

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNAN 905821

Date In: 30/1/14-1357	Job description	Date & Time Completed	Done by
Ref No: NA/NCM002670/14	SAS e-filing		
Veh No: GDE 3682	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 30/1/14-08:40	i-Motor Claim Form	30/1/14 2:49	
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: JLN8WVA

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

NA100321

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

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

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	30/04/2019 13:57
Date Of Accident	30/04/2019 08:40
Exact Location Of Accident	PIE (TUAS) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3685Z
Insured/Policyholder	
Name Of Registered Owner	VYY PTE LTD
Co Reg No	200903502N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67478880

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 DX-2 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5091207372-01
Cover Note Number	

Driver

Name of Driver	TAN ENG, JENNY (CHEN YING, JENNY)
NRIC No	S7930002J
Date Of Birth	03/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98589388
Fax Number	
Contact Number	OFFICE-98589388
EMail Address	NOEMAIL

Address	BLK 129 RIVERVALE STREET #08-854
Postcode	540129
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	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)	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN8242A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG HWEE TAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAN ENG, JENNY (CHEN YING, JENNY)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBF3685Z
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.

VYY VYY PTE LTD
CO./GST NO.: 200903502N
BLK 1078 EUNOS AVE 6
#01-168 SINGAPORE 408634
TEL: 6742 9191 FAX: 6742 9192

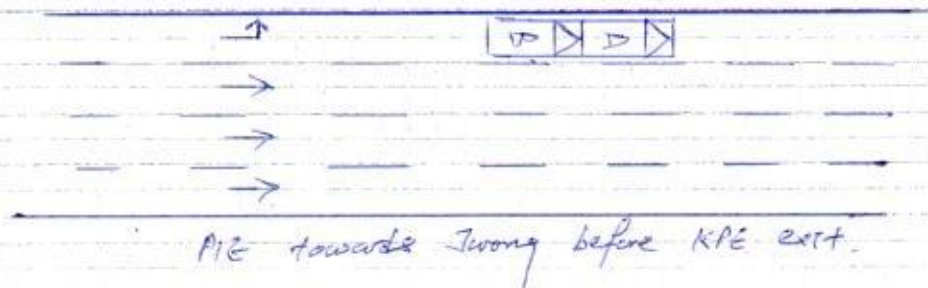
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

(A) GBF 36852
(B) SLN 8242A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/04/19 at @ 0840hrs, I was travelling in my vehicle (GBF 36852) along A/E towards Jurong before KPE exit on the extreme left lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SLN 8242A) from behind collided onto the rear portion of my vehicle. At the scene, I do not feel any pain or injury. Few hours later, I felt aching on my neck and back.

DECLARATION

VYY PTE LTD
I/We declare the above information is true and correct to the best of my/our knowledge.
CO/GST NO.: 200903502N
BLK 1078 EUNOS AVE 6
#01-168 SINGAPORE 409634
TEL: 6747 8860 FAX: 6747 0938

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
Date & Time:

Vehicle No.	GBF 3685 Z	Model / Make	Nissan NV200
Date of Accident	30/04/19		
Time of Accident	0840 HRS		
Location of Accident	Pic towards Ivory before KPE exit.		
Exact purpose use during accident	Commercial used		
Name of Owner	VYY Pte Ltd.		
Telephone No.	H/P:	Home:	Office: 6747 8880
NRIC	200903502 N		
Address	BLK 1078 Eunos Ave 6 #01-168, Eunos Industrial Estate (S)		409634
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5091207372-01		
Name of Driver	As Above If No, TAN ENG, JENNY		
NRIC	S7930002J	Any Passengers:	N.A.
Date of birth	03/10/1979		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	28/09/2004		
Gender	Male / <u>Female</u>		
Contact No.	H/P: 9858 9388	Home:	Office:
Address	BLK 129 Riverside Street #08-854 (S) 540129		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	<u>Employee</u>	If no, state	
Weather condition	<u>Clear</u>	Raining Other	
Road Surface	<u>Dry</u>	Wet Other	
Any Injuries	No	If Yes, Who?	
Name And Contact No.	TAN Eng, JENNY (H/P: 9858 9388)		
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
Vehicle B No.	SLN 8242 A	Any Passengers:	N.A.
Name of Driver	Ang Hwee Tat	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Rear Portion		
Camera Recorder	<u>Yes / No</u>		
Email Address	jenny@vyy.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes	<u>No</u>
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7930002J**
 Name:
TAN ENG, JENNY
(CHEN YING, JENNY)
 Birth Date: **03 Oct 1979**
 Issue Date: **28 Sep 2004**

001286829H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7930002J


 Name
TAN ENG, JENNY
(CHEN YING, JENNY)
 陈 樱
 Race
CHINESE
 Date of birth
03-10-1979
 Country/Place of birth
SINGAPORE

Sex
F

87930002J

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

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors /vehicles <= 2500 kg

PASS DATE
28 Sep 2004

NP 428A

Licence No: S7930002J

5237263


 NRIC No: **S7930002J**
 Date of issue
08-11-2013
APT BLK 129 RIVERVALE STREET #08-854
SINGAPORE 540129
 NRIC No: **S7930002J**
 Date: **28/03/2016**

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 : 5091207372-01

Cover : Comprehensive

- | | |
|--|-------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF3685Z |
| Chassis Number | : VM20099743 |
| 2. Name of Policyholder | : VYY PTE. LTD. |
| 3. Effective Date of Insurance | : 25 May 2018 |
| 4. Expiry Date of Insurance | : 24 May 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : TOH BINGLIANG ELVIN (00000630509)

Date of Issue : 18 May 2018 17:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="30/04/2019 08:40"/>							
Vehicle No. (For Motor)	<input type="text" value="GBF3685Z"/>	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"/>	5091207372-01		VYY PTE. LTD.	200903502N	GFT	Comprehensive	GBF3685Z	GBF3685Z	25/05/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5091207372-01	Policyholder Name	VYY PTE. LTD.	Policyholder NRIC	200903502N
Certificate No.					
Address	BLK 1078 #01-168 EUNOS AVENUE 6 SINGAPORE 409634				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/05/2018	Effective Date	25/05/2018 00:00	Expiry Date	24/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TOH BINGLIANG ELVIN	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1078 #01-168	Address 2	EUNOS AVENUE 6	Address 3	SINGAPORE 409634
Address 4		Address Type	Singapore address	Post Code	409634
Unit No.		Related Policy Number	5091197433-01		

Insured Object: GBF3685Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	25/05/2018 00:00	Basic Information Endorsement	000001286824768	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. GBG940B 31-05-2018 \$994.53 2. GBG917U 31-05-2018 \$994.53 In view of this amendment, an additional premium of \$1,989.06 (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 or NETS.</p> <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. GBG4022A 31-07-2018 \$825.54 2. GBG3892L 01-08-2018 \$822.77 In view of this amendment, an additional premium of \$1,648.31 (inclusive of GST) is payable under your policy. Please ignore this</p>
2	18/07/2018 00:00		000001286863795		
		Basic Information		Endorsement Take	

Claim Handling

[Exit](#)

Accident MT/1042482

Policy No.	5091207372-01	Vehicle No.	GBF3685Z	GST Registration No.	200903502N
Certificate No.					
Policyholder Name	VVY PTE. LTD.			Policyholder NRIC	200903502N
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67478880	Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	No

Accident Details

Report Date	30/04/2019 20:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/04/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE KPE EXIT				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/05/2009
GST Registration No.	200903502N	GST Status Verified	Yes
Modification history			

Policyholder Mailing Address

Address 1	BLK 107B #01-168	Address 2	BUNOS AVENUE 6	Address 3	SINGAPORE 409634
Address 4		Address Type	Singapore address	Post Code	409634
Unit No.		Related Policy Number	5091197433-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN ENG, JENNY (CHEN YING, J	Driver NRIC	S7930002J	Driver DOB	03/10/1979
Register Date of Driver License	28/09/2004	Driver Age	39	Driving Experience	14
Contact No.(Mobile)	96589388	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 129	Address 2	RIVERVALE STREET	Address 3	SINGAPORE 540129
Address 4		Address Type	Singapore address	Post Code	540129
Unit No.	08-854				
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	VVY PTE. LTD.	Insured NRIC	200903502N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67478880
Email Address		O1 Vehicle Number	GBF3685Z	TP Vehicle Number	SLN8242A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF3685Z / SLN8242A ON 30 Apr 2019				
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	30/04/2019 20:59	Claim Close Date		Date Received	30/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save **Submit****Attachment**

Accident No.	MT/1042482	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2019 21:00

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...		Clear	Please Select	1/0	Normal	
Browse...		Clear	Please Select	1/0	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 21:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 21:00	SAS	Normal	SAS 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 21:00	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 21:00	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 21:00	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:59	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:59	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:59	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:59	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:59	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:59	Photos	Normal	Photos 2019-4-30		Edit

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"/>				