

NATIONAL Assessment Centre Services: [wef 1 Jan'05] M4A1957186

Date In: 3/5/14-15:17	Job description	Date & Time Completed	Done by
Ref No: 4A/14C1920843/24	SAS e-filing		
Veh No: JM479593	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/4/14-09:00	i-Motor Claim Form	M7/1042866-001	3/5/14 18:10
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: unknown	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

NA1405408	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	QD:		
	*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	03/05/2019 15:17
Date Of Accident	21/04/2019 09:00
Exact Location Of Accident	JOHOR JAYA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7959S
Insured/Policyholder	
Name Of Registered Owner	OSCARS VALUE RENT PTE LTD
Co Reg No	201818533E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91129911
Alternative Phone No	OFFICE-91129911
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107320495
Cover Note Number	

Driver

Name of Driver	YONG CHEE WEE (YANG ZHIWEI)
NRIC No	S7411377Z
Date Of Birth	08/04/1974
Occupation	INDOOR
Date Of Driving Pass	18/07/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92971711
Fax Number	
Contact Number	OFFICE-92971711
Email Address	NOEMAIL

Address	BLK 210A PUNGGOL PLACE #15-1222
Postcode	821210
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNOWN (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20190422/2044.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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)

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.

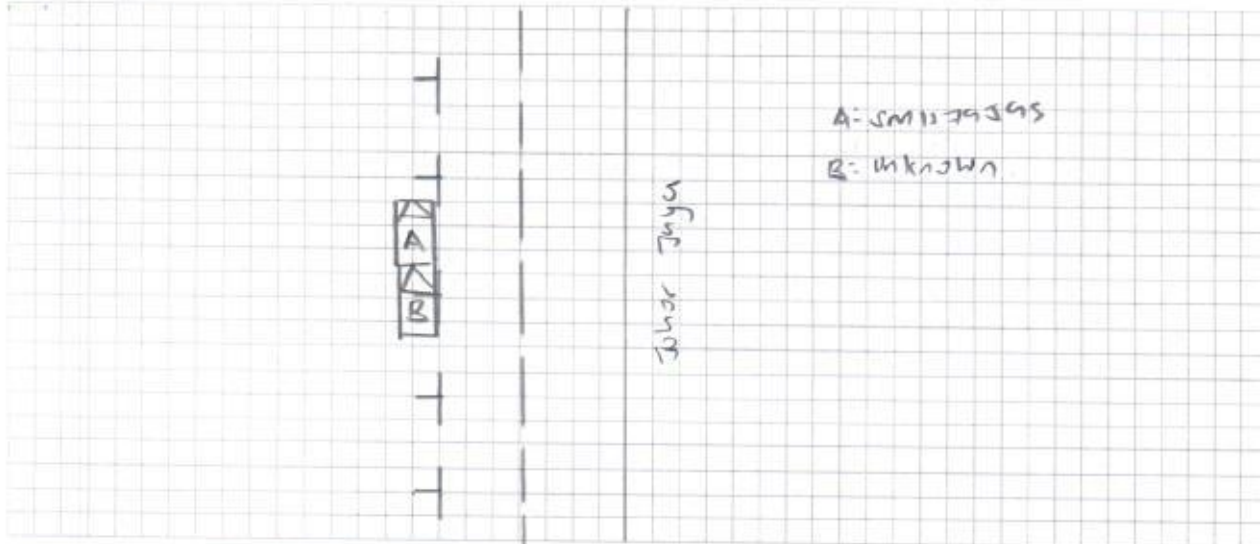


Policyholder's Signature
Date & Time:


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

Refer to police report - E/20190422/2044.



DECLARATION

I/We declare that the 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: (21 / 4 / 19) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Johor Jaya

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH79595
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5157320495
 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: private used.
 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: Acca's Value Rent Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 91129911
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yong Chee Wee (Yong Zhi Wei) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 524113372 CONTACT: 92971711
 c) ADDRESS: Blk u3A Runggal place #122 (82/120)

* d) DATE OF BIRTH: (8 / 4 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8/21/1996

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown. 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)
 (0)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email =

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



E/20190422/2044

1 of 2

POLICE REPORT (NP299)

Report No. E/20190422/2044

Police Station Of Origin
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Date/Time Report Made 22/04/2019 14:03	Vide Report No.	Station Diary No. 36
Name Of Informant YONG CHEE WEE	Address APT BLK 210A PUNGGOL PLACE #15-1222 SINGAPORE 821210	
ID Type / ID No. NRIC NO / S7411377Z	Contact No. Home/Office Mobile 92971711	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Process Engineer	Sex Male	Age 45
Institution/School Name	Date of Birth 08/04/1974	Race Chinese
Date/Time Of Incident 21/04/2019 09:00	Language English	
	Location Of Incident Johor Bahru MALAYSIA	

Brief details.

I had rented the vehicle SMH7959S (Chevrolet Cruise) from Oscars Leasing on 18/04/2019 in the afternoon. I drove to Johor Bahru, Malaysia in the evening. At that point in time, everything was intact.

On 21/04/2019 at about 0900hrs, I had stopped my vehicle at the parallel parking space near Johor Jaya. I then went to eat at nearby coffee shop. At about 0945hrs, I returned to my vehicle and spotted that the rear bumper was damaged. A part of it was detached. I believed that it was hit by another vehicle. There

Signature Of Officer Recording The Report: E / Sgt 3 ERWIN SUTRISNO BIN NADIMOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2019 14:03
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LIM LI JING Contact No.: 63914759	Classification Of Case:

Authentication Stamp

	SINGAPORE POLICE FORCE	SN 167
SIGNATURE		



**SINGAPORE
POLICE FORCE**



E/20190422/2044

2 of 2

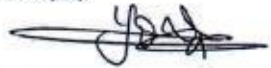
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190422/2044

was no note from anyone claiming responsibility for the hit.

I then returned back to Singapore later that day. I am lodging this report for record and for insurance/rental purposes.

Signature Of Officer Recording The Report: E / Sgt 3 ERWIN SUTRISNO BIN NADIMOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2019 14:03
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LIM LI JING Contact No.: 63914759	Classification Of Case:

Authentication Stamp

 SINGAPORE POLICE FORCE	SN 167
SIGNATURE	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Yong Chee Wee

License Number: **S7411377Z**

Name: **YONG CHEE WEE (YANG ZHIWEI)**

Birth Date: **08 Apr 1974**

Issue Date: **12 Jan 2004**

Barcode: 001083304J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7411377Z**

Portrait photo of Yong Chee Wee

Name: **YONG CHEE WEE (YANG ZHIWEI)**

Race: **CHINESE**

Date of birth: **08-04-1974**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Coat of arms of Singapore

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	11 Sep 1991
Class 2A	Motorcycles between 201 CC and 400 CC	28 Dec 1992
Class 2	Motorcycles > 400 CC	04 Dec 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	18 Jul 1996

S / No. 9000069573

License No: **S7411377Z**

Barcode

NP 428A

5479293

Barcode

NRIC No: **S7411377Z**

Portrait photo of Yong Chee Wee

Fingerprint

Date of issue: **04-06-2015**

APT BLK 210A PUNGGOL PLACE #15-1222
SINGAPORE 621210

NRIC No: **S7411377Z** Date: **19/06/2015**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107320495		OSCARS VALUE RENT PTE LTD	201818533E	GFT	Third Party	SMH7959S	SMH7959S	11/02/2019	

Policy Information

Policy No.	5107320495	Policyholder Name	OSCARS VALUE RENT PTE LTD	Policyholder NRIC	201818533E
Certificate No.					
Address	110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/01/2019	Effective Date	30/01/2019 00:00	Expiry Date	29/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	2666.76		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.	02-05	Related Policy Number	5107320495		

Insured Object: SMH7959S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/01/2019 00:00	Basic Information Endorsement	000001287004268	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. SMH7959S 11-02-2019 \$1,521.19 In view of this amendment, an additional premium of \$1,521.19 (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>
2	12/03/2019 00:00	Basic Information	000001287024758	Endorsement Take	<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. SKS8461U 12-03-2019 \$1,234.75 In view of this amendment, an additional premium of \$1,234.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

Claim Handling

Exit

Accident MT/1042866

Policy No.	S107320495	Vehicle No.	SMH79595	GST Registration No.	
Certificate No.					
Policyholder Name	OSCAR'S VALUE RENT PTE LTD	Cover Type	Third Party	Policyholder NRIC	201818533E
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91129911	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	03/05/2019 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/04/2019	Time of Accident hh:mm	09:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JOHOR JAYA				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	
YIED OD Excess		YIED TP Excess			
Additional Excess	0.00	Total TP Excess Applicable			
Total OD Excess Applicable					
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.	02-05	Related Policy Number	S107320495		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/04/1974
Unnamed driver Name	YONG CHEE WEE (YANG ZHIWE)	Driver NRIC	S7411377Z	Driving Experience	22
Register Date of Driver License	18/07/1996	Driver Age	45	Contact No. (Home)	0
Contact No. (Mobile)	92971711	Contact No. (Office)	0	Address 3	PUNGGOL CREST
Address 1	BLK 210A	Address 2	PUNGGOL PLACE	Post Code	821210
Address 4	SINGAPORE 821210	Address Type	Singapore address		
Unit No.	15-1222	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 New

Claim Type *	DO-POK	Insured Name	OSCAR'S VALUE RENT PTE LTD	Insured NRIC	201818533E
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	63447667
Email Address		DI Vehicle Number	SMH79595	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMH79595 / UNKNOWN ON 21 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	03/05/2019 18:10	Claim Close Date		Date Received	03/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1042866	Claim No.	001										
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/05/2019 18:11										
<table border="1"> <tr> <td>Path *</td> <td>Category *</td> <td>Confidential</td> <td>Urgency *</td> <td>Description *</td> </tr> <tr> <td>Browse...</td> <td>Please Select</td> <td><input type="text"/></td> <td>Normal</td> <td></td> </tr> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse...	Please Select	<input type="text"/>	Normal	
Path *	Category *	Confidential	Urgency *	Description *									
Browse...	Please Select	<input type="text"/>	Normal										

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 18:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 18:10	SAS	Normal	SAS 2019-5-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 18:10	Photos	Normal	Photos 2019-5-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 18:10	Photos	Normal	Photos 2019-5-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 18:10	Photos	Normal	Photos 2019-5-3		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 18:10	Photos	Normal	Photos 2019-5-3		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"/>				