

NATIONAL Assessment Centre Services

Ref: (Jan'05) MMA 119129151 - 01

Date In: 30/19/19 14:03	Job description	Date & Time Completed	Done by
Ref No: MA11MC1907199164	SAS e-filing		
Veh No: SJW 5379K	E-mail (within 3hrs, AIC 2hrs)		
TOA: 28/19/19 14:15	I-Motor Claim Form	MT/1064776 <sup>001</sup>	30/19/19 19:29
Off: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SJR 5074R 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 Non Inc 6788/6016)	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

MA1907326

Invoice Item	Rate (\$)	Qty	Amount (\$)
1) AR: Accident Reporting (\$30);			30.00
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming status INC Only (w/c 10 Jan 2003)			
6) TR: Re-Inspection \$75			
7) NI: Idau 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: Idau Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Client's Particulars:

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors Comments: \_\_\_\_\_

Call: \_\_\_\_\_

## 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	30/09/2019 14:03
Date Of Accident	28/09/2019 14:15
Exact Location Of Accident	PIE TWDS CHANGI B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5379K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SIN PING
NRIC No	S1155426A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84279755
Alternative Phone No	OFFICE-84279755

### Vehicle Particulars

Manufacturer	BMW
Model	318I
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	5089040910-02
Cover Note Number	

### Driver

Name of Driver	ONG JING ZE
NRIC No	S9224288I
Date Of Birth	11/07/1992
Occupation	INDOOR
Date Of Driving Pass	10/05/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81238457
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 204 PASIR RIS ST 21 #04-308
Postcode	510204
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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) involved in the accident	7
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)	4
Passenger 1	NAME: : ONG SIN PING GENDER: : MALE
Passenger 2	NAME: : OW YONG SIEW CHOO GENDER: : FEMALE
Passenger 3	NAME: : MCCLAIR CHIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 TOA PAYOH EXIT ON THE FIRST LANE, WHEN NOTICED FRONT VEH STOP, AS SUCH I FOLLOW TO STOP, ALL OF A SUDDEN, I FELT AN HUGE IMPACT FROM BEHIND, DUE TO THE IMPACT, MY VEH BEEN PUSH FORWARD HIT ONTO THE FRONT VEH REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION. I WAS INVOLVED IN A 7 CAR CHAIN COLLISION ACCIDENT.

#### 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 SJR5074R  
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 2**

Vehicle Registration Number SLL204Z  
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 SJB5824C  
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 4**

Vehicle Registration Number SFY1998S  
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 5**

Vehicle Registration Number SMA1334X  
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 6**

Vehicle Registration Number SKV802G  
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 ONG SIN PING  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJW5379K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name ONG JING ZE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJW5379K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name OW YONG SIEW CHOO

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW5379K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	MCCLAIR CHIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW5379K
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 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.

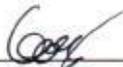
#### **8. Consent under the Personal Data Protection Act (PDPA)**

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.



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.:





**SINGAPORE  
POLICE FORCE**



T/201909302202

1 of 4

Report No: T/201909302202

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5652999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/09/2019 20:04	Vide Report No.:	Station Diary No.: 135
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**Informant's Particulars**

Name of Informant: ONG JING ZE		Address: APT BLK 204 PASIR RIS STREET 21 #04-308 SINGAPORE S10204	
ID Type / ID No.: NRIC NO / S9224288I		Contact No.: Home/Office:                      Mobile: 81238457	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 11/07/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 3                      Date of Expiry:	

Type of Accident:	Non-injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2019 14:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE towards Changi Airport				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Damages
SFX1908S	Car					0
SJB5624C	Car				Slightly Damaged	0
SJR5074R	Car				Slightly Damaged	0
SJW5379K	Car				Slightly Damaged	3
SKV802G	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190930/2202

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Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No. 1800-5852999

Report No. T/20190930/2202

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL204Z	Car				Slightly Damaged	0
SMA1334X	Car				Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG JING ZE	ID No.	S9224288I
Related Vehicle	SJW5379K (Car)	Contact No.	81238457
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location I was driving along PIE towards Changi Airport. I had 3 passengers with me at that point of time and I was driving along the first lane. The road conditions were fine, the road was dry and the sky was clear. As I was driving accordingly, the traffic volume was at a moderate, nevertheless I ensured a proper safety distance from other road vehicles with me. As I was driving accordingly all of a sudden I noticed that the car in front of me suddenly jam braked. I depressed on my brakes gradually and I managed to brake in time. All of a sudden I felt an impact from the rear of my car which then resulted me to colliding to the car in front of me. That was when I know I got involved into an chain accident.

I then got out of my car and noticed that the chain collision of the vehicles involved including myself was a total of 7. I then checked with everyone of the parties involved if they were fine to which at the point of time there was no injuries sustained from anyone and no immediate medical assistance was required. I did not exchanged particulars with any of the drivers involved instead I just noted down of all the vehicles that was involved. No ambulances or police attended to the said accident.

Later that day I reported this matter to my insurance company however I was informed that it would not suffice due to some reasons. Later that day I noticed that my lower back as well as my shoulder is having some pain and soreness. The next day I then went to get myself checked at the neighborhood clinic which I was then give 3 days MC. I was subsequently advised by my insurance company to lodge a report on the matter before any insurance claims can be proceeded.



**SINGAPORE  
POLICE FORCE**



T/20190930/2202

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Report No. T/20190930/2202

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119129151 Vehicle Registration No: SJW5379K  
 Name(as shown in NRIC) : ONG JING ZE NRIC/FIN/Passport No : S9224288I  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 81238457  
 Email Address : \_\_\_\_\_  
 Date of Accident : 28/09/2019 Time of Accident : 14:15  
 Place of Accident : PIE TWDS CHANGI B4 TOA PAYOH EXIT  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ADD IN POLICE REPORT T/20190930/2202

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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

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="28/09/2019 14:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJW5379K"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089040910-02		ONG SIN PING	S1155426A	GPC	drive CLASSIC	SJW5379K	SJW5379K	31/03/2019	30/03/2020

Continue

**Claim Handling**

**Accident MT/1064776**

Policy No.	5089040910-02	Vehicle No.	SJW5379K	GST Registration No.	
Certificate No.					
Policyholder Name	ONG SIN PING	Cover Type	drive CLASSIC	Policyholder NRIC	S1155426A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	84279755	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	30/09/2019 19:25	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/09/2019	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGE B4 TOA PAYDH EXIT				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 204 #04-308	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510204
Address 4		Address Type	Singapore address	Post Code	510204
Unit No.		Related Policy Number	5089040910-02		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/07/1992
Unnamed driver Name	ONG JING ZE	Driver NRIC	S9224288I	Driving Experience	7
Register Date of Driver License	10/05/2012	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	81238457	Contact No.(Office)		Address 3	SINGAPORE 510204
Address 1	BLK 204 #04-308	Address 2	PASIR RIS STREET 21	Post Code	510204
Address 4		Address Type	Singapore address		
Unit No.	04-308	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Modification History**

**Claim 001** New

Claim Type *	OD-MX	Insured Name	ONG SIN PING	Insured NRIC	S1155	
Contact No.(Mobile)	95791175	Contact No.(Home)	98550049	Contact No.(Office)		
Email Address		DI Vehicle Number	SJW5379K	TP Vehicle Number	SJR507	
Claim Description	SJW5379K / SJR5074R ON 28 Sept 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	30/09/2019 19:27	Claim Close Date		Date Received	30/09/	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1064776	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/09/2019 19:29

Path *	Category *	Confidential	Urgency *	Desci
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>				

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Sep 2019 19:29	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-30

