

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MA119 170875**

Date In: 30/1/19-10:8	Job description	Date & Time Completed	Done by
Ref No: MA/14C 19-2285424	SAS e-filing		
Veh No: SL 77304	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/12/19-14:00	i-Motor Claim Form	M/1577604-001	30/1/19 10:23
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **172 28931** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	OD:		
	*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 \$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	30/12/2019 10:08
Date Of Accident	25/12/2019 14:00
Exact Location Of Accident	BRADDELL RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7730A
Insured/Policyholder	
Name Of Registered Owner	PAY AH YAN
NRIC No	SXXXX912E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96732477
Alternative Phone No	OFFICE-96732477

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5 SV CVT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104890829-01
Cover Note Number	

Driver

Name of Driver	PAY AH YAN
NRIC No	SXXXX912E
Date Of Birth	17/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96732477
Fax Number	
Contact Number	OFFICE-96732477
EEmail Address	NOEMAIL

Address	BLK 152 GANGSA ROAD #07-313
Postcode	670152
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : NG TECK KIM GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191228/7006.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ2893X
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Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE SING KOK
NRIC/Passport Number	SXXXX737B
Contact Number	97565338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PAY AH YAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLL7730A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG TECK KIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLL7730A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

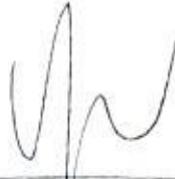
SKETCH PLAN

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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A 5117730A

VEHICLE B 5327893K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

We declare the foregoing particulars are true in every respect.

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.:

Date of Accident : 25/12/2009 Accident Time: 14.00 (24-HR-Format)
 Accident Place : Braddel Road Towards Upper Serangoon.
 Vehicle Reg. No. (Car Plate No.) : SLL 7730A
 Vehicle Make/Model : Honda City
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Day Ah Yan / S1295912E
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Day Ah Yan / S1295912E
 DRIVER'S Date Of Birth : 17/8/58 DRIVER'S License Pass Date 5/10/81
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver.
 DRIVER'S Address : B11C 152 Gangsa Road.
 DRIVER'S Contact No. / Alt No. : 1) 9673 2477 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : admin @ my car. sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 4 2 female, 1 male.
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: S52 2893X	Vehicle Reg. No: _____
Vehicle Make/Model: Renault	Vehicle Make/Model: _____
Name Driver: See Sing Kok	Name Driver: _____
IC No. Driver: S1353737B	IC No. Driver: _____
Driver's Contact & Add: 97565338	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20191228/7006

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

1 of 4

Report No. T/20191228/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2019 11:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: PAY AH YAN		Address: APT BLK 152 GANGSA ROAD #07-313 SINGAPORE 670152	
ID Type / ID No.: NRIC NO / S1295912E		Contact No.: Home/Office:	Mobile: 96732477
Nationality: SINGAPORE CITIZEN		Email: admin@mycar.sg	
Sex: Male	Age: 61	Date of Birth: 17/08/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: THERAPY AIDE		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2019 14:00	Type of Location: SLIP ROAD
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL7730A	Car	HONDA	CITY 1.5 SV CVT	Red	Seriously Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL7730A	NTUC Income Insurance Co-Operative Limited	5104890829-01	22/10/2019	21/10/2020



**SINGAPORE
POLICE FORCE**



T/20191228/7006

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

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Report No. T/20191228/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PAY AH YAN	ID No.	S1295912E
Related Vehicle	SLL7730A (Car)	Contact No.	96732477
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	WANG JIANYANG	ID No.	S8772125F
Related Vehicle	SLL7730A (Car)	Contact No.	93376614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	PAY HONG SHENG	ID No.	S8913423D
Related Vehicle	SLL7730A (Car)	Contact No.	84987625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20191228/7006

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

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Report No. T/20191228/7006

CONTINUATION OF REPORT

Passenger			
Name	NG TECK KIM	ID No.	S1596407C
Related Vehicle	SLL7730A (Car)	Contact No.	90046037
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (JURONG)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SLL7730A ON BRADDELL ROAD TOWARDS UPP SERANGOON ROAD. I WAS AT THE SLIP ROAD WAITING FOR THE TRAFFIC ON THE MAIN ROAD TO CLEAR BEFORE MOVING OUT, I INCH OUT A LITTLE TO CHECK CLEAR BUT SLOW DOWN EVENTUALLY AS THERE WAS A VEHICLE COMING ALONG IN THE MAIN ROAD, SUDDENLY I FELT A GREAT IMPACT FROM THE REAR. I ALIGHTED FROM MY VEHICLE AND COME TO REALISE THAT I WAS REAR ENDED BY VEHICLE B BEARING CARPLATE NUMBER SJZ2893X. ME AND MY PASSENGERS FELT PAIN WHERE WE LATER CONSULTED A



**SINGAPORE
POLICE FORCE**



T/20191228/7006

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

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Report No. T/20191228/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/12/2019 11:21

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)

[Change Password](#)

[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104890829-01		PAY AH YAN	51295912E	GCV	Comprehensive	SLL7730A	SLL7730A	22/10/2019	21/10/2020

Policy Information

Policy No.	5104890829-01	Policyholder Name	PAY AH YAN	Policyholder NRIC	S1295912E
Certificate No.					
Address	BLK 152 #07-313 GANGSA ROAD SINGAPORE 670152				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	09/09/2019	Effective Date	22/10/2019 00:00	Expiry Date	21/10/2020 23:59
Excess Type	All Claims Excess	All Claims Excess	2000		
Third Party Excess		Own damage Excess		Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 152 #07-313	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670152
Address 4		Address Type	Singapore address	Post Code	670152
Unit No.	07-313	Related Policy Number	5104890829-01		

Insured Object: SLL7730A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1077609

Policy No.	S104890829-01	Vehicle No.	SLL7730A	GST Registration No.	
Certificate No.					
Policyholder Name	PAY AH YAN	Cover Type	Comprehensive	Policyholder NRIC	S1295912E
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96732477	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFY	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Yes
Accident Details					
Report Date	30/12/2019 10:20	Time of Accident (hh:mm)	14:00	Accident Type	Collision - Head to Rear
Date of Accident	29/12/2019	Orange Force		Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	BRADELLE RD TWDS UPP SERANGOON RD				
Total Excess Applicable					
Excess Type	All Claims Excess	Windscreen Excess	100.00		
All Claims Excess	2,000.00	Driver is Covered?			
YIELD All Claim Excess	831.00				
Total All Claim 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 152 #07-313	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670152
Address 4		Address Type	Singapore address	Post Code	670152
Unit No.	07-313	Related Policy Number	S104890829-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/08/1958
Unnamed driver name	PAY AH YAN	Driver NRIC	SXXXX912E	Driving Experience	38
Register Date of Driver License	05/10/1981	Driver Age	61	Contact No. (Home)	0
Contact No. (Mobile)	96732477	Contact No. (Office)	0	Address 3	SINGAPORE 670152
Address 1	BLK 152	Address 2	GANGSA ROAD	Post Code	670152
Address 4		Address Type	Singapore address		
Unit No.	07-313				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 *	DD-MX	Insured Name	PAY AH YAN	Insured NRIC	S1295912E	
Contact No. (Mobile)	96732477	Contact No. (Home)	67628430	Contact No. (Office)	+	
Email Address	ahyanpay@yahoo.com	OI Vehicle Number	SLL7730A	TP Vehicle Number	SJ22893X	
Claimant Type	Claimant Type *	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLL7730A / SJ22893X ON 25 Dec 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	30/12/2019 10:23	Claim Close Date		Date Received	30/12/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1077609	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/12/2019 10:24
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> urgency * Normal <input type="checkbox"/> Description *
	Browse... Clear	Please Select	Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Normal <input type="checkbox"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:24	SAS	Normal	SAS 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:23	Photos	Normal	Photos 2019-12-30	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	