

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA19167350**

Date In: 21/12/19-09:09	Job description	Date & Time Completed	Done by
Ref No: NA19167350	SAS e-filing		
Veh No: 5J2600K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/12/19-23:05	i-Motor Claim Form	19/12/19 09:21	21/12/19 09:21
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 433312	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

NA1909535	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tpl 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: 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	21/12/2019 09:09
Date Of Accident	19/12/2019 23:05
Exact Location Of Accident	WOODLANDS CROSSING TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ600K
Insured/Policyholder	
Name Of Registered Owner	LIM KIOK YONG
NRIC No	SXXXX137Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85001413
Alternative Phone No	OFFICE-85001413

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250CGI
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	5114761880
Cover Note Number	

Driver

Name of Driver	ZHUANG WEIJIE, CLIVE
NRIC No	SXXXX687D
Date Of Birth	09/05/1985
Occupation	INDOOR
Date Of Driving Pass	25/08/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85001413
Fax Number	
Contact Number	OFFICE-85001413
Email Address	NOEMAIL

Address	BLK 57 TEBAN GARDENS ROAD #13-475
Postcode	600057
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	HJA3132 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191220/2006.

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	HJA3132
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)

SKETCH PLAN

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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.:

SKETCH PLAN

Vehicle A: 836.600X

Vehicle B: 413A 3132



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature
Name & Title

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

Reporting Centre Person's Signature
Name
Title/Policy No.

ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2019 (DD/MM/YYYY), TIME: 23:05 (HH:MM)

LOCATION: towards Woodlands checkpoint

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 9256G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5114761880
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz E250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Kioe Yong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S(150037)
 c) ADDRESS: 37 Jalan Rumah Tinggi

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Zhang Weijie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S(514687D) CONTACT: 85001413
 c) ADDRESS: 57 Teluk Ayer St John Rd #13-475
S(600057)

* d) DATE OF BIRTH: 09/05/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / 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: children

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: HJA 3132 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
(01)

No of passenger
 (including driver)
(06)

No of passenger
 (including driver)
()

email =

fax =



SINGAPORE POLICE FORCE



T/20191220/2006

1 of 3

Report No. T/20191220/2006

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 01:20	Vide Report No.: L/20191219/0212	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: ZHUANG WEIJIE, CLIVE		Address: APT BLK 57 TEBAN GARDENS ROAD #13-475 SINGAPORE 600057	
ID Type / ID No.: NRIC NO / S8514687D		Contact No.: Home/Office:	Mobile: 85001413
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 09/05/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident			
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/12/2019 23:05
Location: Along Road 1 Woodlands Crossing		Type of Location: Straight Road	
TOWARDS WOODLANDS CHECKPOINT BEFORE THE CLEARANCE COUNTER			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passenger
HJA3132	Car				Slightly Damaged	5
SJQ600K	Car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20191220/2006

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191220/2006

CONTINUATION OF REPORT

Driver			
Name	BALA KUMARAN A/L KALIPAN (MALAYSIAN)	ID No.	800614085279
Related Vehicle	HJA3132 (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZHUANG WEIJIE, CLIVE	ID No.	S8514687D
Related Vehicle	SJQ600K (Car)	Contact No.	85001413
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/12/2019 at about 2304hrs, I was returning to Singapore and driving my car, SJQ600K along Woodlands Crossing towards Woodlands Checkpoint. Before the clearance counter, there was heavy traffic and all the vehicles were queuing up and moving slowly to clear the customs. I was queuing up in the extreme left lane. There was a slight up slope where my vehicle was moving slowly towards the clearance counter. While waiting in the queue, the vehicle (Malaysian vehicle with number HJA 3132) in front of me started to roll backwards towards my car. I honked twice but that vehicle still continued to roll back and knocked into the front of my car. My car suffered damage to its front bumper, bonnet, grille which are all out of alignment. My car both front headlights are also damaged. No one was injured.

I am lodging this report to claim insurance.



**SINGAPORE
POLICE FORCE**



T/20191220/2006

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Report No. T/20191220/2006

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /
SI LIM KAI SHEN, LUCIUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 SHARIFAH NOR-FARIZAN-BINTE SYED
MOHD SAID
Contact No: 65476172

SN 085

Authentication Stamp
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
20/12/2019 01:20

Classification Of Case:

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="19/12/2019 23:05"/>
Vehicle No. (For Motor)	<input type="text" value="SJQ600K"/>	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"/>	5114761880		LIM KIOK YONG	S1159137Z	GPC	drive CLASSIC	SJQ600K	SJQ600K	10/12/2019	09/12/2020

Policy Information

Policy No.	5114761880	Policyholder Name	LIM KIOK YONG	Policyholder NRIC	S1159137Z
Certificate No.					
Address	BLK 37 #04-433 JALAN RUMAH TINGGI SINGAPORE 150037				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/12/2019	Effective Date	10/12/2019 00:00	Expiry Date	09/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	1009.90		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 37 #04-433	Address 2	JALAN RUMAH TINGGI	Address 3	SINGAPORE 150037
Address 4		Address Type	Singapore address	Post Code	150037
Unit No.	04-433	Related Policy Number	5114761880		

Insured Object: SJQ600K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/12/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Dec 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SPEEDO CAPITAL PTE. LTD. CHASSIS NUMBER: WDD2120472A101879 ENGINE NUMBER: 27186030009951 VEHICLE REGISTRATION NUMBER: SJQ600K ORIGINAL REGISTRATION DATE: 12 Jan 2010

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1076670

Policy No.	5114761880	Vehicle No.	SIQ600K	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KIOK YONG			Policyholder NRIC	S11591372
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	85001413	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Report Date		21/12/2019 09:19	Accident Report Within 24 hrs		Yes	Accident Type	Collision - Head to Rear
Date of Accident		19/12/2019	Time of Accident (hh:mm)		23:05	Country of Accident	Singapore
Reporting Centre			Orange Force			ICM No.	
Accident Location		WOODLANDS CROSSING TWDS WOODLANDS CHECKPOINT					

Total Excess Applicable			
Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	900.00	YIED TP Excess	
Additional Excess	0	Driver is Covered?	
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	

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 37 #04-433	Address 2	JALAN RUMAH TINGGI
Address 4		Address Type	Singapore address
Unit No.	04-433	Related Policy Number	5114761880
Address 3		Post Code	SINGAPORE 150037

OT Driver Info			
Driver Name	Unnamed Driver	Driver Type	unnamed Driver
Unnamed driver Name	ZHUANG WEIJIE, CLIVE	Driver NRIC	SXXXX587D
Register Date of Driver License	25/08/2005	Driver Age	34
Contact No.(Mobile)	85001413	Contact No.(Office)	0
Address 1	BLK 57	Address 2	TEBAN GARDENS ROAD
Address 4	SINGAPORE 600057	Address Type	Singapore address
Unit No.	13-475	Post Code	TEBAN VIEW 600057
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 type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	LIM KIOK YONG	Insured NRIC	S11591372
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SIQ600K	TP Vehicle Number	HJA3132
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIQ600K / HJA3132 ON 19 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	21/12/2019 09:21	Claim Close Date		Date Received	21/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1076670	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/12/2019 09:22
Path *		Category *	Confidential
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>
Browse... Clear		Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:22	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:22	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:22	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:22	SAS		SAS 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 21 Dec 2019 09:21	Photos		Photos 2019-12-21	

Video List

Uploaded By/Date	Folder	Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>					