

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MWA119086780

|                          |  |                       |              |
|--------------------------|--|-----------------------|--------------|
| Date In: 3/1/19-16:36    | Job description                          | Date & Time Completed | Done by      |
| Ref No: NA/NC 1001803/24 | SAS e-filing                             |                       |              |
| Veh No: YL 25435         | E-mail (within 5hrs, AIC 2hrs)           |                       |              |
| D.O.A: 3/1/19-20:00      | i-Motor Claim Form                       | M7/1031235-001        | 3/1/19 17:22 |
| 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: S4D3610D   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                    |                     |
|---------------------------------|---|--------------------|---------------------|
| NA19 24935                      | Invoice Preparation Checklist                   | Am (\$)<br>In Bill | Am (\$)<br>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) 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:-                   |                    |                     |
| QC Checked by (Engr-In-Charge): | QN*   |                    |                     |
|                                 | *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 (Non INC) against INC \$20         |                    |                     |
| Lat 1:                          | 9) N12: Idac Mobile \$0                         |                    |                     |
| Lat 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             | 03/07/2019 16:56               |
| Date Of Accident           | 02/07/2019 20:00               |
| Exact Location Of Accident | JUNC AMK CENTRAL 1 & AMK AVE 3 |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | YL2547S                    |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | LIAN HUP SENG CONSTRUCTION |
| Co Reg No                   | 53204387A                  |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-66356774            |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HINO               |
| Model  | GH1JPLA            |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING            |
| 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 FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5095143897-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | VELLAISAMY RAMALINGAM |
| Passport No/FIN      | F4500444U             |
| Date Of Birth        | 14/06/1969            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 31/01/2017            |
| Driving Experience   | 2 YEARS AND 5 MONTHS  |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-86504871  |
| Fax Number           |                       |
| Contact Number       | OFFICE-86504871       |
| EMail Address        | NOEMAIL               |

|   |   |
|---|---|
| Address   | 28 LOYANG CRESCENT<br>DFS TECH BUILDING |
| Postcode  | 508990                                  |
| 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   | SIDE SWIPE |
| 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)   | 2                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |

#### 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

ON STATED DATE AND TIME, AS I APPROACHED THE JUNCTION AMK CENTRAL 1 TWDS AMK AVE 3. VEHICLE B WAS STATIONARY STOPPED ALONG THE PEDESTRIAN CROSSING. I TRIED TO HORN HIM SEVERAL TIMES, BUT VEHICLE B REFUSED TO MOVED OUT. I INCH FORWARD ONTO LANE 1 AND SLIGHTLY GRAZED ONTO VEHICLE B REAR RIGHT PORTION.

#### 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 | SHD3610D |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              | 96493779 |
| Address                     |          |
| Postcode                    |          |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

LIAN HUP SENG CONSTRUCTION


.....Policyholder's Signature.....

Date & Time:

  
Driver's Signature

(If driver is not the policyholder)

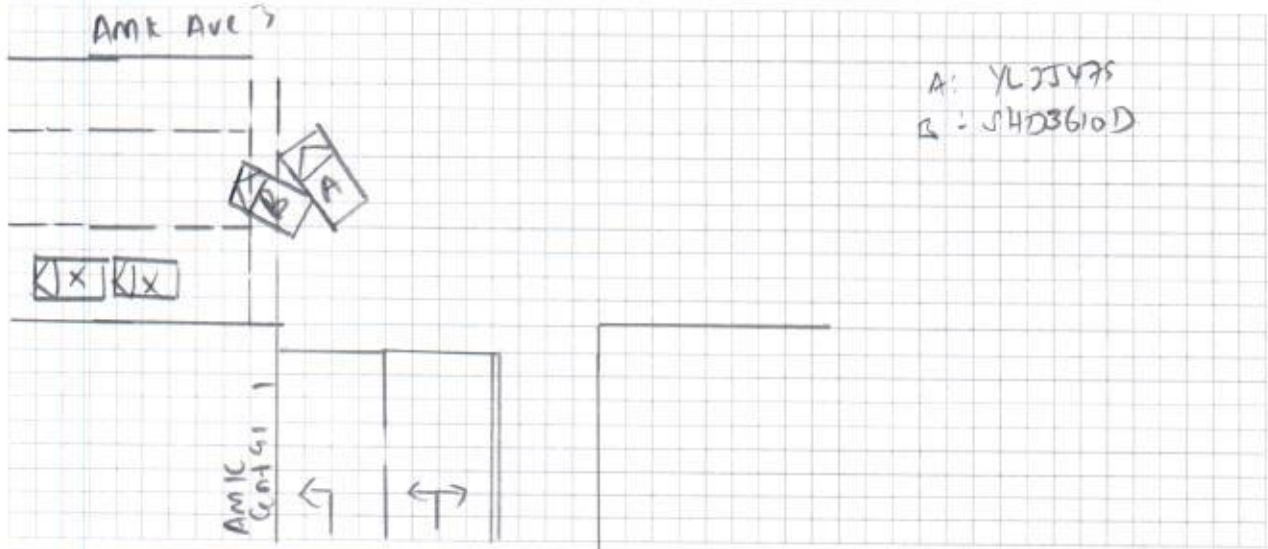
Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION

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

LIAN HUP SENG CONSTRUCTION

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.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F4500444U**

**VELLAISAMY RAMALINGAM**

Birth Date: 14 Jun 1969  
Valid From: 19 Dec 2018  
Valid Till: 07/01/2024

0028934728

For LKK/NAC Use Only

S PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**LIAN HUP SENG CONSTRUCTION**

Name:  
**VELLAISAMY RAMALINGAM**

S Pass No.  
**0 32218393**

Sector:  
**CONSTRUCTION**

K0956454

For LKK/NAC Use Only

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

|   | EFFECTIVE DATE |
|---|----------------|
| Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg  | 24 Jul 2001    |
| Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg or Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg | 31 Jan 2017    |

Licence No: F4500444U

NP 428A

For LKK/NAC Use Only

VISIT PASS

Immigration Regulations

16-11-2018

Name:  
**VELLAISAMY RAMALINGAM**

FIN:  
**F4500444U**

Date of Birth: **14-06-1969** Sex: **M**

Nationality:  
**INDIAN**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

For LKK/NAC Use Only

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="02/07/2019 20:00"/> |                   |         |                           |             |                |               |             |
| Vehicle No. (For Motor)                 | <input type="text" value="YL2547S"/> | 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"/>                   | 5095143897-01                        |                    | LIAN HUP SENG CONSTRUCTION                    | 53204387A         | GCV     | Third Party, Fire & Theft | YL2547S     | YL2547S        | 23/10/2018    | 22/10/2019  |
| <input type="button" value="Continue"/> |                                      |                    |   |                   |         |                           |             |                |               |             |



## Policy Information

|                             |   |   |                            |                   |                  |
|-----------------------------|---|---|----------------------------|-------------------|------------------|
| Policy No.                  | 5095143897-01   | Policyholder Name                           | LIAN HUP SENG CONSTRUCTION | Policyholder NRIC | 53204387A        |
| Certificate No.             |   |   |                            |                   |                  |
| Address                     | 28 LOYANG CRESCENT DFS TECH BUILDING SINGAPORE 508990 |   |                            |                   |                  |
| Product Name                | COMMERCIAL VEHICLE INSURANCE Plan                     | Group Policy Flag                           | N                          |                   |                  |
| Policy Issue Date           | 12/10/2018  | Effective Date                              | 23/10/2018 00:00           | Expiry Date       | 22/10/2019 23:59 |
| Excess Type                 | All Claims Excess                                     |   |                            |                   |                  |
| Third Party Excess          | 0   | Own damage Excess                           | 0                          | Windscreen Excess | 0                |
| Additional Excess           | OS Premium  | 0   |                            |                   |                  |
| Outside Singapore OD Excess | Outside Singapore TP Excess                           | <div>Young/Inexperience Driver Excess</div> |                            |                   |                  |
| Agent                       | TIMES INS BROKERS (MOTOR B                            | Agent Tel.                                  | 62528888                   | GST Flag          | Y                |
| Co-insurance Flag           | No  |   |                            |                   |                  |
| Open Policy Info            |   |   |                            |                   |                  |
| Certificate Info            |   |   |                            |                   |                  |

## Policyholder Mailing Address

|           |                    |                       |                   |           |                  |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 28 LOYANG CRESCENT | Address 2             | DFS TECH BUILDING | Address 3 | SINGAPORE 508990 |
| Address 4 |                    | Address Type          | Singapore address | Post Code | 508990           |
| Unit No.  |                    | Related Policy Number | 5108639573        |           |                  |

Insured Object: YL2547S

## Endorsements

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

## Claim Handling

EXIT

Accident HT/1051775

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | 5095143897-01   | Vehicle No.         | YL2547S   | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | LIAN HUP SENG CONSTRUCTION                                    |                     |   | Policyholder NRIC    | S3204387A |
| Product Code        | COMMERCIAL VEHICLE INSURANCE                                  | Cover Type          | Third Party, Fire & Theft                                     | Loading              | 0         |
| Contact No.(Mobile) | 0   | Contact No.(Office) | 66356774  | Contact No.(Home)    | 0         |
| Email Address       |   | Special Remark      |   | eCode                | 7         |
| KPI:                | <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       | 03/07/2019 17:20               | Accident Report Within 24 hrs | Yes   | Accident Type       | Side Swipe |
| Date of Accident  | 02/07/2019                     | Time of Accident hh:mm        | 20:00 | Country of Accident | Singapore  |
| Reporting Centre  |                                | Orange Force                  |       | ICM No.             |            |
| Accident Location | JUNC AMK CENTRAL 1 & AMK AVE 3 |                               |       |                     |            |

**Excess**

|                       |      |                             |  |                   |      |
|-----------------------|------|-----------------------------|--|-------------------|------|
| Own damage Excess     | 0.00 | Additional Excess           |  | Windscreen Excess | 0.00 |
| Unnamed 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 | 01/01/2016 |
| GST Registration No. | M90370622C  | GST Status Verified   | Yes        |
| Modification History | 03/07/2019 17:21:22 System changed GST Registered from No to Yes<br>03/07/2019 17:21:22 System changed GST Registration No. from null to M90370622C<br>03/07/2019 17:21:22 System changed GST Registration Date from null to 01/01/2016 |                       |            |

## Policyholder Mailing Address

|           |                    |                       |                   |           |                  |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 28 LOYANG CRESCENT | Address 2             | DFS TECH BUILDING | Address 3 | SINGAPORE S08990 |
| Address 4 |                    | Address Type          | Singapore address | Post Code | S08990           |
| Unit No.  |                    | Related Policy Number | S108639573        |           |                  |

**OT Driver Info**

|   |   |                     |                   |                        |                  |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB             | 14/06/1969       |
| Unnamed driver Name                     | VELLAISAMY RAMALINGAM   | Driver NRIC         | F4500444U         | Driving Experience     | 2                |
| Register Date of Driver License         | 31/01/2017  | Driver Age          | 50                | Contact No.(Home)      | 0                |
| Contact No.(Mobile)                     | 86504871  | Contact No.(Office) | 0                 | Address 3              | SINGAPORE S08990 |
| Address 1                               | 28 LOYANG CRESCENT  | Address 2           | DFS TECH BUILDING | Post Code              | S08990           |
| Address 4                               |   | Address Type        | Singapore address |                        |                  |
| Unit No.                                |   |                     |                   |                        |                  |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 New

|                                |                                  |                         |                                  |                            |                  |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                            | Insured Name            | LIAN HUP SENG CONSTRUCTION       | Insured NRIC               | S3204387A        |
| Contact No.(Mobile)            | 94886750                         | Contact No.(Home)       |                                  | Contact No.(Office)        |                  |
| Email Address                  |                                  | OT Vehicle Number       | YL2547S                          | TP Vehicle Number          | SHD3610D         |
| Claimant Type Claimant Type *  | Please Select                    | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                |                                  | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address               |                                  |                         |                                  |                            |                  |
| Claim Description              | YL2547S / SHD3610D ON 2 Jul 2019 |                         |                                  |                            |                  |
| Preferred Workshop Contact No. |                                  | Insured Liability *     | Fully at Fault                   | Name of Preferred Workshop |                  |
| Require Finalisation           | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                | 03/07/2019 17:22                 | Claim Close Date        |                                  | Date Received              | 03/07/2019 00:00 |
| Report Taken By                | Jackson                          |                         |                                  |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | HT/1051775  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/07/2019 17:23 |

| 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...

Browse...

Browse...

Please Select

10

Normal

Please Select















10

Normal

☐ Send Message
 

Upload

**Attachment List**

| Attachment  | Uploaded By/Date  | Category              | Urgency | Description                    | Msg Sent? (CO) | Action               |
|---|---|-----------------------|---------|--------------------------------|----------------|----------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:23 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-7-3 |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | SAS                   | Normal  | SAS 2019-7-3                   |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
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|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 17:22 | Photos                | Normal  | Photos 2019-7-3                |                | <a href="#">Edit</a> |

**Video List**

| Uploaded By/Date   | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>Display in New Window</div> <div>Scan and uploading</div> </div> |             |           |        |        |