

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118157767

Date In: 6/12/18-13:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC16021990124	SAS e-filing		
Veh No: SHV1858L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/12/18-23:40	i-Motor Claim Form	M7/1022837-001	6/12/18 15:41
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: SHV8667D

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

NA1807928

## Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

2at 1:

2at 2/3:

1) AR: Accident Reporting (\$30);		
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) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QJ*		
*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

2018/12/18



## 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	06/12/2018 13:01
Date Of Accident	05/12/2018 23:40
Exact Location Of Accident	SECOND LINK EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV1858L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SALIHIN BIN ADAM
NRIC No	S8621883F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91855394
Alternative Phone No	OFFICE-91855394

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088254125-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SALIHIN BIN ADAM
NRIC No	S8621883F
Date Of Birth	09/08/1986
Occupation	INDOOR
Date Of Driving Pass	01/12/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91855394
Fax Number	
Contact Number	OFFICE-91855394
Email Address	NOEMAIL

Address	BLK 812B CHOA CHU KANG AVENUE 7 #05-637
Postcode	682812
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2044.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8667D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YEW KHOON
NRIC/Passport Number	S6817249G
Contact Number	96386399
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SALIHIN BIN ADAM
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGV1858L
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

second link Expressway

A: SHV858L  
B: SLJ8667D

A  
B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 7/10/18/20012044.

## 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)  
Date & Time:

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





# SINGAPORE POLICE FORCE



T/20181206/2044

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20181206/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2018 11:31		Vide Report No.:		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SALIHIN BIN ADAM			Address: APT BLK 812B CHOA CHU KANG AVENUE 7 #05-637 SINGAPORE 682812		
ID Type / ID No.: NRIC NO / S8621883F			Contact No.: Home/Office: Mobile: 91855394		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 09/08/1986	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: TRANSPORT MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2018 23:40	Type of Location: Straight Road
Location: SECOND LINK Second Link Highway, before Tuas Checkpoint				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV1858L	Car	MITSUBISHI	EVO IX GT	Red	Slightly Damaged	0
SLJ8667D	Car	TOYOTA	VELLFIRE			0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGV1858L	NTUC Income Insurance Co-Operative Limited	5088254125-01	22/03/2018	21/03/2019





Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD SALIHIN BIN ADAM	ID No.	S8621883F
Related Vehicle	SGV1858L (Car)	Contact No.	91855394
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/12/2018	Date Discharge	06/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM YEW KHOON	ID No.	S6817249G
Related Vehicle	SLJ8667D (Car)	Contact No.	96386399
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/12/2018 at about 2340hrs, I was in the queue along Tuas Second Link waiting to reach the Singapore Custom.

I was in the queue waiting for the barrier to open. My vehicle was stationary. Suddenly there car behind me hit onto the rear of my vehicle. Both of us alighted from our vehicle and check the damages.

The rear bumper and boot of my car was dented. As it was night time. I could not really see the damage on the Toyota Vellfire, but I believed there was some damages at the front part of the vehicle. Both of us exchanged particulars.

On 06/12/2018 at about 0900hrs, I went to Ng Teng Fong General Hospital as I was having back and neck pain. I was then given 3 days of MC. There is a in-car camera in my vehicle facing the front and back.





**SINGAPORE  
POLICE FORCE**



T/20181206/2044

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20181206/2044

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 MUHAMMAD SYAZWAN BIN ROSELI- PANE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 06/12/2018 11:31
Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8621883F



Name

MUHAMMAD SALIHIN BIN ADAM

Race

MALAY

Date of birth

09-08-1986

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8621883F

Name

MUHAMMAD SALIHIN BIN  
ADAM

Birth Date 09 Aug 1986

Issue Date 06 Jul 2012



002084122D

5776250



NRIC No. S8621883F

Date of issue

29-07-2017

Address

APT BLK 812B CHOA CHU KANG AVENUE 7  
#05-637  
SINGAPORE 682812

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	16 Sep 2006
Class 2A	Motorcycles between 201 cc and 400 cc	20 Nov 2007
Class 2	Motorcycles > 400 cc	20 Jan 2009
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicle <= 2500kg	01 Dec 2006



Licence No. S8621883F

NP 428A



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/12/2018 23:40"/>
Vehicle No. (For Motor)	<input type="text" value="SGV1858L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S088254125-01		MUHAMMAD SALIHIN BIN ADAM	S8621883F	GPC	drive CLASSIC	SGV1858L	SGV1858L	22/03/2018	21/03/2019

## Policy Information

Policy No.	5088254125-01	Policyholder Name	MUHAMMAD SALIHIN BIN ADAM	Policyholder NRIC	S8621883F
Certificate No.					
Address	BLK 320 #01-54 BUKIT BATOK STREET 33 SINGAPORE 650320				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/03/2018	Effective Date	22/03/2018 00:00	Expiry Date	21/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DASSURANCE	Agent Tel.	93203809	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 320 #01-54	Address 2	BUKIT BATOK STREET 33	Address 3	SINGAPORE 650320
Address 4		Address Type	Singapore address	Post Code	650320
Unit No.		Related Policy Number	5088254125-01		

## Insured Object: SGV1858L

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/03/2018 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 22 Mar 2018, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$284.00 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4300-92xx-xxxx-8523.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 22 Mar 2018, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$284.00 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 22 Mar 2018,</p>
2	22/03/2018 00:00	Basic Information Endorsement	Entry Rejected	



## Claim Handling

Exit

Accident MT/1022837

Policy No.	508254125-01	Vehicle No.	SGV1858L	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD SALIHIN BIN ADAM			Policyholder NRIC	S8621883F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91855394	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
K/F#	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
<b>Accident Details</b>					
Report Date	06/12/2018 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/12/2018	Time of Accident (hh:mm)	23:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SECOND LINK EXPRESSWAY				
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	1,500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 320 #01-54	Address 2	BUKIT BATOK STREET 33	Address 3	SINGAPORE 650320
Address 4		Address Type	Singapore address	Post Code	650320
Unit No.		Related Policy Number	508254125-01		
<b>OT Driver Info</b>					
Driver Name	MUHAMMAD SALIHIN BIN ADAM	Driver Type	Main Driver	Driver DOB	09/08/1986
Unnamed driver Name		Driver NRIC	S8621883F	Driving Experience	12
Register Date of Driver License	01/12/2006	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	91855394	Contact No.(Office)	0	Address 3	KEAT HONG COLOURS
Address 1	BLK 8128	Address 2	CHOA CHU KANG AVENUE 7	Post Code	682812
Address 4	SINGAPORE 682812	Address Type	Singapore address		
Unit No.	05-637				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD SALIHIN BIN ADAM	Insured NRIC	S8621883F
Contact No.(Mobile)	91855394	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	IN2VADAMZ@GMAIL.COM	OT Vehicle Number	SGV1858L	TP vehicle Number	SLJ8667D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGV1858L / SLJ8667D ON 5 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/12/2018 15:41	Claim Close Date		Date Received	06/12/2018 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1022837	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/12/2018 16:06
Path *		Category *	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse...
Clear
Please Select

Browse...
Clear
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Clear
Please Select

Browse...
Clear
Please Select

☐ Send Message

### Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	SAS	Normal	SAS 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6		<a href="#">Edit</a>

### Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				