

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MNA 119025303

Date In: 23/12/19 14:30	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19003420/h4	SAS e-filing		
Veh No: SLL 6718T	E-mail (within 3hrs, AIC 2hrs)		
DDA: 22/12/19 18:35-	I-Motor Claim Form	MT/1033381-001	23/12/19 15:19
OD (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: Veh No: SKX 55902 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: YBS () / 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:	Date and 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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Sat. 1: 2/3:	Invoice Registration Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (w/c 10 Jan 2009) 6) TR: Re-inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:- OIL: *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: Idao Mobile 30	Amt (\$) 30.00	Amt (\$) Add'l Bill	
	MA 1901415 Invoice dated Invoice dated	Fee Charged 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	23/02/2019 14:30
Date Of Accident	22/02/2019 18:35
Exact Location Of Accident	AYE TWDS MCE NEAR ROCHOR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6718T
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5G A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5078818993-02
Cover Note Number	-

Driver

Name of Driver	DONALD LIM CHAI KEE
NRIC No	S1171050F
Date Of Birth	06/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81574479
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 510A YISHUN ST 51 #07-565
Postcode	761510
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX5590Z
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 GBD5185Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 3

Vehicle Registration Number SKZ2281A
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 DONALD LIM CHAI KEE
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SLL6718T
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.

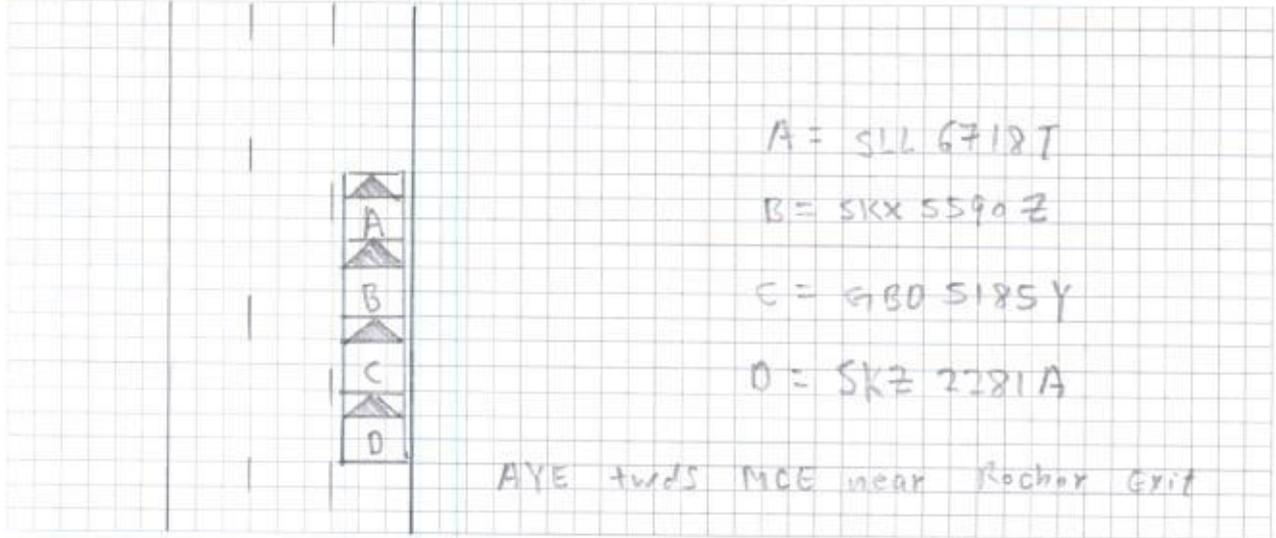


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 2 / 19) (DD/MM/YYYY), TIME: (18 : 35) (HH:MM)

LOCATION: AYE twms MCE near Rochor Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 6718T
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: commercial
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: H & H (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Donald Lim choy Kee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8157 4479
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiree

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) back & neck.

IF YES, PLEASE STATE WHICH POLICE STATION: Marine Parade. MPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 5590Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: G 80 5185Y MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SLK 2281A

writing shop.

email = Rouwe

fax =

VIDEO = Yes

* No of passengers
(including driver)
(3)

11

MF

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20190223/2048

Report No. T/2019022

CONTINUATION OF REPORT

Brief Details.

On 22/02/2019, at about 1835hrs, I was driving along AYE towards MCE, near to Keppel.

While I was driving I noticed that the car in front of my car stopped. Hence, I stopped my car. While my car was in a complete stop, I felt a banging impact from the rear of my car. I then went out and made a checked and noticed that there was another vehicle behind my car. Including my car, there was 4 cars in the said accident.

My car was the first vehicle (SLL6718T), the second vehicle is SKX5590Z, the third vehicle is GBD5185Y, and the last vehicle is SKZ2281A.

At that point of time nobody was injured during the accident. Today, the back of my neck and my lower back was feeling stiff. I then went to consult the doctor, and was given 7 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20190223/2048

3 of 3

Report No. T/20190223/2048

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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: G / Staff Sgt KWOK WEI JIE, DANIEL	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	
Authentication Stamp NP168	

Signature Of Informant:
Date/Time: 23/02/2019 11:14
Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1171050F



Name
DONALD LIM CHAI KEE

林財基

Race
CHINESE

Date of birth
06-11-1956

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1171050F

Name
DONALD LIM CHAI KEE

Birth Date 06 Nov 1956

Issue Date 13 Jun 2003

000565643D



Land Transport Authority



VOCATIONAL LICENCE

License No : S1171050F

Name : DONALD LIM CHAI KEE

PHV

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

5619698



NRIC No. S1171050F



Date of issue
08-07-2016

APT BLK 510A YISHUN STREET 51 #07-565
SINGAPORE 761510

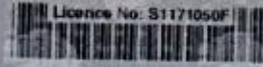
NRIC No. S1171050F Date: 22/03/2018

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Sep 1977
Class 2A	Motorcycles between 201 cc and 400 cc	13 Sep 1977
Class 2	Motorcycles exceeding 400 cc	13 Sep 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Dec 1976

NP 428A

License No. S1171050F



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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	08/10/2018



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078818993-02		H & H CAR RENTAL & LEASING	53331980C	GFT	drive CLASSIC	SLL6718T	SLL6718T	28/03/2018	

Continue

▼ **Policy Information**

Policy No.	5078818993-02	Policyholder Name	H & H CAR RENTAL & LEASING	Policyholder NRIC	53331980C
Certificate No.					
Address	61 UBI AVENUE 2 #04-12 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	27/03/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	120.90		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5106190975		

▶ **Insured Object: SLL6718T**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/03/2018 00:00	Basic Information Endorsement	000001286783202	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLH503G 28-03-2018 \$1,176.42 2. SLN731H 28-03-2018 \$1,076.30 3. SGY385A 28-03-2018 \$1,076.30 4. SGY4788U 28-03-2018 \$1,076.30 5. SLS5380C 28-03-2018 \$1,176.42 In view of this amendment, a refund of \$5,581.74 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	03/05/2018 00:00	Basic Information Endorsement	000001286809556	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJE6937M 02-05-2018 \$1,063.61 In view of this amendment, a refund of \$1,063.61 (inclusive of GST) will be adjusted against the outstanding premium.</p>
3	11/05/2018 00:00	Basic Information Endorsement	000001286814652	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/1033381

Policy No.	5078818993-02	Vehicle No.	SLL6718T	GST Registration No.	
Certificate No.					
Policyholder Name	H & H CAR RENTAL & LEASING	Cover Type	drive CLASSIC	Policyholder NRIC	533311
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97234411	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	23/02/2019 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain C
Date of Accident	22/02/2019	Time of Accident hh:mm	18:35	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS MCE NEAR ROCHOR EXIT				

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	Yes
Modification History			

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40889
Unit No.	04-12	Related Policy Number	5106190975		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DONALD LIM CHAI KEE	Driver NRIC	S1171050F	Driver DOB	06/11/
Register Date of Driver License	26/12/1978	Driver Age	62	Driving Experience	40
Contact No.(Mobile)	81574479	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 510A #07-565	Address 2	YISHUN STREET 51	Address 3	OLEAN
Address 4	SINGAPORE 761510	Address Type	Singapore address	Post Code	761510
Unit No.	07-565				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	H & H CAR RENTAL & LEASING
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OT Vehicle Number	SLL6718T
Claim Description	SLL6718T / SKX5590Z ON 22 Feb 2019		
Preferred Workshop	<input type="radio"/> Insured Liability <input checked="" type="radio"/> Not at Fault	GIA report	Received
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	23/02/2019 15:15	Claim Close Date	
Report Taken By	LIEW SHAN HUT		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.		Claim No.	
--------------	--	-----------	--

MT/1033361

001

Last Doc. Received

Yes No

Upload Date

23/02/2019 15:19

Path *

- Choose File No file chosen

Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:19	SAS	Normal	SAS 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:16	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:16	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:16	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:16	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:16	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:16	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:15	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:15	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:15	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:15	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:15	Photos	Normal	Photos 2019-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Feb 2019 15:15	Photos	Normal	Photos 2019-2-23

Video List

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