

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 11 90 32421

Date In: 11/3/19 14:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC19004334/h4.	SAS e-filing		
Veh No: SMO 7979 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 913/19 15:05	I-Motor Claim Form	MT/1035461-001	11/3/19 20:02
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKW 1190 B	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

NA1901812	Invoice/Reparation Charge	And (\$)	And (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	11/03/2019 14:20
Date Of Accident	09/03/2019 15:05
Exact Location Of Accident	JUNC OF CLARKE QUAY & RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7979E
Insured/Policyholder	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93688797

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5SC CVT
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	5102205500
Cover Note Number	-

Driver

Name of Driver	CHAN KWAI WENG NICKSON
NRIC No	S7134877F
Date Of Birth	15/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96984699
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 126A KIM TIAN RD #36-507
Postcode	161126
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
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	SKW1190B
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	WONG WAI CHOY
NRIC/Passport Number	S1756188Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN KWAI WENG NICKSON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD7979E
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.

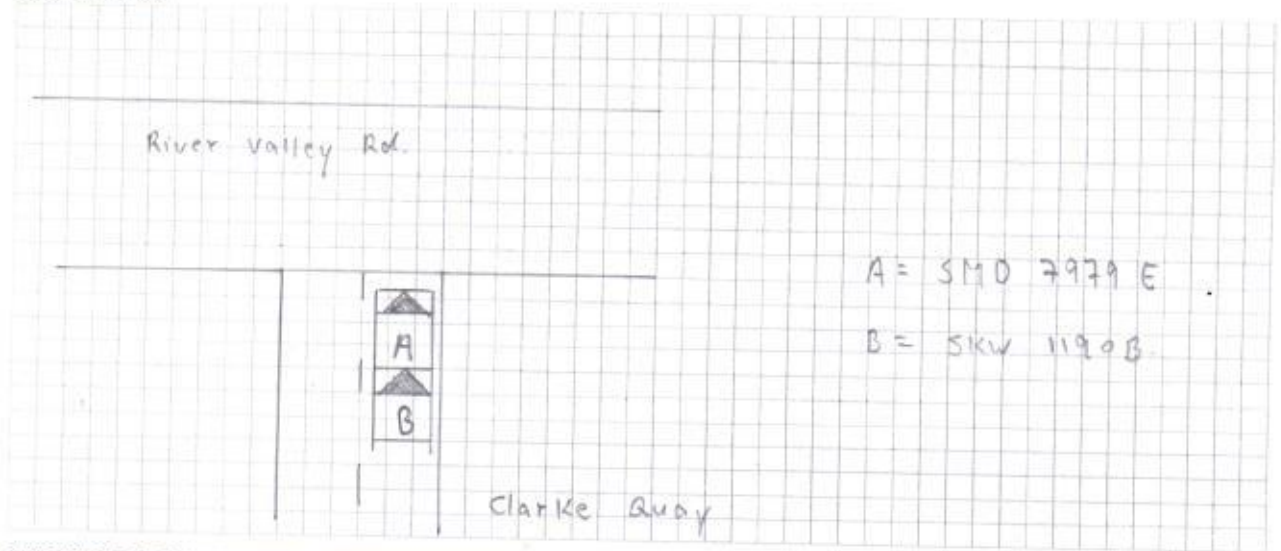


Policyholder's Signature
Date & Time:

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:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 3 / 19) (DD/MM/YYYY), TIME: (15 : 05) (HH:MM)

LOCATION: Junc of clayke Quay & River Valley Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 7979E
b) INSURANCE COMPANY: INC.
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: Venuefest Service (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93688797
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chan Kwai Weng Nickson (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96984699
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: Hirer

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)

IF YES, PLEASE STATE WHICH POLICE STATION: Tiong Bahru MPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW 1190B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(4)

111
MFF

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

waiting chop.

Email = nicksanchan1@gmail.com

fax =

VIDEO = Yes.



SINGAPORE POLICE FORCE



T/20190309/2132

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20190309/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2019 20:02	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: CHAN KWAI WENG NICKSON			Address: APT BLK 126A KIM TIAN ROAD #36-507 SINGAPORE 161126		
ID Type / ID No.: NRIC NO / S7134877F			Contact No.: Home/Office: Mobile: 96984699		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 15/09/1971	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/03/2019 15:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CLARKE QUAY RIVER VALLEY ROAD At the traffic light junction of Clarke Quay and River Valley Road.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SKW1190B	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Grey	No Damage	0
SMD7979E	Car	TOYOTA	Alphard	Black	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190309/2132

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Report No. T/20190309/2132

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD7979E	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	WONG WAI CHOY	ID No.	S1756188Z
Related Vehicle	SKW1190B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	CHAN KWAI WENG NICKSON	ID No.	S7134877F
Related Vehicle	SMD7979E (Car)	Contact No.	96984699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 09/03/2019 at about 1505hrs, I was travelling along Clarke Quay towards River Valley Road. As I approached the junction connecting Clarke Quay and River Valley road, the light turned amber and then it turned red. I stopped before the junction. About 5 seconds later while waiting for the traffic light to turn green, I heard a bump at the rear of my car (SMD7979E). I went out of the car to check, I realized that another car (SKW1190B) had hit the rear of my car. The owner of SKW1190B exchanged particulars with me. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20190309/2132

3 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20190309/2132

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:

A /

Sgt 2 AHMAD ARIFFIN BIN AHMAD
AFFENDIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/03/2019 20:02

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7134877F**

Name: **CHAN KWAI WENG NICKSON**

Birth Date: **15 Sep 1971**

Issue Date: **06 Dec 2011**

002023821K




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7134877F

Name: **CHAN KWAI WENG NICKSON**

陳 威 榮

Race: **CHINESE**

Date of birth: **15-09-1971**

Country of birth: **SINGAPORE**

Sex: **M**





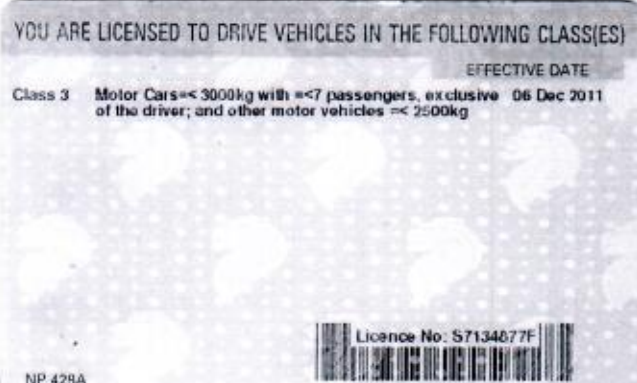
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **06 Dec 2011**

Licence No: **S7134877F**

NP 428A



3416559

NRIC No. S7134877F

3063

Date of issue: **04-10-2003**

APT BLK 126A KIM TIAN ROAD #36-507

SINGAPORE 161126


NRIC No: S7134877F


Date: 01/10/2012

No: 7136193




Land Transport Authority

 PDVL/TDVL
33 888 8888
263665



VOCATIONAL LICENCE
Licence No : **S7134877F**
Name : **CHAN KWAI WENG NICKSON**
Card Issue Date : **27/10/2017**
Please visit www.lta.gov.sg to check
the status of this vocational licence

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
13	PRIVATE HIRE CAR VL	27/10/2017



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="09/03/2019 10:23"/>
Vehicle No.(For Motor)	<input type="text" value="SMD7979E"/>	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="checkbox"/>	5102205500		VENUEFEST SERVICE	53358071D	GPC	drivo CLASSIC	SMD7979E	SMD7979E	13/07/2018	12/07/2019

Claim Handling

Accident MT/1035461

Policy No.	5102205500	Vehicle No.	SMD7979E	GST Registration No.	
Certificate No.					
Policyholder Name	VENUEFEST SERVICE			Policyholder NRIC	533581
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93688797	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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(%)	0	Private Hire	Yes
Accident Details					
Report Date	11/03/2019 19:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	09/03/2019	Time of Accident hh:mm	15:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CLARKE QUAY & RIVER VALLEY 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	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 766 #12-354	Address 2	WOODLANDS CIRCLE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730761
Unit No.		Related Policy Number	5103137270		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHAN KWAI WENG NICKSON	Driver NRIC	S7134877F	Driver DOB	15/09/
Register Date of Driver License	06/12/2011	Driver Age	47	Driving Experience	7
Contact No.(Mobile)	96984699	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 126A #36-507	Address 2	KIM TIAN ROAD	Address 3	KIM TI
Address 4	SINGAPORE 161126	Address Type	Singapore address	Post Code	161126
Unit No.	36-507				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	VENUEFEST SERVICE
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SMD7979E
Claim Description	SMD7979E / SKW1190B ON 9 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/03/2019 19:58
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1035461

Claim No. 001

Last Doc. Received

Yes No

Upload Date

11/03/2019 20:02

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

NO

Urgency *

Normal

Clear

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 11 Mar 2019 20:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:01	SAS	Normal	SAS 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:01	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:01	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:01	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:01	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:59	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:59	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:59	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:59	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:59	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:59	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:58	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:58	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:58	Photos	Normal	Photos 2019-3-11
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