Date In: 20 4/9-13:35	Jeb description	1	Date &Time Completed	Done b	Y.
Res No: Majue 140 16895/24	SAS e-filing				
Veh No: JMC186C	E-mail (within	Shrs, AIC 2hrs)		12-31-91-91-91	
D.O.A: 24/9/19-14:45	i-Motor Clai		M7/1063954-201	A9/19 14:	7
W. W	i-Motor W/C	(Within: OD 2hrs		77119	
OD / TP Reporting Only	i-Photo Uplo		1		• •
	Assessment/St				-
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	ا			Fax:	-
TP Particulars: Veh No: SLMO	14664	. INC(	)/Non-INC()		
Owner / Driver: (	1103 7		Tel:	)	
Policy No: ( ) Per	riod: (	)	Cover Type: (	)	-
Confirmed by : (	eriologica de la Policia de la	Date:	Time:	)	
Insured/Driver Liability: ( %) [7	Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( ) V	Warranty: YES (	)/NO(	)		
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General Remarks	THE SECTION NOTES I	S S S Y A S S S	NO CONTRACTOR	19,17,17	-
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	ourtesy Car (	)			_
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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.
- 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	25/09/2019 13:35
Date Of Accident	24/09/2019 14:45
Exact Location Of Accident	TAMPINES AVE 9 OUTSIDE TAMPINES NORTH PRIMARY SCH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC186C
Insured/Policyholder	
Name Of Registered Owner	TAN HAM HWANG
NRIC No	S8475454D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97685250
Alternative Phone No	OFFICE-97685250
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	5100929169-01
Cover Note Number	
Driver	
Name of Driver	YAN PENG
NRIC No	S8461517Z
Date Of Birth	21/04/1984
Occupation	INDOOR
Date Of Driving Pass	03/04/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97685250
Fax Number	
Contact Number	OFFICE-97685250

NOEMAIL

Address BLK 673B JURONG WEST STREET 65

#10-12

Postcode 642673

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

7

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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) 1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190924/7023.

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 SLM9465Y

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)

2

Passenger 1

NAME:

GENDER:

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

FG8596L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1** 

Name YAN PENG

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SMC186C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Signature

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

# ACCIDENT STATEMENT

	1. DETAILS OF VEHICLE SMC 1860
	GIVERICLE NUMBER.
	DINSURANCE COMPANY:NUC
	CIRCUICY NUMBER
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:MATOM
	F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
125	THE COMPETITE COMMERCIAL (MOTORCYCLE)
	g) VEHICLE CATEGORY: (PRIMATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	. INSURED / POLICY HOLDER
	ANAME: Tan tam twang (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:S9435454D*_CONTACT:
	c)ADDRESS:
14	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
. 0 .	DDIVED.
of passonad	DRIVER
1 1	(MALE / FEMALE)
	a)NAME: YAVI PEVIA
	DINRIC/FIN/PASSPORT: 894615172 CONTACT: 93685350
	a)NAME: YAVI PEVIA
	d)NAME: NAVI PENTY SOUND WEST CONTACT: 93685350  C)ADDRESS: 0738 JUYONG WEST ST 65 # 10-12.  (642673)
1	a) NAME: WALL PROPERTY SOUND WEST CONTACT: 9368 5350 c) ADDRESS: 0338 JUY DUG WEST ST 65 # 10-12.  *d) DATE OF BIRTH: ( 2 1/ 04/ 1904) (DD/MM/YYYY)
1	d)NAME: WAT PENTS  b)NRIC/FIN/PASSPORT: \$94615172 CONTACT: 91685350  c)ADDRESS: 0738 JUYONG WEST St 65 # 10-12.  *d)DATE OF BIRTH: (21/04/1904)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)
duding driver	d)NAME: WAT PENTS  b)NRIC/FIN/PASSPORT: \$84615172 CONTACT: 93685350  c)ADDRESS: 0736 JUYONG WEST ST 65 #10-12.  *d)DATE OF BIRTH: (21/04/1904)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  E)YEARS OF DRIVING PYPRERIENCE:
duding driver	a) NAME:
duding driver	d)NAME:
(01) 4. 5. 6. 7.	a) NAME:
duding driver (D1)  4. 5. 6. 7. 8. 8.	a) NAME:
duding driver (D1)  4. 5. 6. 7. 8. 8.	d)NAME:
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duding driver (D1)  4. 5. 6. 7. 8. 8.	D)NAME: SOUD TO CONTACT: 9160 5050  c) ADDRESS: 075 DUY DUY WEST ST DE TO
of passenger ading driver)	d)NAME: SOUND STATE OF BIRTH: ( 2 ) OUT OND WEST STATE WHICH POLICE STATION:  D)NRIC/FIN/PASSPORT: SOUNDOR WEST STATE WHICH POLICE STATION:  D)NRIC/FIN/PASSPORT: SOUND STATE OF BIRTH: ( 2 ) OUT OND WEST STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  D) NRICH NUMBER: STATE WHICH POLICE  D) NODEL: CONTACT:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER: CONTACT: CONTACT:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER: CONTACT: CONTACT:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER: CONTACT: CONTACT:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER: MODEL:  D) VEHICLE NUMBER: MODEL: MODEL: CONTACT: CONTACT:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER: MODEL: MODEL
duding driver	D)NAME: SOUD TO CONTACT: 9160 5050  c) ADDRESS: 075 DUY DUY WEST ST DE TO

email =

fax =





1 of 3

Report No. T/20190924/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 16:41			Vide Report No.: G/20190924/0097	Station Diary No.:	
Informan	t's Partic	ulars			
Name of I YAN PEN			Address: APT BLK 673B JURON SINGAPORE 642673	NG WEST STREET 65 #10-12	
ID Type / ID No.: NRIC NO / S8461517Z			Contact No.: Home/Office: Mobile: 97685250		
Nationalit CHINESE			Email: emma63988806@gmail.com		
Sex: Female	Age: 35	Date of Birth: 21/04/1984	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na English		
Occupation: Housewife			Driving Licence Information Class:	ation: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2019 14:45	Type of Location Straight Road
TAMPINES A	VENUE 9	Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way				Anyone conveyed by

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	·Color	Condition	No of Passenge		
FG8596L	Motorcycle				Totally Damaged	0		
SLM9465Y	Car	TOYOTA	WISH		Seriously Damaged	1 -		
SMC186C	Car	MAZDA			Seriously Damaged	0		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL :	Use of Pedestrian Crossing: NA



T/20190924/7023

2 of 3

Report No. T/20190924/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### CONTINUATION OF REPORT

Rider					
Name	UNKNOWN				NIL
Related Vehicle	FG8596L (Motorcycle)	FG8596L (Motorcycle) Contact No		ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	Serio	us
Driver					
Name	YAN PENG		ID No	2	S8461517Z
Related Vehicle	SMC186C (Car)		Conta	ct No.	97685250
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	Sligh	t

## Brief Details.

ON 24/09/2019 AT ABOUT 14:45HR, I WAS DRIVING MY VEHICLE - SMC186C, ALONG TAMPINES AVENUE 9. AS FRONT MOTORCYCLE STOPPED TO TURN INTO TAMPINES NORTH PRIMARY SCHOOL, I STOPPED AS WELL. SUDDENLY, VEHICLE NUMBER - SLM9465Y, HIT ONTO MY VEHICLE'S REAR RIGHT PORTION. VEHICLE NUMBER - SLM9465Y, THEN FURTHER WENT ON AND HIT ONTO THE MOTORCYCLE ACROSS THE ROAD, DIVIDER.

1ST VEHICLE - FG8596L 2ND VEHICLE - SMC186C 3RD VEHICLE - SLM9465Y

SUBSEQUENTLY, THE MOTORCYCLIST WAS CONVEYED TO THE HOSPITAL FROM THE SCENE.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190924/7023

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 16:41
Officer In Charge Of Case: TP / TPHQ / NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp	

<b>eBao</b> Tech							tern.		Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e Char	ge Password	Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy I	No.				Date o	of Accident		24/09/2019	14:45	
	Vehicle	No.(For Motor)	SMC18	5C		Certific	cate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100929169- 01		TAN HAM HWANG	S8475454D	GPC	drivo CLASSIC	SMC1860	SMC186C	26/05/2019	25/05/2020
					C	ontinue					

		ent	Endorsement Type Endorsement		ement Status Endorsement Conten		
▼ Endors	sements						
) Insure	d Object: SMC186C						
Jnit No.	10-12	Relate Numb	ed Policy er	5100929169-01			
Address 4			ss Type	Singapore addre	ess	Post Code	642673
Address 1	BLK 673B #10-12	Addre	ss 2	JURONG WEST	STREET 65	Address 3	SINGAPORE 642673
	holder Mailing Address						
Certificate Info							
Open Policy Info							
lag							
Co- nsurance	No						
Agent	NSK INSURANCE AGENCY	Agent Tel.	68720457		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
xcess Outside	7777	Premium Outside					
Additional	1500	os	0				
hird Party excess	0	Own damage Excess	600		Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess					
Policy ssue Date	24/05/2019	Effective Date	26/05/201	9 00:00	Expiry Date	25/05/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 673B #10-12 JURONG W	EST STREET 65	SINGAPORE	642673			
Certificate No.							
	5100929169-01	Name	TAN HAM	IIII	NRIC	S8475454D	

laim Handling					
ccident MT/1063954					
olicy No.	5100929169-01	Vehicle No.	SMC186C	GST Registration No.	
ertificate No.					Transport to the second
olicyholder Name	TAN HAM HWANG			Policyholder NRIC	S8475454D 0
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading Contact No.(Home)	0
ontact No.(Mobile)	97685250	Contact No.(Office)  Special Remark	•	eCode	No V
mail Address Fix	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No.	NCD Entitlement(%)	10	Private Hire	No
♥ Accident Details	-	000250000000000000000000000000000000000			
eport Date	25/09/2019 14:01	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ate of Accident	24/09/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
eporting Centre		Orange Force		1CM No.	
coldent Location	TAMPINES AVE 9 OUTSIDE TAMPINES NORTH	PRIMARY SCH			
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
and the second s	****	The Street Control Street	0.00		
D Standard Excess	600.00	TP Standard Excess YIED TP Excess	0.00	Driver is Covered?	Covered
TED OD Excess	1500	THE IT LIKE	-		
otal OD Excess Applicable	2100.00	Total TP Excess Applicable	0.00		
♥ Benefits					
SST Registered Informa	tion				
ST Registered	No		GST Registration Date	9,000	
ST Registration No.			GST Status Verified	Yes	
fodification History					
7 Policyholder Halling Ad	dress				
Address 1	BLK 673B #10-12	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 642673
Address 4		Address Type	Singspore address	Post Code	642673
Init No.	10-12	Related Policy Number	5100929169-01		
♥ OI Driver Info					
Oriver Name	YAN PENG	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	S8461517Z	Driver DOB	21/04/1984
egister Date of Driver License	03/04/2010	Driver Age	35	Driving Experience	9
Contact No.(Mobile)	97685250	Contact No.(Office)	0	Contact No.(Home)	The matter of the co
Address 1	BUK 6738	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 642673 642673
Address 4		Address Type	Singapore address	Post Code	042073
Unit No. Does he own a Singapore	10-12	Driver Vehicle No.		Driver Insurer Company	
Registered car?	○ Yes ® No	Driver venicle no.			
reclaration.					
Breathalyser or Blood Test Reading?	0 mg	Any ingury?	® Yes ○ No		
ceausing.					
Addition History					
Claim 001 New					
Daim Type *	OD-MX	Insured Name	TAN HAM HWANG	Insured NRIC	58475454D
Contact No.(Mobile)	94511124	Contact No.(Home)		Contact No. (Office)	100000000000000000000000000000000000000
Email Address		Oil Vehicle Number	SMC186C	TP Vehicle Number	SLM9465Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *		1	
Claimant Address	CONTRACT OF UNDERSON DE DA COM DOIN			Name of Preferred Workshop	
Claim Description Preferred Workshop Contact	SMC186C / SLM9465Y ON 24 Sept 2019	5-500/980/02554V	Francisco IVI		
No.		Insured Liability *	Not at Fault	Old moor	Becaused
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	25/09/2019 00:00
		Claim Close Date		Date Received	A A PARALLE DO DO
	25/09/2019 14:46				
	25/09/2019 14:46 Jackson				
Report Taken By					
Report Taken By			Save Submit		
teport Taken By			Save Submit		
Report Taken By  Print AK letter  Attachment			Save Submit		
Report Taken By	Jackson		And the state of t		
Attachment  Accident No.	Jackson MT/1063954	Claim No.	001		
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Attachment	List								
Attachment		ed By/Date	Category	?	Urgency	Description NRIC/ Driving License 2019-9-25		Hag Sent? (CO)	,
the s		TIONAL ASSESSMENT CENTRE SERVI 25 Sep 2019 14:47	NR3C/ Driving License	Y	Normal				
1	NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46  NAC_PAYA_UBL_BOGGOI ( NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2019 14-46		SAS		Normal	SAS	\$ 2019-9-25		
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E			Photos	Normal		Photos 2019-9-25			
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