

NATIONAL Assessment Centre Services. Page 1 Jan 2005 **NA12000818**

Date In: 21/12-12:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC12000818/24	SAS e-filing		
Veh No: IMP30802	E-mail (within 3hrs, AEC 2hrs)		
D.O.A: 21/12-08:50	i-Motor Claim Form	21/108162-02	21/12-12:57
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: IMP30802	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% F: 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

NA12000818	Invoice Preparation Checklist	Am't (\$) In 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) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
at 1:	TP (N11): TP (N/n INC) against INC \$20		
at 2/3:	9) N12: Idno 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	21/01/2020 12:16
Date Of Accident	21/01/2020 08:50
Exact Location Of Accident	PIE (CHANGI) BEFORE UPP SERANGOON RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK5080Z
Insured/Policyholder	
Name Of Registered Owner	ANG ZI CHOON (HONG ZIJUN)
NRIC No	SXXXX762I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97477090
Alternative Phone No	OFFICE-97477090
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109097275
Cover Note Number	
Driver	
Name of Driver	ANG ZI CHOON (HONG ZIJUN)
NRIC No	SXXXX762I
Date Of Birth	05/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97477090
Fax Number	
Contact Number	OFFICE-97477090
Email Address	NOEMAIL

Address	BLK 684D EDGEDALE PLAINS #02-671
Postcode	824684
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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/20200121/2044.

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	SMG5361J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HWEE HOON, KAREN
NRIC/Passport Number	SXXXX881Z

Contact Number	97567585
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL LATIF BIN ABDUL GHANI
NRIC/Passport Number	SXXXX751G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG ZI CHOON (HONG ZIJUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMK5080Z
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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Sketch plan area with grid lines and handwritten notes:

PIE (changing)

A: JMK50802
B: JMG5361J
C: unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200121/2024.

DECLARATION

I/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.:



SINGAPORE POLICE FORCE



T/20200121/2044

1 of 4

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

Report No: T/20200121/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 11:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ANG ZI CHOON			Address: APT BLK 684D EDGEDALE PLAINS #02-671 WATERWAY VIEW SINGAPORE 824684		
ID Type / ID No.: NRIC NO / S8706762I			Contact No.: Home/Office: Mobile: 97477090		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/03/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2020 08:50	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG5361J	Car					0
SMK5080Z	Car	MERCEDES BENZ	C 180 KOMPRESS OR	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200121/2044

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

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Report No. T/20200121/2044

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK5080Z	NTUC Income Insurance Co-Operative Limited	5109097275	24/04/2019	25/07/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LEE HWEE HOON, KAREN	ID No.	S8621881Z
Related Vehicle	SMG5361J (Car)	Contact No.	97567585
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	ANG ZI CHOON	ID No.	S8706762I
Related Vehicle	SMK5080Z (Car)	Contact No.	97477090
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Name	ABDUL LATIF BIN ABDUL GHANI	ID No.	S7000751G
Related Vehicle	NIL	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



**SINGAPORE
POLICE FORCE**



T/20200121/2044

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

3 of 4

Report No. T/20200121/2044

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING AND GOT HIT BY THE AUDI FROM THE BACK.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200121/2044

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

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Report No. T/20200121/2044

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Signature Of Informant:

Date/Time:
21/01/2020 11:45

Classification Of Case:

Authentication Stamp
NP168

HEALTHPLUS CLINIC & SURGERY

Blk 631, Bedok Reservoir Road, #01-898
Singapore 470631 Tel: 6446 0529

No. 84324

MEDICAL CERTIFICATE

Date: 21/1/2020

This is to certify that

Mr / Miss / Mdm

Ang Zidun

was seen today and found to be

☒ Unfit for duty / School for ^{THREE (3)} days(s) from 21/1/2020 to 23/1/2020 inclusive.

☐ Fit for light duty from _____ to _____

☐ Attended the clinic at _____ am / pm and left at _____ am / pm

☐ Comments: _____

DR DINA QUEK
C.M.B.S. (S'pore)

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

DR. DINA QUEK
M.B., B.S. (S'PORE)

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_800681

[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"/>	3109097275		ANG ZI CHUAN (HONG ZHUN)	SA7067621	GPC	Drive CLASSIC	SMK5080Z	SMK5080Z	24/04/2019	25/07/2020

Policy Information

Policy No.	S109097275	Policyholder Name	ANG ZI CHOON (HONG ZIJUN)	Policyholder NRIC	S87067621
Certificate No.					
Address	BLK 684D #02-671 EDGEDALE PLAINS WATERWAY VIEW SINGAPORE 824684				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/04/2019	Effective Date	24/04/2019 00:00	Expiry Date	25/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 684D #02-671	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 824684	Address Type	Singapore address	Post Code	824684
Unit No.		Related Policy Number	S087547498-02		

Insured Object: SMK5080Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	08/10/2019 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 08 Oct 2019, the Excess under Section 1 of this policy is amended as follows: EXCESS (SECT 1): \$2,000.00 In view of this amendment, an additional premium of \$477.35 (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> <p>Thank you for giving us the opportunity to serve you. We confirm that from 08 Oct 2019, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of S\$2,000.00 is imposed under Section 1 of this policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this policy. 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$477.35 (inclusive of GST) is payable under your policy.</p>
2	08/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident HT/1083182

Policy No.	EL09091270	Vehicle No.	SPK30802	GST Registration No.	
Certificate No.					
Policyholder Name	ANG ZI CHONG (HONG ZIYUN)	Cover Type	Auto CLASSIC	Policyholder NRIC	S8706762
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Home)	9477000	Taxi/Remark		Contact No.(Home)	0
Email Address		TCR	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
RTS	<input checked="" type="radio"/> No <input type="radio"/> Yes	ACI Entitlement(N)	10	eCode Reason	
MCD Protection	No			Private Hire	No

IV Accident Details

Report Date	21/01/2020 12:38	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/01/2020	Time of Accident (00:00)	08:50	Country of Accident	Singapore
Reporting Centre		Orange Floor		ICR No.	
Accident Location	RIS (CHANG) SGP/RE UPH SEAHONGON RD EAST				

IV Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YTD OO Excess	0.00	YTD TP Excess	0.00		
Additional Excess	0				
Total OO Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

IV Benefits

IV GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Registration History			

IV Policyholder Mailing Address

Address 1	BLK 504C #02-571	Address 3	EDGDALE FLAT#9	Address 5	WATERWAY VIEW
Address 4	SINGAPORE 624684	Address Type	Singapore address	Post Code	624684
Unit No.		Related Policy Number	S08704308-02		

IV OT Driver Info

Driver Name	ANG ZI CHONG (HONG ZIYUN)	Driver Type	Main Driver	Driver DOB	05/03/1987
Given/Driver Name		Driver NRIC	S8706762	Driving Experience	15
Register Date of Driver License	14/01/2010	Driver Age	32	Contact No.(Home)	0
Contact No.(Home)	9477000	Contact No.(Office)	0	Address 1	WATERWAY VIEW
Address 1	BLK 504C	Address 3	EDGDALE FLAT#9	Post Code	624684
Address 4	SINGAPORE 624684	Address Type	Singapore address		
Unit No.	02-571				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver (Insurer Company)	

Declaration

Breakdown or Road Test Pending?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Registration History

Claim 001 **New**

Claim Type *	OO-PT	Insured Name	ANG ZI CHONG (HONG ZIYUN)	Insured NRIC	S8706762
Contact No.(Home)	9477000	Contact No.(Office)		Contact No.(Office)	
Email Address	ZHONGZICHONG@HOTMAIL.COM	OT Vehicle Number	SPK30802	TP vehicle number	SPK30802
Claimant Type/Current Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SPK30802 / SPK30812 ON 21 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	IRB report	Received
Date Registered	21/01/2020 12:37	Claim Close Date		Date Received	21/01/2020 00:00
Report Taken By	Jackson				

☐ Print All notes

Attachment

IV

Accident No.	HT/1083182	Claim No.	001
Call Dep. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2020 12:38

Page *	Category *	Confidential	Urgency *	Description *
	Browse... <input type="button" value="Clear"/> Please Select	<input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	
	Browse... <input type="button" value="Clear"/> Please Select	<input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	
	Browse... <input type="button" value="Clear"/> Please Select	<input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	
	Browse... <input type="button" value="Clear"/> Please Select	<input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	
	Browse... <input type="button" value="Clear"/> Please Select	<input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	
	Browse... <input type="button" value="Clear"/> Please Select	<input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Orgn	Orgn	Description	Reg Card (CO)
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:58	NAC/ Driving License	✓	Normal	NAC/ Driving License 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:58	SAS		Normal	SAS 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
	NAC_PWA_LBL_800001 NATIONAL ASSESSMENT CENTRE SERV (CS) on 21 Jan 2020 12:57	Photo		Normal	Photos 2020-1-21	
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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