos 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	Photos	Normal	Photos 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	Photos	Normal	Photos 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	Photos	Normal	Photos 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:05	Photos	Normal	Photos 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:04	Photos	Normal	Photos 2018-11-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 17:04	Photos	Normal	Photos 2018-11-15		Edit
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Video List						

Uploaded By/Date	Folder Date	File Name	Source	Action
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