

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA12 0001464

Date In: 4/1/20 - 13:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC000020424	SAS e-filing		
Veh No: 68D558JC	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/1/20 - 17:55	i-Motor Claim Form	4/1/20 14:02	
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: 86X26144

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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

## Invoice Preparation Checklist

Amf (\$)

In Bill

Amf (\$)

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 2005)

6) TR: Re-inspection \$75

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

8) NTUC Additional Services:-

QD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (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	04/01/2020 13:48
Date Of Accident	03/01/2020 17:55
Exact Location Of Accident	SLIP RD AMK AVE 1 TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5085C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INTEQ QUOTIENT PTE LTD
Co Reg No	2XXXXX471M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96932378
Alternative Phone No	OFFICE-96932378

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108158626
Cover Note Number	

### Driver

Name of Driver	TAN THIAM LIONG
NRIC No	SXXXX411E
Date Of Birth	27/07/1970
Occupation	INDOOR
Date Of Driving Pass	22/06/1993
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96932378
Fax Number	
Contact Number	OFFICE-96932378
Email Address	NOEMAIL

Address	15 TAMPINES CENTRAL 7 #13-10
Postcode	528771
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX2614Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VENKAT
NRIC/Passport Number	
Contact Number	91332772
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	TAN THIAM LIONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD5085C
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.

INTEQ OUC PTE LTD

Policyholder's Signature  
Date & Time:  
(2021)

Oxley BizHub, 67

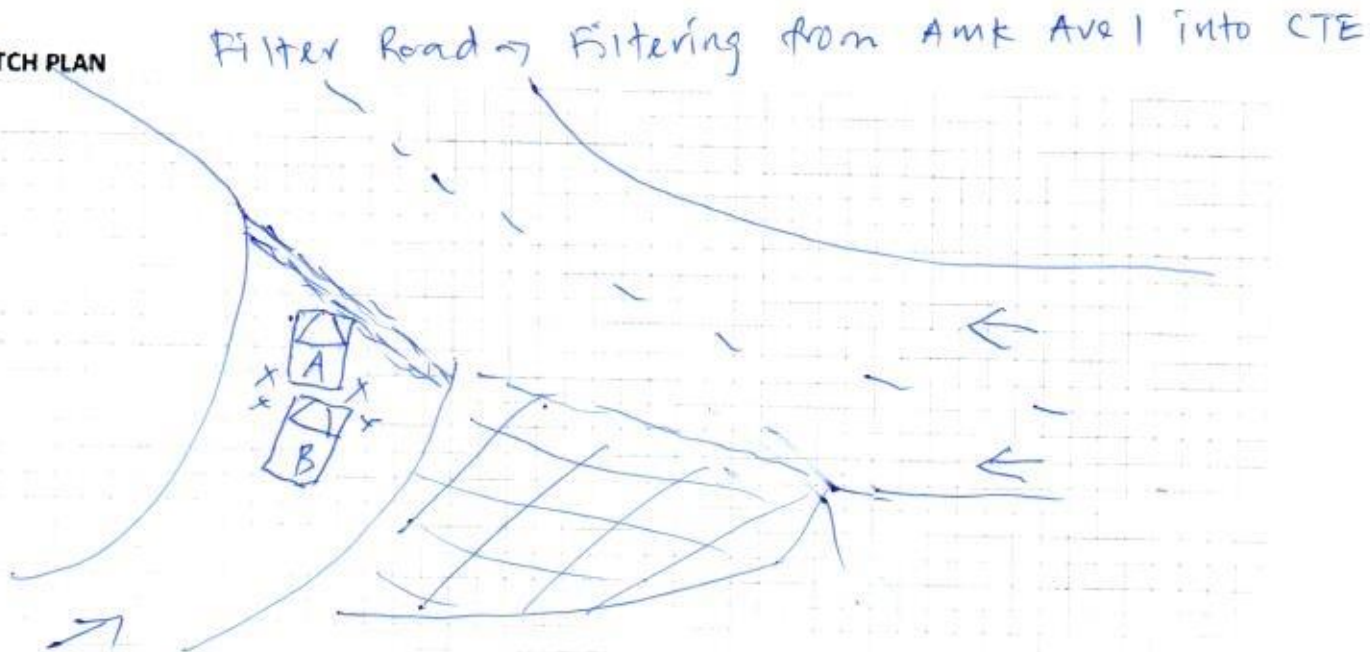
Singapore

P [65] 6846 7162

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle (GBD5085C) was traveling along Amk Ave 1, and negotiating into Filter lane to enter into CTE towards Yishun direction.

Upon approaching the give way line, while observed there were oncoming vehicle hence I slowed down and eventually stopped.

Suddenly hear screeching tires sound, and followed by a loud bang at the rear of my vehicle. The was so great that cause my stationary vehicle to push forward. Immediately I exited to access both damages to my rear vehicle and the party's vehicle. Shortly we agreed to move our vehicle to less obtrusive locations which is the shoulder of the initial entrance of CTE

From we stopped and we took necessary photos and exchange our contact number. in the next day morning, I felt Unwell and feel have some pain on my back.

## DECLARATION

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

**INTEQ QUOTIENT PTE LTD**

Policyholder (2023094721M)

Office: 67 Ubi Road 1 #10-03  
Singapore 408730

P [65] 6846 7162 F [65] 6846 7644

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

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

<b>Vehicle No.</b>	GBD5085C		<b>Model / Make</b>	Toyota Hiace
<b>Date of Accident</b>	03 JAN 2020			
<b>Time of Accident</b>	1755		HRS	
<b>Location of Accident</b>	FILTER ROAD entering from ANNIE AVE 1. into CTS			
<b>Exact purpose use during accident</b>				
<b>Name of Owner</b>	INTEQ QUOTIENT PTE LTD			
<b>Telephone No.</b>	H/P : 9693 2378		<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	ROC : 201113471M			
<b>Address</b>	Oxley Bizhub, 67 Ubi Rd 1, #10-03 S' 408750			
<b>Claim type</b>	OD (THIRD PARTY) REPORTING ONLY			
<b>Insurance Company</b>	NTUC Income Insurance			
<b>Type of Coverage</b>	(Comprehensive) Third Party Third Party / Fire / Theft			
<b>Policy No.</b>	5108158626			
<b>Name of Driver</b>	As Above If No, Tan Thiam Liong			
<b>NRIC</b>	S7025411E		<b>Any Passengers :</b>	0
<b>Date of birth</b>	27 July 1970			
<b>Occupation</b>	Outdoor / (Indoor)			
<b>Driving License Pass Date</b>	22 Jun 1993			
<b>Gender</b>	(Male) / Female			
<b>Contact No.</b>	H/P : 9693 2378		<b>Home :</b>	<b>Office :</b>
<b>Address</b>	15, Tampines Central 7 #13-10 S' 528771			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	(Employee) If no, state			
<b>Weather condition</b>	(Clear) Raining Other			
<b>Road Surface</b>	(Dry) Wet Other			
<b>Any Injuries</b>	No, (If Yes, Who?) Driver Tan Thiam Liong			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	SLX2614Y		<b>Any Passengers :</b>	0
<b>Name of Driver</b>	Venkat		<b>Contact No. :</b>	91382772
<b>Vehicle C No.</b>			<b>Any Passengers :</b>	
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	(Yes) No			
<b>Email Address</b>	THIAM.EDDY@GMAIL.COM.			
<b>PARTICULAR WORKSHOP</b>	Thinxar Automobile P/L			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>				
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5108158626

**Cover :** Comprehensive

- |  |                          |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBD5085C               |
| Chassis Number   | : JTFHT02P8001S3396      |
| 2. Name of Policyholder  | : INTEQ QUOTIENT PTE LTD |
| 3. Effective Date of Insurance   | : 25 Mar 2019            |
| 4. Expiry Date of Insurance  | : 10 May 2020            |
| 5. Persons or Classes of Persons entitled to drive#  |                          |
| (a) The Policyholder.  |                          |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission,<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive<br>the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any<br>enactment or regulation in that behalf from driving the Motor Vehicle. |                          |
| 6. Limitations as to Use#  |                          |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession,  |                          |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                          |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue : 25 Mar 2019 18:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Save As PDF (250 KB)

Print

Home

To view and print acknowledgement slip, please go to View/Print List of Season Parking.

To update your contact details, please go to Update My Contact.

eBaoTech

GeneralClaim

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"/>	5108158626		INTEQ QUOTIENT PTE LTD	201113471M	GCV	Comprehensive	GBD5085C	GBD5085C	25/03/2019	10/05/2020

## Policy Information

Policy No.	5108158626	Policyholder Name	INTEQ QUOTIENT PTE LTD	Policyholder NRIC	201113471M
Certificate No.					
Address	15 TAMPINES CENTRAL 7 #13-10 THE TAMPINES TRILLIANT SINGAPORE 528771				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy Issue Date	25/03/2019	Effective Date	25/03/2019 00:00	Expiry Date	10/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inex	
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	15 TAMPINES CENTRAL 7	Address 2	#13-10 THE TAMPINES TRILLIA	Address 3	SINGAPORE 528771
Address 4		Address Type	Singapore address	Post Code	528771
Unit No.	13-10	Related Policy Number	5108158626		

## Insured Object: GBD5085C

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/12/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 25 Mar 2019 TO 10 May 2020 In view of this amendment, an additional premium of \$195.59 (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.

Continue

Cancel

## Claim Handling

Accident MT/1078512

Policy No.	5108158626	Vehicle No.	GBD5085C	GST Registration No.	
Certificate No.					
Policyholder Name	INTEQ QUOTIENT PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	201113471M
Product Code	COMMERCIAL VEHICLE INSURAL	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96932378	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<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	04/01/2020 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/01/2020	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD AMK AVE 1 TWDS CTE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	18/07/2011		
GST Registration No.	201113471M	GST Status Verified	Yes		
Modification History	04/01/2020 14:01:59 System changed GST Registered from No to Yes 04/01/2020 14:01:59 System changed GST Registration No. from null to 201113471M 04/01/2020 14:01:59 System changed GST Registration Date from null to 18/07/2011				
<b>Policyholder Mailing Address</b>					
Address 1	15 TAMPINES CENTRAL 7	Address 2	#13-10 THE TAMPINES TRILLIA	Address 3	SINGAPORE 528771
Address 4		Address Type	Singapore address	Post Code	528771
Unit No.	13-10	Related Policy Number	5108158626		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/07/1970
Unnamed driver Name	TAN THIAM LIONG	Driver NRIC	SXXXXX11E	Driving Experience	26
Register Date of Driver License	22/06/1993	Driver Age	49	Contact No. (Home)	0
Contact No. (Mobile)	96932378	Contact No. (Office)	0	Address 1	SINGAPORE 528771
Address 1	15 TAMPINES CENTRAL 7	Address 2	THE TAMPINES TRILLIANT	Address 3	SINGAPORE 528771
Address 4		Address Type	Singapore address	Post Code	528771
Unit No.	13-10				
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-ROX	Insured Name	INTEQ QUOTIENT PTE LTD	Insured NRIC	201113471M
Contact No. (Mobile)	96932378	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	GBD5085C	TP Vehicle Number	SLX2614Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD5085C / SLX2614Y ON 3 Jan 2020				
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	04/01/2020 14:02	Claim Close Date		Date Received	04/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1078512	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2020 14:03
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

NAC000001

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:03	SAS		Normal	SAS 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 14:02	Photos		Normal	Photos 2020-1-4	

## Video List

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

Scan and uploading