a per at 1 and NATIONAL Assessment Centre Services. [wel | Jan'03] MNA 119105464 Done by Date In: Date & Time Completed Jeb description 1318/19 15:35 Ref the SAS c-Illing NA1 IME 19014004/64 Veh Bu E-mall (while this, AIC this) SMD 6862 P MT 11057 44 8-01 KILLI i-Motor Claim Form 1318/19 07:55. 1318/19 1-Motor W/O (Within: OD 2hts, TP 4brs) (11) AD' Reporting Only I-Photo Uploaded Assessment/Survey Report IP Insurer: Ass't Report by Fax / Hand to Owner/Wkap Proformit Wiesp / INC Assign Wkep / QW: (Fax: Tol I'P Particulars: Veh No: SLQ 6975R INC ()/Non-INC (Owner / Driver: (Tcl:) Policy No: (Period: (Cover Type: (Confirmed by : (Time:) Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: (Warranty: YBS ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Concrat Remarks 14 5 5 5 5) Walk-In 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: (Commission of Civil Month and Countries of the Countries 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .)= 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury : SHOULD IN MALL BIN MA 1905896 1) All I Acadent Reporting (530); Chamail's Particularysis INC (380) 2) DA : Damege Assessment (\$100); \$40/\$45 3) Tr : Towing Fee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 230 Contact No: Por claiming against INC Only (wof 10 Jan 2003) 6) TR : Re-inspection \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-\$5 *NS: Courtery Car / Tpt Allowance

Damaged Portion: OC Checked by (Engr-In-Charge): 510 *N6: Repair Co-ordination Auditors Comments: *N7: Fost Repair Inspection \$25 *Na; DV / Collect Excess Coordination 22 TP (N11): TP (Non INC) against INC \$20 at. 15 9) N12: Idao Mobile Fac Charged - 13: Involve dated

Involce 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	13/08/2019 15:35
Date Of Accident	13/08/2019 07:55
Exact Location Of Accident	TPE NEAR EXIT 2 TWDS LOYANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD6862P
Insured/Policyholder	
Name Of Registered Owner	TOY CAR
Co Reg No	52883907A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97683998
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103395423
Cover Note Number	
Driver	
Name of Driver	FOO SAY TOON SEBASTIAN (FU ZHIJUN SEBASTIAN)
NRIC No	S7442823A
Date Of Birth	17/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2003
Driving Experience	15 YEARS AND 9 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-91874148
ax Number	100 (100 (100 (100 (100 (100 (100 (100
Contact Number	
Mail Address	NOEMAIL

Address BLK 298 TAMPINES ST 22 #08-554

Postcode 520298

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

-

Insurance Company of Driver's Own Vehicle

:

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

4

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES N.P.C

Police Station Address Police Station Contact

ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190813/2078

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FOOTAGE FROM OTHER PARTY VEH

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ6975R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 26

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGT6777P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SME1201A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

FOO SAY TOON SEBASTIAN (FU ZHIJUN SEBASTIAN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMD6862P

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

0, 0

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Report No. T/20190813/2078

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 14:11	/lade:	Vide Report No.:	Station Diary No.: 79		
Informa	nt's Partic	ulars				
C-1000	f Informant: Y TOON S	EBASTIAN	Address: APT BLK 298 TAMPINES 520298	S STREET 22 #08-554 SINGAPORE		
Carried Company of the Control of th	/ ID No.: O / S74428:	23A	Contact No.: Home/Office:	Mobile: 91874148		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 17/12/1974	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na English			
Occupat Private I	tion: Hire Driver		Driving Licence Information Class: 2B,3	on: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/08/2019 07:5	Type of Location: Straight Road
AND	XPRESSWAY	24		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Wo	rking -	Traffic Volume: Heavy
Type of Collis Moving Vehic	ion: le Against - Others		olica (State Control of Control o	Anyone conveyed by ambulance:

Details of V	ehicle Invo	ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGT6777P	Car	HONDA	FIT	Blue		0
SLQ6975R	Car	HONDA		Red		0
SMD6862P	Car	KIA		Silver	Seriously Damaged	0
SME1201A	Car	TOYOTA		Silver		0





T/20190813/2078

2 of 4

Report No. T/20190813/2078

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD6862P	NTUC Income Insurance Co-Operative Limited	5103395423	18/09/2018	17/09/2019

Details of Perso	n Involved		- 50	100	
Any Pedestrian II	nvolved: No	X-			
No. of Pedestrian	ns Injured: NIL	Use of Ped	lestrian	Cross	sing: NA
Driver				SALES OF THE SALES	
Name	SAN		ID No		NIL
Related Vehicle	SGT6777P (Car)		Conta	ct No.	92387065
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			
	ted Medical Leave NIL	Degree of			
Driver					
Name	SOH		ID No		NIL
Related Vehicle	SLQ6975R (Car)		Conta	ct No.	96906076
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	-	NIL_	
	ted Medical Leave NIL	Degree of		NIL	
Driver			-	GINE I	
Name	FOO SAY TOON SEBASTIAN		ID No.		S7442823A
Related Vehicle	SMD6862P (Car)		Conta	ct No.	91874148
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class Driving Licence Expiry	g e &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/08/2019	Date Disch		13/08	/2019
	ted Medical Leave 05	Degree of			





3 of 4

Report No. T/20190813/2078

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Brief Details.

On 13/08/2019 at about 0757hrs I was travelling along the leftmost lane of TPE towards Loyang, near exit 2, vehicle number SMD6862P.

I had earlier filtered in from the lane on the right (next to it). The vehicle in front of me SGT6777P had stopped, as the traffic was heavy. I saw that the vehicle behind me SLQ6975R had also stopped. Suddenly I felt an impact from behind, and I realized that there was a vehicle behind of SLQ6975R, SME1201A, that had not stopped his vehicle, and collided into the rear of SLQ6975R. The impact caused the SLQ6975R to surge forward and hit my vehicle, and I also surged forward to hit the vehicle in front of me, SGT6777P.

I wish to state that no traffic police nor ambulance came down to the scene. I went to seek medical attention at Changi General Hospital and I was given 5 days MC. I need to go to for a follow up review at polyclinic on 18/08/2019.





4 of 4

Report No. T/20190813/2078

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

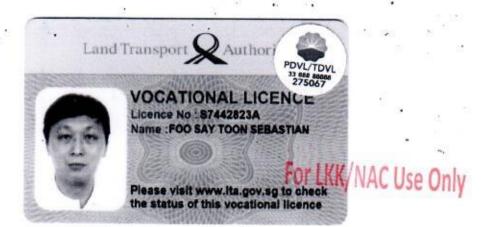
Sketch Plan

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.

CONTINUATION OF REPORT

Signature Of Office Recording The Report:	Signature Of Informant:
Sr Staff Sgt NURUL HUDA BINTE HASHIM	Leave
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 14:11
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Mentication Stamp	POLICE POLICE



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

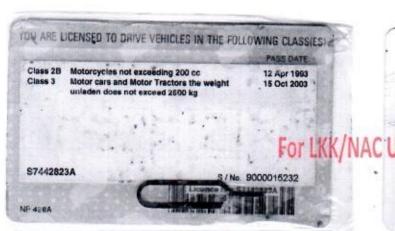
12/10/2018

For LKK/NAC Use Only











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				te Number	Certifica		2P	SMD686	No.(For Motor)	Vehicle	
					earch	Se					
	Comme Date	Insured Object	Vehicle No.	Cover Type	Product	Policyholder NRIC	Policyholder Name	Certificate Number	Policy No.	Select	
9/2018	18/09/2	SMD6862P	SMD6862P	Third Party	GFT	52883907A	TOY CAR		5103395423		
D		Object	No.			NRIC 52883907A	Name				

Policy Information

	y Information				
Policy No.	5103395423	Policyholder Name	TOY CAR	Policyholder NRIC	52883907A
Certificate No.					
Address	8 LAKEPOINT DRIVE #01	-45 LAKEPOINT COND	OMINIUM SINGAPORE	648926	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/08/2018	Effective Date	29/08/2018 00:00	Expiry Date	28/08/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	297.33		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info					
Certificate Info					
Address 1	8 LAKEPOINT DRIVE	Address 2	#01-45 LAKEPOINT CO	ONDOMIN' Address 3	SINGAPORE 648926
Address 4	o Division of the	Address Type	Singapore address	Post Code	648926
Unit No.		Related Policy Number	5111775748		
▶ Insure	d Object: SMD6862P				
▽ Endors	ements				
Sequenc	ce Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/09/2018 00:00	Basic Information Endorsement	000001286926833	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the followin vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ1136C 19-10-2018 \$948.1 In view of this amendment, ar additional premium of \$948.11 (inclusive of GST) is payable under your policy. Please ignor this premium payment requesif you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue

Income" with your name and policy number indicated on the

reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.



No. 0182

John Lem Haid 908-42 Carris Centre Singepore 737609
 Tel: 96822777 / 97683998 / 97323858

HIRER DETAILS

Name	Fire go	in t	CDV	Sebasti	NRI	C: S	374428	13 A	DOB:	17	112	174
House Address	2.0	18, -	Tours	pines	12	25	408-	554	365	105	30)
Bank Account No		7		1			91874		_ Nation	uslity:_	8.8	grein

Hereinafter also known as "the liters" of the other part hereby agreed that the Owner will let to the liters the vehicle known as "the vehicle" apon the terms and conditions hereinafter oppositing.

DESCRIPTION OF VEHICLE

Make & Model : Dig Cerato 1.6

Registration No : SmD 6662 9 Mileage:

RENTAL DETAILS

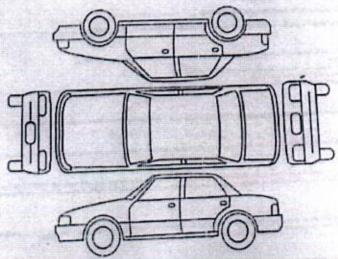
RENTAL START DATE:	7/10/18	TIME CAR COLLECTED:	11:30am
RENTAL END DATE:	30/9/19	TIME CAR TO BE RETURNED:	5 pm
RENTAL FEE:	\$50/day	FUEL LEVEL %: (\$3/L if returned below amount)	10%.
UPFRONT PAYMENT MADE:	\$0	DEPOSIT COLLECTED :	8.10

Hirer Signature

Authorised Signature

OTHERS

0



Indicate the location of any scratches, dents and cracks

Claim Handling

The premium on this policy has not been collected. Accident MT/1057448 5103395423 Vehicle No. SMD6862P GST Registration No. Certificate No. Policyholder Name TOY CAR Policyholder NRIC Product Code FLEET INSURANCE Cover Type Third Party Loading Contact No.(Mobile) 97683998 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK . No Yes TCA . No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 13/08/2019 19:22 Accident Report Within 24 hrs Accident Type Yes Date of Accident 13/08/2019 Time of Accident hh:mm 07:55 Country of Accident Reporting Centre Orange Force ICM No. Accident Location TPE NEAR EXIT 2 TWDS LOYANG ▼ Excess Own damage Excess 0.00 Additional Excess 0 Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess 0.00 Third Party Excess 1,500.00 **Dutside Singapore TP Excess** 1.500.00 GST Registered Information GST Registered No GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 8 LAKEPOINT DRIVE Address 2 #01-45 LAKEPOINT CONDOMIN Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 5111775748 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name FOO SAY TOON SEBASTIAN (FU Driver NRIC 57442823A Driver DOB Register Date of Driver License 15/10/2003 Driver Age Driving Experience 44 Contact No.(Mobile) 91874148 Contact No.(Office) Contact No.(Home) Address 1 BLK 298 #08-554 Address 2 TAMPINES STREET 22 Address 3 Address 4 Address Type Singapore address Post Code Unit No. 08-554 Does he own a Singapore Yes . No Driver Vehicle No. Driver Insurer Comp. Registered car? Declaration Breathalyser or Blood Test 0 mg Any injury? Yes No Reading? Modification History Claim 001 New Claim Type .* Insured Name TOY CAR OD-MX Contact Contact No. (Mobile) 96822777 No. NIL (Home) 01 **Email Address** klwong911@hotmail.com Vehicle Number SMD6862 Claim Description SMD6862P / SLQ6975R ON 13 Aug 2019 Preferred Insured Liability Not at Fault Workshop Benuixt No. Yes Finalisation GIA report Received Repair Option Preferred Workshop, Name unknown Claim Date Registered 13/08/2019 19:26 Report Taken By

Print AK letter

LIEW SHAN HUI

				_5	ave Submit	1		
Attachment								
₹								
Accident No.		MT/1057448		Claim No.		001		
ast Doc. Received		● Yes ○ No		Upload Date		13/08/2019 19:28		
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Choose File No Message Read	file chosen				Clear	Please Select	•	NO
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TOTAL CO.	NAC_PAYA_U	JBI_800601(NATIONAL ASSESSMENT CENTRE 13 Aug 2019 19:28	SERVICES) o	NRIC/ Driving License	12	Normal		NRIC/ Drivin
7 des 7005	NAC_PAYA_L	JBI_800601(NATIONAL ASSESSMENT CENTRE 13 Aug 2019 19:28	SERVICES) o	NRIC/ Driving License		Normal		NRIC/ Drivin
10	NAC_PAYA_L	JBJ_800601(NATIONAL ASSESSMENT CENTRE 13 Aug 2019 19:27	SERVICES) o	SAS		Normal		SAS
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	NAC_PAYA_U	BI_800601(NATIONAL ASSESSMENT CENTRE 13 Aug 2019 19:26	SERVICES) o	Photos		Normal		Photo

8/13/2019

Claim Handling(accident reporting Claim Task)

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 19:26

Photos

Normal

Photos 2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 13 Aug 2019 19:26

Photos

Normal

Photos 2

Uploaded By/Date

Folder Date

File Name

9

Display in New Window Scan and uploading