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Contact No:		6) TR: Re-Inspect	alust INC Only (Wol 10 Jon 20)	O 10
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f and the second	arranty: YES ()	
Insured/Driver Liability: (%) [No	ote-Est. Status (\	WO): N: 0-20	%; P: 21-79%. F: 80.	100%]
Confirmed by : (Dater .	Time:)
Policy No: () Perio	od: ()	Cover Type: () .
Owner / Driver: (and the second and the second		Tcl:)
The second secon	M 1378T	, INC (.)/Non-INC().	
Proformd Wksp / IRC Assign Wksp / GW: (Полистичной подписы на вида	A CONTRACTOR OF THE PARTY OF TH	Tol:	Pax:)
") P Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wkon	
	Assessment/St	uvey Report		AND DESCRIPTION OF STREET AND ADDRESS.
()() Reporting Only	I-Photo Uplo	aded		
	I-Motor W/C) (Within; OD 2ho	'rr this)	
1111A : 29/11/19 18:00.	i-Motor Cini	m Form	MT/1031073733	3./11/19 12:11
Veh No. 527 7667 G	E-mail (within	Shis, ∧IC 2his)		J
Ref Ha MAI IMC 19 0, 21 152 1 ht	SAS c-filing		1	
Date In: 3 . / 11/19 13:43	Jeb description)	Date & Time Completed	
NATIONAL Assessment Centre	H		Date & Time Completed	Done by
	Contan		110155-7	1

4 - pot vt + ctor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 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 aforesaid.

aforesaid.	
THE THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	30/11/2019 13:43
Date Of Accident	29/11/2019 18:00
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
Marie Control of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT7667G
Insured/Policyholder	
Name Of Registered Owner	NEILA KUMARAN S/O HUTHAYA KUMAR
NRIC No	S9001278I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97266667
Alternative Phone No	OFFICE-97266667
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107370468
Cover Note Number	
Driver	
Name of Driver	NEILA KUMARAN S/O HUTHAYA KUMAR
NRIC No	S9001278I
Date Of Birth	08/01/1990
Occupation	INDOOR
Date Of Driving Pass	22/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97266667
Fax Number	

OFFICE-97266667

NOEMAIL

Address BLK 319 JURONG EAST ST 31 #02-52

Postcode 600319

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

- 3

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4 YES

Was any body injured in the Accident?

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

Police Station Address

Police Station Contact

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191130/7004

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 SLM1378T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 94592197

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP6245R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 81246911

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number XD3336G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 83282931

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEILA KUMARAN S/O HUTHAYA KUMAR

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJT7667G
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

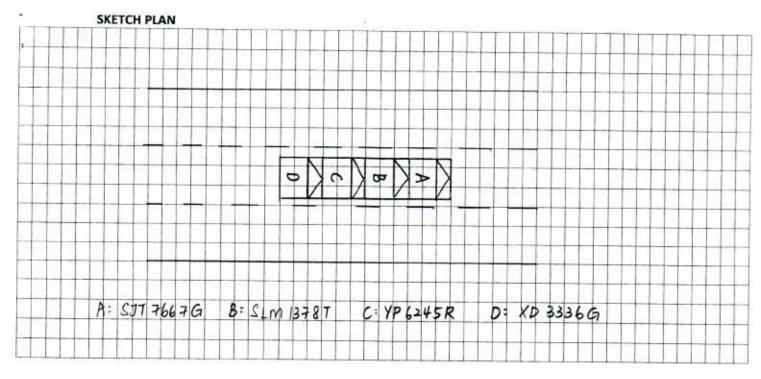
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

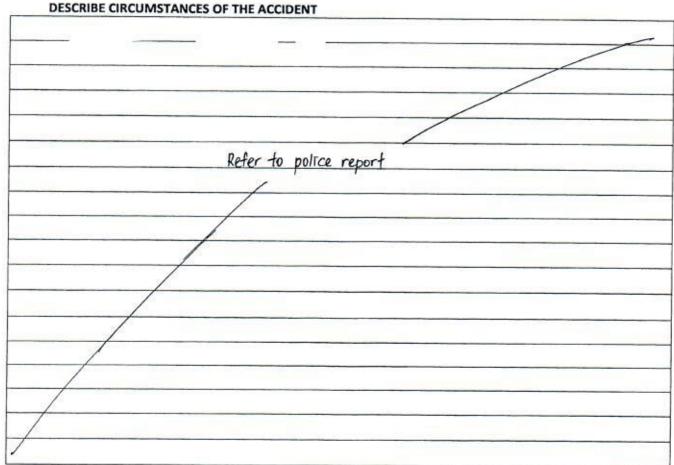
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:





DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:





1 of 3 Report No. T/20191130/7004

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 11:01		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
NEILA K		S/O HUTHAYA	Address: APT BLK 319 JURONG EAS SINGAPORE 600319	T STREET 31 #02-52
ID Type NRIC NO	/ ID No.: D / S90012	781	Contact No.: Home/Office:	Mobile: 97266667
National SINGAP	ity: ORE CITIZ	EN	Email: jram.kumaran@gmail.com	
Sex: Male	Age: 29	Date of Birth: 08/01/1990	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupat SELF EN	ion: MPLOYED		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2019 18:00	Type of Location:	
	EXPRESSWAY		T-		
Weather:		Road Surface:	R	oad Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Traffic Flow:		Traine Control.	3	ano voidino.	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT7667G	Car	MITSUBISHI	LANCER 1.5 MIVEC SPORTS AT ABS D/AB	White		0
SLM1378T	Car					0
XD3336G	Lorry					0
YP6245R	Lorry					0





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

2 of 3 Report No. T/20191130/7004

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company-	Insurance No	Effective	Expiry Date
SJT7667G	NTUC Income Insurance Co-Operative Limited	5107370468	01/02/2019	28/04/2020

No. of Pedestrian	nvolved: No		Use of Pe	destrian	Cross	ing: NA
Driver	S Injured. NIC	STATE OF THE STATE OF	Market and a		50000	g
Name	NEILA KUMARAN S	O HUTHAYA	KUMAR	ID No		S9001278I
Related Vehicle	SJT7667G (Car)		Conta	ct No.	97266667	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Slight	

Brief Details.

On the stated date and time, I was travelling along PIE towards Tuas on the second lane. As the vehicle in front of me suddenly stopped, I followed to stop my vehicle (SJT7667G) without any contact with the vehicle in front of me. Out of sudden, I felt an impact from my rear. When I alighted to check, I realised that I was involved in a 4 cars chain collision. Vehicle (SLM1378T) collided onto my vehicle followed by third vehicle (YP6245R) and the last vehicle (XD3336G).





3 of 3

Report No. T/20191130/7004

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

CONTINUATION OF REPORT

Sketch	Plan	

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: 30/11/2019 11:01
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	29/11/2019	(DD/MM/YY)
Time of accident	1800	(HH:MM)
Exact location of accident	Along PIE towards Tuas	

计设计数据的专项中央	DETAILS OF VEHICLE
Vehicle registration number	SJT 7667 G
Vehicle make and model	Mitsubishi Lancer
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

Construction of the Constr	INSURANCE IN	FORMATION	经验证的
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER							
Name	Neila Kumaran Slo Huthaya Kumar Males Females						
NRIC / Fin / Passport number	\$ 90012781						
Contact	9726 6667						
Address	BIK 319 Jurong East St 31 # 02-52 S(600319)						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Male 🗆	Female 🗆						
NRIC / Fin / Passport number								
Contact								
Address								
Email address								
Date of birth	08/01/1990							
Occupation	Indoor Outdoor							
Driving date pass	22/11/2008							

以下1950年 1954年 1858	GENERAL	INFORMATION	OF THE ACCIDENT	DZ AIS	
Was driver an employee of	Yes 🗆	No 🗷	ant hold for the American deposits of the American distribution of	INCREMENT	
the insured's company?	19330 7417		driver and insured:	Owner	
Accident captured by camera?	Yes 🗆	No 🗷	•		
Weather condition	Clear 🗆	Raining	Others:		
Road surface	Dry 🗆	Wet 🗷			
No of passenger	01				(Inclusive of driver)
					(mendance or direct)
MANAGEMENT STREET, STR		PASSENGE	R1		
Name	National Residence		Madrid Public Value and Control of the		
Gender	Male 🗆	Female			
	25347	PASSENGE	9.2		
Name		1.001101		CONTRACTOR OF THE PARTY OF THE	
Gender	Male 🗆	Female			
Gender	Iviale L	remaie 🗆			
	SHAP THE PRESENT	PASSENGE		Marie Control	
Name	建筑是在	PASSENGE	· 图图形成形中国 图 次次	A STATE OF THE PARTY OF THE PAR	Anna Talling them was become in the same
Gender	Male 🗆	Female			
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Name	/				
Gender	Male 🗆	Female			
	A CONTRACTOR OF THE PARTY OF TH			Martin and Colon Allera	
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Name					
Gender	Male 🗆	Female			
经济的 对外不是 (14) 数据 (14)		PASSENGER	R 6		张三 龙沙兰是 5000
Name					
Gender	Male 🗆	Female 🗆			
		OTHER INFORM	ATION	建建大学	经产品的企业的特别
Was anybody injured?	Yes	No □			
Was other vehicle damaged?	Yes 🗷	No 🗆			
美国的	DETAIL	S OF POLICE STA	AND REAL PROPERTY AND PERSONS ASSESSED.		第一条编码表示图
Reported to police?	Yes	No □ If ye	s, please state which	n police st	ation.
Police station name					
地界位置是多数建筑和台湾区	Unit 15	WITNESS :		T THE	A CONTRACTOR OF THE PARTY OF TH
Name	The sales of the s				- III
SALES TO SELECT THE SECOND SEC		WITNESS	2		《 日本》
Name					

	THIRD PARTY VEHICLE 1
Vehicle registration number	SLM 13787
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	9459 2197
	THIRD PARTY VEHICLE 2
Vehicle registration number	YP 6245R
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	8124 6911
	1.5.7.7.
NAPORT CONTRACTOR	THIRD PARTY VEHICLE 3
Vehicle registration number	XD 3336G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	8328 2931
的 。在1000年,1000年的1100年	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NIDIO / El- / Danson	
NRIC / Fin / Passport number	
NRIC / Fin / Passport number Contact	
	THIRD PARTY VEHICLE 5
	THIRD PARTY VEHICLE 5
Contact	THIRD PARTY VEHICLE 5
Contact Vehicle registration number	THIRD PARTY VEHICLE 5
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Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact Vehicle make model Name Vehicle make model Vehicle registration number	THIRD PARTY VEHICLE 6

B

在大学的	INJURED PERSON 1
Name	Neila Kumaran Slo Huthaya Kumar
Injuries sustained	Back and neck, hand and knee
Which vehicle person in?	F30F TL2
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No.
hospital by ambulance?	
lis	
And the second of the second of	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No No
hospital by ambulance?	
	INJURED PERSON 3
Name	INJUNED FERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No No
hospital by ambulance?	res a No a
nospital by ambalance.	
THE PERSON WAS ASSESSED.	INJURED PERSON 4
Name	INJUNED PERSON 4
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No D
hospital by ambulance?	
140 A STATE OF THE	INJURED PERSON 5
Name	INJUNED PERSON 3
Injuries sustained	A
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes D No D
hospital by ambulance?	University and American
	INJURED PERSON 6
Name /	INJOHEST TROOF
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No D
hospital by ambulance?	100

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e + Chan	ge Password	· Log Out
My Desktop	Polic	Policy Query									
Notice of Loss	Policy N	0.				Date	of Accident		29/11/2019	13:42	
	Vehicle	No.(Far Motor)	SJT76	67G		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5107370468		NEILA KUMARAN S/O HUTHAYA KUMAR	S9001278I	GPC	drivo CLASSIC	SJT7667G	SJT7667G	01/02/2019	28/04/2020
						Continue	1				

Claim Handling Accident MT/1073733 Policy No. \$107370468 Vehicle No. SJT7657G GST Registration No. Certificate No. Policyholder Name NEILA KUMARAN SJO HUTHAYA KUMAR Policyholder NRIC 590012787 Product Code PRIVATE CAR INSURANCE drive CLASSIC Loading Contact No.(Mobile) 97266667 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No F KFM - No Yes TCA eCode Reason NCO Protection NCD Entitlement(%) Private Hire Yes Accident Details Report Date Accident Report Within 24 hrs 30/11/2019 15:09 Ves Accident Type Chain Collision Date of Accident 29/11/2019 Time of Accident hh:mm Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location PIE TWDS TUAS **▽** Total Excess Applicable Excess Type Per Accident Windscreen Excess **OD Standard Excess** 2,000.00 TP Standard Excess 1,500.00 YTED OD Excess 0.00 YIED TP Excess Driver is Covered? Covered Additional Excess 1500 Total OD Excess Applicable 3500.00 Total TP Excess Applicable 1,500.00 **▽** Benefits GST Registered Information GST Registered GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address BLK 319 #02-52 Address 2 JURONG EAST STREET 31 Address 3 SINGAPORE 600319 Address 4 Address Type Singapore address Post Code 600319 Related Policy Number 5107370468 OI Driver Info NEILA KUMARAN S/O HUTHAYA KUMAR Oriver Type Unnamed driver Name Driver NRIC 590012781 Driver DOS 08/01/1990 Register Date of Driver License 22/11/2008 Driver Age Driving Experience Contact No.(Mobile) 97266667 Contact No.(Office) Contact No.(Home) Address 1 BLK 319 #02-52 JURONG EAST STREET 31 Address 2 Address 3 SINGAPORE 600319 Address 4 Address Type Singapore address Post Code 600319 Unit No. 02-52 Does he own a Singapore Registered car? Driver Insurer Company Yes . No Declaration Breathalyser or Blood Test Reading? Any injury? « Yes No 0 mg Modification History Claim 001 New Claim Type * ▼ Insured NEILA KUMARAN S/O HUTHAYA Insured NRIC 59001 Contact No. Contact No.(Mobile) 97211117 62975997 633400 VOGIVAANI.0824@GMAIL.COM Venicle Number Email Address Vehicle Number SJT7667G SLM13 Claim Description SJT7667G / SLM1378T ON 29 Nov 3019 Preferred Workshop Bowsket No. Finalisation Yes nd Liability | Not at Fault Preferred Workshop, Name unknown Date Received 30/11/0 Date Registered 30/11/2019 15:11 Report Taken By LIEW SHAN HUT Print AK letter Save Submit Attachment Acodest No. MT/1073733 Claim No. Upload Date Last Doc, Received * Yes No 30/11/2019 15:11 Category * Choose File No file chosen * NO Clear Please Select Normal Choose File No file chosen Clear Mease Select NO Choose File No file chosen Clear Please Select NO Clear Choose File No file chosen Please Select NO Normal Choose File No file chosen Clear NO Please Select Normal Choose File No file chosen * NO Clear Please Select Hessage Read Attachment List

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date	Fit	e Name		Source	
y video List							
Video List	NAC_PAYA_UBI_SOOG01(NATION 30 Nov	AL ASSESSMENT CENTRE SERVICES) o 2019 15:11	Photos		Normal	Photos 2019-11-30	
3	NAC_PAYA_UB1_800603(NATION 30 Nov	AL ASSESSMENT CENTRE SERVICES) 6 2019 15:11	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601 NATION 30 Nov	AL ASSESSMENT CENTRE SERVICES] 6 2019 15:11	Photos		Normal	Photos 2019-13-30	
2	NAC_PAYA_UBI_800601(NATION 30 Nov	AL ASSESSMENT CENTRE SERVICES) o 2019 15:11	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_URI_800601(NATION 30 Nov	IAL ASSESSMENT CENTRE SERVICES) o 2019 15:11	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATION 30 Nov	IAL ASSESSMENT CENTRE SERVICES) o v 2019 15:11	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATION 30 No.	NAL ASSESSMENT CENTRE SERVICES) o 2019 15:11	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_BODBO1(NATION 30 No.	AL ASSESSMENT CENTRE SERVICES) o 2019 15:21	Photos		Normal	Photos 2019-11-30	
S	NAC_PAYA_USI_800601{ NATION 30 No.	MAL ASSESSMENT CENTRE SERVICES) o 2019 15:11	Photos		Normal	Photos 2019-13-30	
	NAC_PAYA_UBI_800601(NATION 30 No	NAL ASSESSMENT CENTRE SERVICES) o V 2019 15:11	Photos		Normal	Photos 2019-11-30	
643	NAC_PAYA_UBI_600601(NATION 30 No	NAL ASSESSMENT CENTRE SERVICES) o v 2019 15:11	SAS		Normal	SAS 2019=11=30	
15日	NAC_PAYA_UBI_800601(NATION 30 No.	NAL ASSESSMENT CENTRE SERVICES) a v 2019 15:11	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2019-11-30	
Attachment	Uplos	ided By/Date	Category	?	Urgency	Description	54

Display in New Window Scan and uploading