

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 1197504

Date In: 27/1/19-19:00	Job description	Date & Time Completed	Done by
Ref No: 49/11/19022807/4	SAS e-filing		
Veh No: 5JL9241K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/1/19-16:45	i-Motor Claim Form	M7/197503-01	27/1/19 19:10
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: 5JL9241K

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

NK20006V

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 20/05)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*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: Idac Mobile \$0

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	27/12/2019 19:00
Date Of Accident	27/12/2019 16:45
Exact Location Of Accident	PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9274K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJMOHAN VIJAY
Passport No/FIN	GXXXX586T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96484805
Alternative Phone No	OFFICE-96484805

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	5112836884
Cover Note Number	

### Driver

Name of Driver	RAJMOHAN VIJAY
Passport No/FIN	GXXXX586T
Date Of Birth	21/04/1987
Occupation	INDOOR
Date Of Driving Pass	18/12/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96484805
Fax Number	
Contact Number	OFFICE-96484805
EMail Address	NOEMAIL

Address	BLK 734 YISHUN AVENUE 5 #09-406
Postcode	760734
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	-
	-
	-
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	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	SCK7979L
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	RAJMOHAN VIJAY
------	----------------

Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJL9274K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



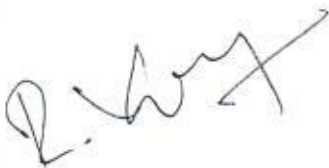
## SKETCH PLAN

### 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.**
- 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 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:
  - (I) 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 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' 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.



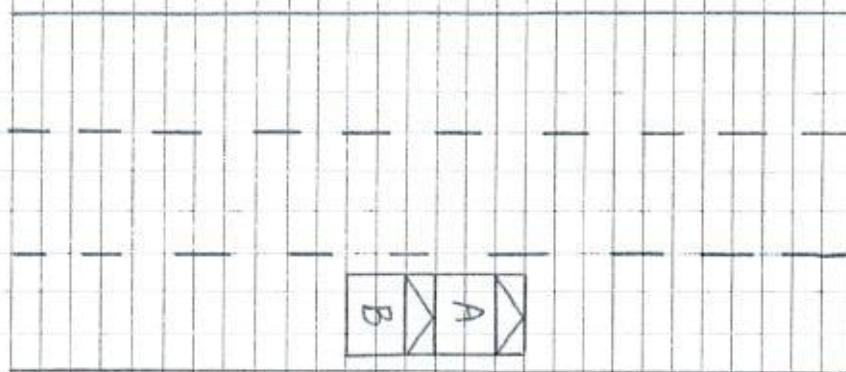
Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



A: SJK 9274K  
B: SKK 7979L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Paya Lebar flyover at the first lane.

As the traffic was heavy, all of us stationary stopped to wait the traffic to be clear. Out of sudden, I felt an impact from my rear. When I alighted to check, I realised that vehicle B collided onto my rear.

## 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.:



# 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.

## ACCIDENT DETAILS

Date of accident	27/12/2019	(DD/MM/YY)
Time of accident	1645	(HH:MM)
Exact location of accident	Along Paya Lebar flyover	

## DETAILS OF VEHICLE

Vehicle registration number	SJL9274K
Vehicle make and model	Honda Fit
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Rajmohan Vijay	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G5057586T	
Contact	9648 4805	
Address	Blk 734 #09-406 Yishun Avenue 5 S(760734)	

## DRIVER

## SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	21/04/1987	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	18/12/2012	



**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, relationship of the driver and insured: <u>Owner</u>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>01</u> (Inclusive of driver)

**PASSENGER 1**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 2**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 3**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**OTHER INFORMATION**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**DETAILS OF POLICE STATION ACTION**

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

**WITNESS 1**

Name	
------	--

**WITNESS 2**

Name	
------	--



THIRD PARTY VEHICLE 1	
Vehicle registration number	SCK 7979L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



**INJURED PERSON 1**

Name	Rajmohan Vijay	
Injuries sustained	Back and neck	
Which vehicle person in?	SJL 9274K	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



eBaoTech

General Claim

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="27/12/2019 16:45"/>							
Vehicle No.(For Motor)	<input type="text" value="SJL9274K"/>	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"/>	5112836884		RAJMOHAN VIJAY	G5057586T	GPC	drivo CLASSIC	SJL9274K	SJL9274K	21/09/2019	20/09/2020
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5112836884	Policyholder Name	RAJMOHAN VIJAY	Policyholder NRIC	G5057586T
Certificate No.					
Address	BLK 820 #11-654 YISHUN STREET 81 SINGAPORE 760820				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	21/09/2019	Effective Date	21/09/2019 00:00	Group Policy Flag	N
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	MONEYMAX ASSURANCE AGENC	Agent Tel.	68122708	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

## Policyholder Mailing Address

Address 1	BLK 820 #11-654	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760820
Address 4		Address Type	Singapore address	Post Code	760820
Unit No.	11-654	Related Policy Number	5112836884		

Insured Object: SJL9274K

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 21 Sep 2019, the following amendment(s) is/are made to this policy: PREMIUM: S\$1,221.48 (inclusive of GST) in view of this amendment, a refund of \$215.55 (inclusive of GST) will be adjusted against the outstanding premium. Hence, the balance premium of \$1221.48 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel



## Claim Handling

Accident MT/1077503

Policy No.	5112836884	Vehicle No.	SJL9274K	GST Registration No.	
Certificate No.					
Policyholder Name	RAJMOHAN VIJAY	Cover Type	drive CLASSIC	Policyholder NRIC	G5057566T
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96484805	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	aCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	27/12/2019 19:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/12/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR FLYOVER				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 820 #11-654	Address 2	VISHUN STREET 81	Address 3	SINGAPORE 760820
Address 4		Address Type	Singapore address	Post Code	760820
Unit No.	11-654	Related Policy Number	5112836884		
<b>01 Driver Info</b>					
Driver Name	RAJMOHAN VIJAY	Driver Type	Main Driver	Driver DOB	21/04/1987
Unnamed driver Name		Driver NRIC	G5057566T	Driving Experience	7
Register Date of Driver License	18/12/2012	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	96484805	Contact No.(Office)	0	Address 3	NEE SOON CENTRAL VISTA
Address 1	BLK 734	Address 2	VISHUN AVENUE 5	Post Code	760734
Address 4	SINGAPORE 760734	Address Type	Singapore address		
Unit No.	09-406				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RAJMOHAN VIJAY	Insured NRIC	G5057566T
Contact No.(Mobile)	96484805	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJL9274K	TP Vehicle Number	SCK7979L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJL9274K / SCK7979L ON 27 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	GIA report	Received
Date Registered	27/12/2019 19:10	Claim Close Date		Date Received	27/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1077503	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/12/2019 19:11
Path *	Category *		
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select

