

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA11918753

Date In: 17/12/19 17:43	Job description	Date & Time Completed	Done by
Ref No: NA11918753	SAS e-filing		
Veh No: 4558883	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/12/19 - 17:32	i-Motor Claim Form	17/12/19 18:04	
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JKH6446K	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA11918753	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (N11) against INC \$20		
	9) N12: Idac Mobile 30		
	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	19/10/2019 17:40
Date Of Accident	18/10/2019 17:30
Exact Location Of Accident	MCE TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6838B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAE HWAN CONSTRUCTION PTE LTD
Co Reg No	200822348W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101027753-01
Cover Note Number	

### Driver

Name of Driver	MAHATHEVAN SUBENTHERAN
NRIC No	S7261579D
Date Of Birth	08/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90271160
Fax Number	
Contact Number	OFFICE-90271160
EEmail Address	NOEMAIL

Address	BLK 310 YISHUN RING ROAD #06-1226
Postcode	760310
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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	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)	9
Passenger 1	NAME: : AMIN AL GENDER: : MALE
Passenger 2	NAME: : DURAIRAJ ANANDARAJ GENDER: : MALE
Passenger 3	NAME: : PARK DONG-SIK GENDER: : MALE
Passenger 4	NAME: : RAJMIN GENDER: : MALE
Passenger 5	NAME: : ISLAM SAIFUL GENDER: : MALE
Passenger 6	NAME: : SHARIF MD SHAHIN GENDER: : MALE
Passenger 7	NAME: : RASU GOPI GENDER: : MALE
Passenger 8	NAME: : AHAD MOHAMMAD ABDUL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	



**Circumstances of Accident**

REFER TO STATEMENT.

**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	SKH6446K
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	SMG4127B
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	MAHATHEVAN SUBENTHERAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB6838B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	AMIN AL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB6838B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DURAIRAJ ANANDARAJ  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBB6838B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name PARK DONG-SIK  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBB6838B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 5

Name RAJMIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBB6838B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 6

Name ISLAM SAIFUL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBB6838B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 7

Name SHARIF MD SHAHIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBB6838B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 8**

Name	RASU GOPI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB6838B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 9**

Name	AHAD MOHAMMAD ABDUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB6838B
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.:



A - GBB 6838B

B - SKH 6446K

C - SMG 4127B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Time and Date I vehicle GBB 6838B was traveling along m.c.i: towards Chang. As the front vehicle SKH 6446K stopped and I couldn't stop on time, result hit on rear back.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 10 / 2019 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: M.C.E. Toward Changi Exit 5

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 6838 B  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) \_\_\_\_\_  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) \_\_\_\_\_  
 h) PURPOSE OF USING AT ACCIDENT TIME: Work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- A) NAME: Jue Huen Construction Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Muhammad Subantharan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7265792 CONTACT: 90271160  
 c) ADDRESS: Blk 310 Yishun Ring Road #06-126 (760312)

\*d) DATE OF BIRTH: 8 / 5 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

## 6. WAS ANYBODY INJURED (YES / NO)

a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SK6556 MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### THIRD PARTY VEHICLE

d) VEHICLE NUMBER: JM4127B MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No. of passenger  
(including driver)

(9)

4 male.

① Amin AL

② Durgiraj  
Anandraj

③ Park Bong-Sik

④ Rajmin

⑤ Ukm Saifu

⑥ Jhari f md  
Jahin

No. of passenger

(including driver)

⑦ RASU 40P

⑧ Ahmad Mohammad Abdul

No. of passenger

(including driver)

( )

Email =

Fax =

eBaoTech

GeneralClaim

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="19/10/2019 17:00"/>							
Vehicle No. (For Motor)	<input type="text" value="GBB6838B"/>	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"/>	5101027753-01		JAE HWAN CONSTRUCTION PTE LTD	200822348W	GCV	Third Party, Fire & Theft	GBB6838B	GBB6838B	31/05/2019	27/05/2020
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5101027753-01	Policyholder Name	JAE HWAN CONSTRUCTION PTE	Policyholder NRIC	200822348W
Certificate No.					
Address	10 ANSON ROAD #30-05A INTERNATIONAL PLAZA SINGAPORE 079903				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	31/05/2019	Effective Date	31/05/2019 00:00	Expiry Date	27/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	10 ANSON ROAD	Address 2	#30-05A INTERNATIONAL PLAZ	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.	22-05A	Related Policy Number	5101027753-01		

▶ Insured Object: GBB68388

## ▼ Endorsements

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

## Claim Handling

Accident MT/1067596

Policy No.	5101027753-01	Vehicle No.	GB868388	GST Registration No.	
Certificate No.					
Policyholder Name	JAE HWAN CONSTRUCTION PTE LTD			Policyholder NRIC	200822348W
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	19/10/2019 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/10/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE TWDS CHANGE				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

**GST Registered Information**

GST Registered	Yes	GST Registration Date	02/11/2015
GST Registration No.	200822348W	GST Status Verified	Yes
Modification History	19/10/2019 18:03:54 System changed GST Registered from No to Yes 19/10/2019 18:03:54 System changed GST Registration No. from null to 200822348W 19/10/2019 18:03:54 System changed GST Registration Date from null to 02/11/2015		

**Policyholder Mailing Address**

Address 1	10 ANSON ROAD	Address 2	#30-05A INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.	22-05A	Related Policy Number	5101027753-01		

**Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MAHATHEVAN SUBENTHERAN	Driver NRIC	S7261579D	Driver DOB	08/05/1972
Register Date of Driver License	04/02/2017	Driver Age	47	Driving Experience	2
Contact No.(Mobile)	90271160	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 310	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760310
Address 4		Address Type	Singapore address	Post Code	760310
Unit No.	06-1226				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JAE HWAN CONSTRUCTION PTE	Insured NRIC	200822348W
Contact No.(Mobile)	87259536	Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	GB868388	TP Vehicle Number	SKH6446K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GB868388 / SKH6446K ON 18 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/10/2019 18:04	Claim Close Date		Date Received	19/10/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit








Attachment

Accident No.	MT/1067596	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/10/2019 18:05

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	



☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:05	SAS		Normal	SAS 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Oct 2019 18:04	Photos		Normal	Photos 2019-10-19	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						