

# NATIONAL Assessment Centre Services

MMA 119073853

Date In	6/6/19 17:20	Job description	Date & Time Completed	Done by
Ref No	MA/INC19001008164	SAS e-filing		
Veh No	STK 4651T	E-mail (within 2hrs, A/C 2hrs)		
TP No	316/19 12:30	I-Motor Claim Form	MT11047863 <sup>001</sup>	6/6/19 17:39
		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Vhsn		

Preferred Whsp / INC Assign Whsp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: YN 4074R	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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Referral:

Date/Time: /

Referral:

MA1904211

Customer's Particulars:	1) AIR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (excl 10 Jan 2003)	
	6) TR: Re-Inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idas Mobile	
	10) NI: Idas Mobile	
	11) NI: Idas Mobile	
	12) NI: Idas Mobile	
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	100) NI: Idas Mobile	



### 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	06/06/2019 17:20
Date Of Accident	03/06/2019 12:30
Exact Location Of Accident	WOODLANDS AVE 6 (WOODLANDS MART LOADING BAY)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4651T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AVENGERS CAR RENTAL & MOTORING PTE. LTD.
Co Reg No	201735090Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92222732

#### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	5096746614-01
Cover Note Number	-

#### Driver

Name of Driver	MUHAMMAD ZULFADHLI BIN ZAHRIN
NRIC No	S9308017C
Date Of Birth	13/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96777245
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 543 WOODLANDS DR 16 #05-07
Postcode	730543
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED 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	YN4074R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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#### **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.

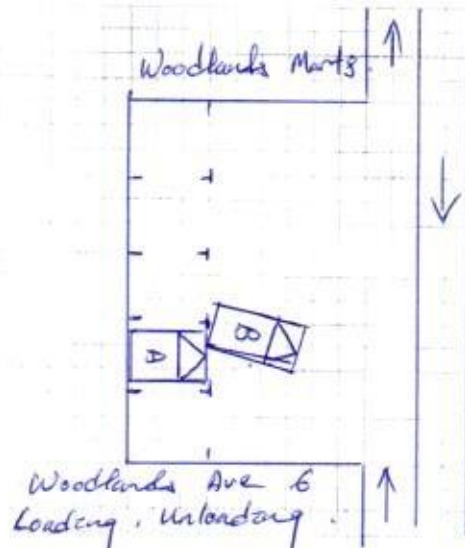


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



(A) SJK 4651T.

(B) YN 4074R.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/06/19 at @ 030hrs, I parked my vehicle (SJK 4651T) at Woodlands Ave 6, Woodlands Mart loading and unloading area and went to the toilet. When I came back, I discovered my vehicle front portion was damaged. I then went to the security post to ask for any video footage. When I was waiting, the lorry came back and admitted to me that he has collided onto my car. He then wrote a note to me admitting he has reversed and collided onto my car.

## DECLARATION

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



*[Signature]*

Driver's Signature  
(If driver is not the policyholder)

*[Signature]*

Reporting Centre Personnel's Signature  
Name:

*[Signature]*



(D 36225734)

1 MULLANGATHU SUBRAMANIAM, Driving YN 4074R.

hit Honda STREAM SJK 4651T while ~~Revers~~  
Reversing.

I hereby to cover all cost.

Location: Woodlands MART

Time: 12.30 AM

Driver of car: ZULFADELI  
(S9308017C)



KRISHNAMURTHY

03/05/19.

HP: 91695437.

<b>Vehicle No.</b>	SJK 4651 T		<b>Model / Make</b>	honda stream
<b>Date of Accident</b>	03 / 06 / 19			
<b>Time of Accident</b>	1230 HRS			
<b>Location of Accident</b>	Woodlands Ave 6 (Woodlands Mart loading, unloading).			
<b>Exact purpose use during accident</b>	<del>hire</del> Rental.			
<b>Name of Owner</b>	Avengers Car Rental & Motoring Pte Ltd.			
<b>Telephone No.</b>	H/P: 9222 2732	Home:	Office:	
<b>NRIC</b>	2017350902.			
<b>Address</b>	BLK 682B, Edgedale Plains #17-741 (S) 822682			
<b>Claim type</b>	OD	THIRD PARTY REPORTING ONLY		
<b>Insurance Company</b>	NTUC.			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5096746614-01.			
<b>Name of Driver</b>	As Above If No, Muhammad Zulfadhli Ben Zahren			
<b>NRIC</b>	S 9308017 C	<b>Any Passengers:</b>	N.A.	
<b>Date of birth</b>	13 / 03 / 1993			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	28 / 11 / 2014			
<b>Gender</b>	Male	Female		
<b>Contact No.</b>	H/P: 9677 7245	Home:	Office:	
<b>Address</b>	BLK 543 Woodlands Drive 16 #05-07 (S) 730543			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state <del>hire</del>		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	YN 4074.B	<b>Any Passengers:</b>	Not sure.	
<b>Name of Driver</b>		<b>Contact No.:</b>		
<b>Vehicle C No.</b>		<b>Any Passengers:</b>		
<b>Vehicle D No.</b>		<b>Any Passengers:</b>		
<b>Vehicle E no.</b>		<b>Any Passengers:</b>		
<b>Vehicle F No.</b>		<b>Any Passengers:</b>		
<b>Vehicle G No.</b>		<b>Any Passengers:</b>		
<b>Witness Name</b>	N.A	<b>Witness Contact:</b>	N.A.	
<b>Accident Portion</b>	Front Portion.			
<b>Camera Recorder</b>	Yes <del>No</del>			
<b>Email Address</b>	ze zul543@hotmact.com.			
<b>PARTICULAR WORKSHOP</b>	Twincar.			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting.			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP Email. ADDRESS</b>	sales@n5i.com.sg			



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9308017C**

Name:

**MUHAMMAD ZULFADHLI BIN ZAHIRIN**

Birth Date: **13 Mar 1993**

Issue Date: **28 Nov 2014**



002370812H

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9308017C**



Name:

**MUHAMMAD ZULFADHLI BIN ZAHIRIN**

Race:

**MALAY**

Date of birth:

**13-03-1993**

Sex:

**M**

Country of birth:

**SINGAPORE**

S9308017C

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

EFFECTIVE DATE

Class

Class 2B  
Class 3

Motorcycles  $\leq 200$  CC  
Motor cars  $\leq 3000$  kg with  $\leq 7$  passengers, exclusive of the driver, and motor tractors/vehicles  $\leq 2500$  kg

03 Aug 2018  
28 Nov 2014

S / No. 9000283070

S9308017C



Licence No: S9308017C

NP 428A



4189621

NRIC No. **S9308017C**



Date of issue  
**14-03-2008**

Address:

**APT BLK 543 WOODLANDS DRIVE 16  
#05-07  
SINGAPORE 730543**



## 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:** 5096746614-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

**SJK4651T**

Chassis Number

JHMRN684085205742

2. Name of Policyholder

AVENGERS CAR RENTAL & MOTORING PTE. LTD

3. Effective Date of Insurance

13 Dec 2018

4. Expiry Date of Insurance

12 Dec 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 or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	\$52,000
EXCESS (SECTION 2)	\$51,500
WINDSCREEN EXCESS	\$5100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	TAI THONG LEE TRADING PTE LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(/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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 12 Dec 2018 17:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1047863

Policy No.	5096746614-01	Vehicle No.	SJK4651T	GST Registration No.	
Certificate No.					
Policyholder Name	AVENGERS CAR RENTAL & MOTORING PTE. LTD.			Policyholder NRIC	201731
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92222732	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	06/06/2019 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	03/06/2019	Time of Accident hh:mm	12:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 6 (WOODLANDS MART LOADING BAY)				
▼ Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 682B #17-741	Address 2	EDGEDALE PLAINS	Address 3	WATER
Address 4	SINGAPORE 822682	Address Type	Singapore address	Post Code	82268
Unit No.	17-741	Related Policy Number	S096716812-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/03/
Unnamed driver Name	MUHAMMAD ZULFADHLI BIN ZA	Driver NRIC	S9308017C	Driving Experience	4
Register Date of Driver License	28/11/2014	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	96777245	Contact No.(Office)		Address 3	SINGAI
Address 1	BLK 543 #05-07	Address 2	WOODLANDS DRIVE 16	Post Code	73054
Address 4		Address Type	Singapore address		
Unit No.	05-07				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	AVENGERS CAR RENTAL & MOT
Contact No.(Mobile)	92222732	Contact No. (Home)	
Email Address		OI Vehicle Number	SJK4651T
Claim Description	SJK4651T / YN4074R ON 3 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown.
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/06/2019 17:38
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

## Attachment

Accident No. MT/1047863 Claim No. 001



Last Doc. Received

\* Yes ☐ No ☐

Upload Date

06/06/2019 17:39

Path \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear

Please Select

NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

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NO

Normal

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NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:39	SAS	Normal	SAS 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:39	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:39	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:39	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:39	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:38	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:38	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:38	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 17:38	Photos	Normal	Photos 2019-6-6
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