

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MAH190656V3-21**

Date In: 21/1/19 - 16:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC190656V3-21	SAS e-filing		
Veh No: JK23605T	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/1/19 - 14:00	i-Motor Claim Form	M7/1045383-001	21/1/19 19:00
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: JK23605T	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

NA1903734	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
			1st Bill	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			
	5) RT: 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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (N:n INC) against INC \$20			
Dat 1:	9) N12: Idac Mobile 30			
Dat 2/3:	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	21/05/2019 16:44
Date Of Accident	21/05/2019 12:00
Exact Location Of Accident	JUNC SIMS PLACE & LOR 17 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ3605T
Insured/Policyholder	
Name Of Registered Owner	KOH SIEW HWA
NRIC No	S0101426I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90121880
Alternative Phone No	OFFICE-90121880
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086890605-02
Cover Note Number	
Driver	
Name of Driver	GOH CHIN BOON
NRIC No	S0068788Z
Date Of Birth	20/12/1952
Occupation	INDOOR
Date Of Driving Pass	26/09/1974
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90121880
Fax Number	
Contact Number	OFFICE-90121880
EMail Address	NOEMAIL

Address	BLK 351 UBI AVENUE 1 #08-961
Postcode	400351
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : KOH SIEW HWA GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ7584D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LAM
NRIC/Passport Number	
Contact Number	82006004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name GOH CHIN BOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKZ3605T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KOH SIEW HWA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKZ3605T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

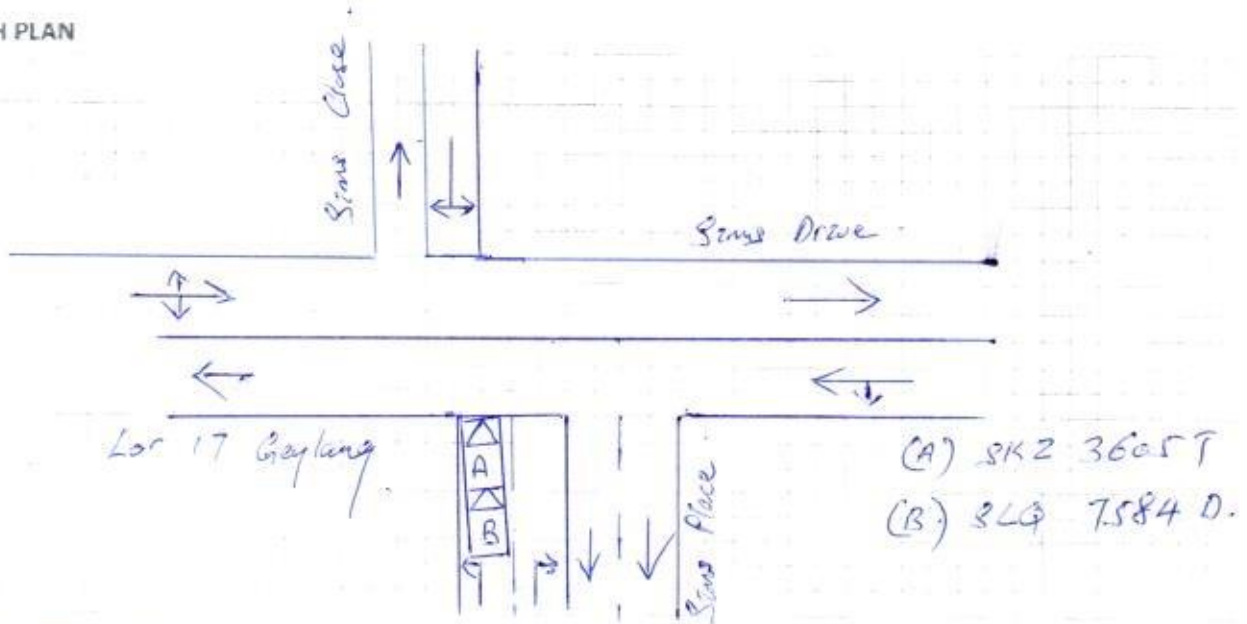
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 21/05/19 at @ 1200 hrs, I stopped my vehicle (SK2 3605T) along Sime Place junction Lor 17 Gaylang to give way to the traffic on the main road. I wanted to make a left turn into Lor 17 Gaylang. Suddenly, a car (3LG 7584 D) from behind collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SKZ 3605 T	Model / Make	Toyota Altis.
Date of Accident	21 / 05 / 19		
Time of Accident	1200 HRS		
Location of Accident	Sims Place Junction	Lot 17	Geylang
Exact purpose use during accident	Private Used		
Name of Owner	KOH SIEW HWA		
Telephone No.	H/P: 9012 1880	Home:	Office:
NRIC	S 0101426 I		
Address	BLK 351 Ubi Ave 1	#08-961 (E)	400351
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTAC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5086890605-02		
Name of Driver	As Above If No, BOH CHIN BOON		
NRIC	S 0068788 2	Any Passengers:	01 (F)
Date of birth	20 / 12 / 1952		
Occupation	Outdoor / Indoor		
Driving License Pass Date	26 / 09 / 1974		
Gender	Male	Female	
Contact No.	H/P: 9012 1880	Home:	Office:
Address	BLK 351 Ubi Ave 1	#08-961 (E)	400351
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee	If no, state	Husband
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.	Boh Chin Boon	(H/P: 9012 1880)	
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SLQ 7584 D	Any Passengers:	N-A
Name of Driver	Mr Lam	Contact No.:	8200 6004
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	Yes / No		
Email Address	-		

PARTICULAR WORKSHOP	Farmer N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Tong
FAX NO	6741 0510
WORKSHOP Email ADDRESS	sales@nhi.com.sg

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119065623 Vehicle Registration No: SKZ 3625T
Name (as shown in NRIC) : Goh Chin Boon NRIC/FIN/Passport No : S 00687882
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 351 Ubi Ave 1 #08-961 Singapore (40035)
Contact (Tel) : _____ Mobile No. : 9012 1880
Email Address : _____
Date of Accident : 21 / 05 / 19 Time of Accident : 1200 hrs
Place of Accident : Sim Lim Place junction Lor 17 Geylang
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add 1st person injured: - KOH SIEW HWA (H/P: 9012 1880)

Koh Siew Hwa

Policyholder / Driver's Signature
Date:

[Signature]

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0068788Z**

Name: **GOH CHIN BOON**

Birth Date: **20 Dec 1952**
Issue Date: **17 Jul 2003**

000664845A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0068788Z**

Name: **GOH CHIN BOON**

吳振文

Race: **CHINESE**

Date of birth: **20-12-1952** Sex: **M**

Country of birth: **SINGAPORE**




S0068788Z

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

Class	Description	PASS DATE
Class J	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Sep 1974

S0068788Z

S / No. 9000290898

Licence No: **S0068788Z**

NP 428A

3775088

S0068788Z

NRIC No. **S0068788Z**

Date of issue: **20-09-2005**

Address: **APT BLK 351 UBI AVENUE 1
#08-961
SINGAPORE 400351**




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: 5086890605-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKZ3605T**
Chassis Number : MR053REH104542879
2. Name of Policyholder : KOH SIEW HWA
3. Effective Date of Insurance : 20 Jan 2019
4. Expiry Date of Insurance : 19 Jan 2020
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: KOH SIEW HWA
NAMED DRIVER (1)	: GOH CHIN BOON
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 21 Dec 2018 14:41 hrs
Reprint : 21 Dec 2018 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

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="21/05/2019 12:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SKZ3605T"/>	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"/>	5086890605-02		KOH SIEW HWA	S01014261	GPC	drive CLASSIC	SKZ3605T	SKZ3605T	20/01/2019	19/01/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5086890605-02	Policyholder Name	KOH STEW HWA	Policyholder NRIC	S01014261
Certificate No.					
Address	BLK 351 #08-961 UBI AVENUE 1 SINGAPORE 400351				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/12/2018	Effective Date	20/01/2019 00:00	Expiry Date	19/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 351 #08-961	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400351
Address 4		Address Type	Singapore address	Post Code	400351
Unit No.		Related Policy Number	5086890605-02		

Insured Object: SKZ3605T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Exit

Accident MT/1045383

Policy No.	5086890605-02	Vehicle No.	SKZ360ST	GST Registration No.	
Certificate No.					
Policyholder Name	KOH SIEW HWA			Policyholder NRIC	501014261
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90121880	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/05/2019 19:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/05/2019	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC SIMS PLACE & LOR 17 GEYLANG				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 351 #08-961	Address 2	UB1 AVENUE 1	Address 3	SINGAPORE 400351
Address 4		Address Type	Singapore address	Post Code	400351
Unit No.		Related Policy Number	5086890605-02		

OI Driver Info

Driver Name	GOH CHIN BOON	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	50068788Z	Driver DOB	20/12/1952
Register Date of Driver License	26/09/1974	Driver Age	66	Driving Experience	44
Contact No.(Mobile)	90121880	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 351	Address 2	UB1 AVENUE 1	Address 3	SINGAPORE 400351
Address 4		Address Type	Singapore address	Post Code	400351
Unit No.	08-961				
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
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Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	KOH SIEW HWA	Insured NRIC	501014261
Contact No.(Mobile)	90121880	Contact No.(Home)	68416515	Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ360ST	TP Vehicle Number	SLQ75840
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKZ360ST / SLQ75840 ON 21 May 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	21/05/2019 19:02	Claim Close Date		Date Received	21/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1045383	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/05/2019 19:03

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="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"/>

☐ 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 21 May 2019 19:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	SAS	Normal	SAS 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:03	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:02	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:02	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:02	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:02	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:02	Photos	Normal	Photos 2019-5-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 May 2019 19:02	Photos	Normal	Photos 2019-5-21		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"/>				