

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MHA 119099186

Date In: 29/7/19 17:07	Job description	Date & Time Completed	Done by
Ref No: MA/INC19013303/64	SAS e-filing		
Veh No: SCH 7800J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/7/19 22:45	I-Motor Claim Form	MT11055524-001	29/7/19 19:48
OD <input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SL3 2543 U	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 1100111-67086616)	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

MA1905653

Claimant's Particulars:	Invoice #	Invoice Date	Invoice Time	Invoice Amount	Invoice Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)				
Damaged Portion:	3) TP: Towing Fee \$40/\$45				
QC Checked by (Eugr-In-Charge):	4) PT: Follow-Through Survey \$120				
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30				
	For claiming against INC Only (wef 10 Jan 2003)				
	6) TR: Re-Inspection \$75				
	7) NI: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:				
	OD:				
	*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: Idao Mobile \$0				
	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	29/07/2019 17:07
Date Of Accident	26/07/2019 22:45
Exact Location Of Accident	BARTLEY RD E TWDS BEDOK NORTH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH7800J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DR YEO CHYE LUAN
NRIC No	S0075706C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81007800
Alternative Phone No	OFFICE-81007800

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5075956610-03
Cover Note Number	-

### Driver

Name of Driver	YEO HONG
NRIC No	S7048640G
Date Of Birth	29/05/1970
Occupation	INDOOR
Date Of Driving Pass	01/09/1988
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81007800
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	45 JALAN HAJI SALAM
Postcode	468832
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NEPHEW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : YEO CHYE LUAN
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2543U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG YEW KWONG
NRIC/Passport Number	S0008947H
Contact Number	96366610
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	YEO HONG
Approximate Age	
Injuries Sustain	NECK, BACK & RH SHOULDER
Injured person in which vehicle?	SCH7800J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	YEO CHYE LUAN
Approximate Age	
Injuries Sustain	NECK, BACK & RH SHOULDER
Injured person in which vehicle?	SCH7800J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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.



Policyholder's Signature / Date & Time

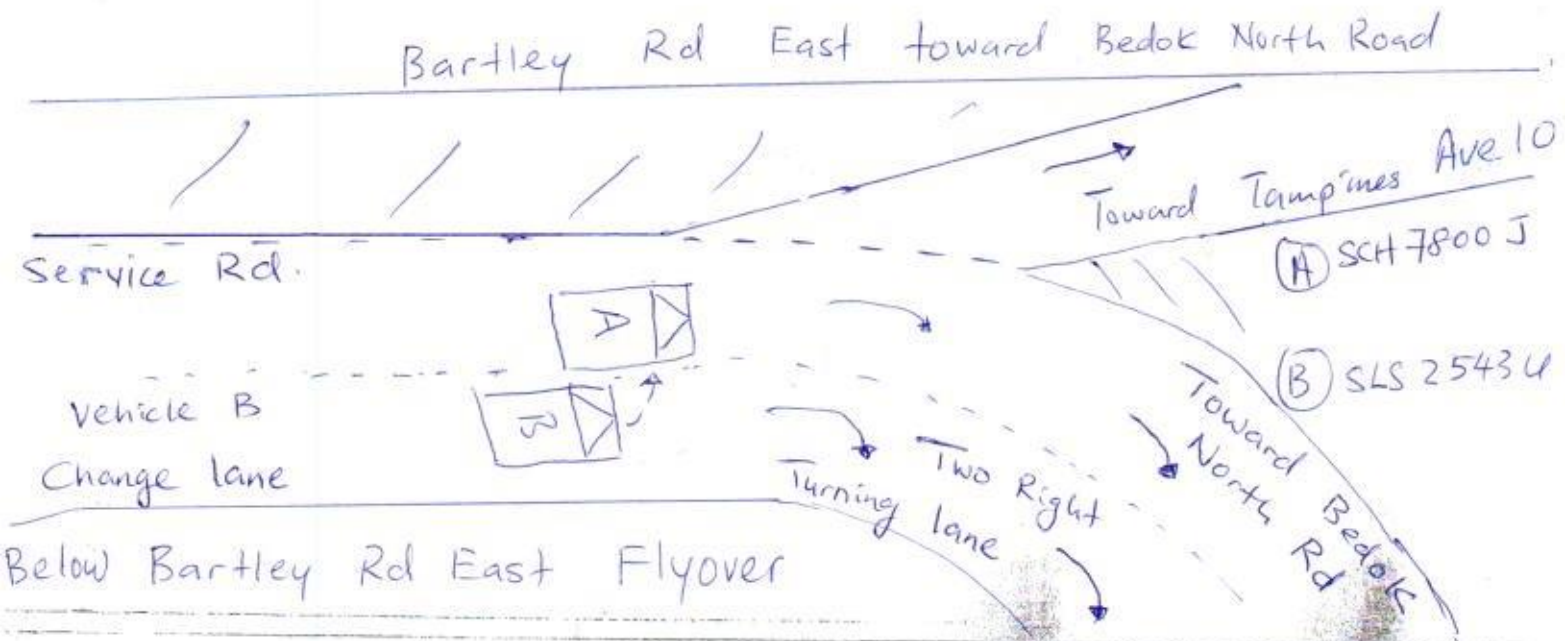


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan

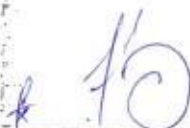


Describe Circumstances of the Accident

Refer To Police Report NO: 7/20190727/2131

Declaration

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



Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 7 / 2019 (DD/MM/YYYY), TIME: 22:45 (HH:MM)

LOCATION: Bartley Road East toward Bedok North rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCH 7800 J  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5075956610-03  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CAMRY  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use  
 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: Yeo Chye Luan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0075706-C CONTACT: 81007800  
 c) ADDRESS: 45 Jalan Haji Salam  
S 468832

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Yeo Hong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7048640-G CONTACT: 81007800  
 c) ADDRESS: 45 Jalan Haji Salam  
S 468832

\*d) DATE OF BIRTH: 29 / 5 / 1974 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 119/1988

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) Yeo Hong, Neck & Back & R/H shoulder

7. a) REPORTED TO POLICE (YES/NO) Yeo Chye Luan  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 2543U MODEL: Mazda  
 b) DRIVER'S NAME: Tang Yew Kwong  
 c) NRIC/FIN/PASSPORT: S0008947H CONTACT: 96366610

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax = 68442641

\*No of passengers  
 (Including driver)

(2)

1 male 1 Female

↓

Driver

Driver \*No of passenger  
 (Including driver)

(3)

1 male, 2 Female

\*No of passenger  
 (Including driver)

( )



**SINGAPORE  
POLICE FORCE**



T/20190727/2131

1 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20190727/2131

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2019 19:16	Vide Report No.:	Station Diary No.: 14
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<b>Informant's Particulars</b>			
Name of Informant: YEO HONG		Address: 45 JALAN HAJI SALAM SINGAPORE 468832	
ID Type / ID No.: NRIC NO / S7048640G		Contact No.: Home/Office: Mobile: 81007800	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 29/05/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2019 22:45	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BARTLEY ROAD EAST BEDOK NORTH ROAD under the flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCH7800J	Car				Seriously Damaged	1
SLS2543U	Car				Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20190727/2131

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

2 of 4

Report No. T/20190727/2131

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Yeo Chye Luan		ID No. NIL
Related Vehicle	SCH7800J (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	YEO HONG		ID No. S7048640G
Related Vehicle	SCH7800J (Car)		Contact No. 81007800
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/07/2019	Date Discharge	27/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Driver</b>			
Name	Tang Yew Kwong		ID No. S0008947H
Related Vehicle	SLS2543U (Car)		Contact No. 96366610
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 26/7/2019 at about 2245hrs, I was driving my car bearing plate number SCH7800J along Bartley Road East. I exited the flyover and stayed on the extreme left lane as I have the intention to make a right turn towards Bedok North Road. As I was driving, a car bearing plate number SLS2543U suddenly sideswipe my car and collided in to me. Due to the collision my car skidded and I almost hit on to the curb.

I suffered pain on my head, neck and shoulder due to the accident. I went to Mount Alvernia Hospital on the 27/7/2019 to get my injuries checked. I was given 5 days MC. My car sustained damages to the rear bumper and also its car body. My rim was also damaged as well. I managed to exchange particulars with the driver of the car which had collided into me. My aunt (Yeo Chye Luan) was in my car. She complained of same injuries as me however she did not go to any hospital or clinic to get it check.



**SINGAPORE  
POLICE FORCE**



T/20190727/2131

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 4

Report No. T/20190727/2131

**CONTINUATION OF REPORT**

I wish to state that there was no government property damaged, no other pedestrian was involved in the accident as well. I wish to add that the road was dry and it was not raining at the time of the accident. I had a in car camera installed in my car.





**SINGAPORE  
POLICE FORCE**



T/20190727/2131

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

4 of 4

Report No. T/20190727/2131

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD FIKRI BIN MOHD FADIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/07/2019 19:16

Officer In Charge Of Case:

TP / AEIT /

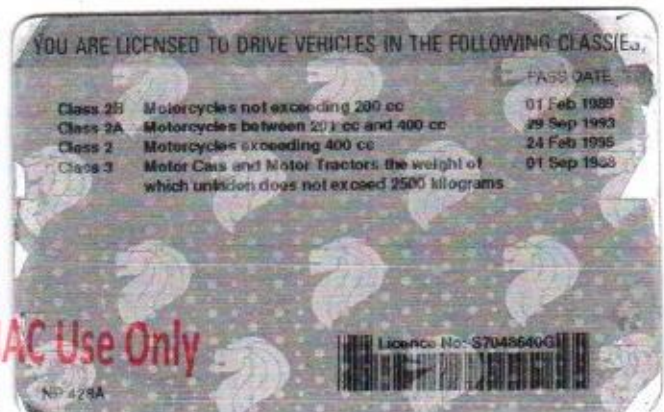
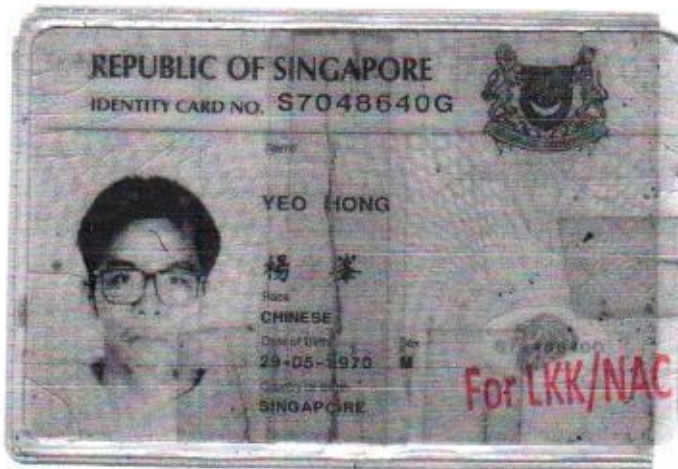
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168



Driver 81007800



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="26/07/2019 17:27"/>
Vehicle No.(For Motor)	<input type="text" value="SCH7800J"/>	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"/>	5075956610-03		DR YEO CHYE LUAN	S0075706C	GPC	drive CLASSIC	SCH7800J	SCH7800J	27/11/2018	26/11/2019

## Claim Handling

Accident MT/1055524

Policy No.	5075956610-03	Vehicle No.	SCH7800J	GST Registration No.
Certificate No.				
Policyholder Name	DR YEO CHYE LUAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81007800	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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
<b>Accident Details</b>				
Report Date	29/07/2019 19:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/07/2019	Time of Accident hh:mm	22:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BARTLEY RD E TWDS BEDOK NORTH RD			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	45 JALAN HAJI SALAM	Address 2	TAMAN SALAM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5075956610-03	
<b>OI Driver Info</b>				
Driver Name	YEO HONG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7048640G	Driver DOB
Register Date of Driver License	02/02/1990	Driver Age	49	Driving Experience
Contact No.(Mobile)	81007800	Contact No.(Office)		Contact No.(Home)
Address 1	45 # JALAN HAJI SALAM	Address 2	SINGAPORE 468832	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001

New

Claim Type *	OD-MX	Insured Name	DR YEO C
Contact No.(Mobile)	90020720	Contact No. (Home)	62443468
Email Address		OI Vehicle Number	SCH7800
Claim Description	SCH7800J / SLS2543U ON 26 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

OD-MX

Insured Name

DR YEO C

Contact No.(Mobile)

90020720

Contact No.

62443468

(Home)

Email Address

OI Vehicle Number

SCH7800

Claim Description

SCH7800J / SLS2543U ON 26 Jul 2019

Preferred Workshop

0

Contact No. Finalisation

Yes

Insured Liability

Not at Fault

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

29/07/2019 19:47

Claim Close Date

Report Taken By

LIEW SHAN HUI

☒ Print AK letter



Save Submit

## Attachment

Accident No.  
Last Doc. Received

MT/1055524

☒ Yes ☐ No

Claim No.

001

Upload Date

29/07/2019 19:48

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category \*

Confidential

Please Select NO

Please Select NO

Please Select NO

















Please Select NO

Please Select NO

Please Select NO

Please Select NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:48	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:48	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:48	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:48	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:48	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:47	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:47	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:47	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:47	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:47	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 19:47	Photos	Normal	Photos 2
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