

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA 20010535**

Date In: 21/1/20-14:48	Job description	Date & Time Completed	Done by
Ref No: HA/INC20010535/24	SAS e-filing		
Veh No: PDF1696E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/20-16:00	i-Motor Claim Form	21/1081382001	21/1/20 15:00
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: Veh No: **5JX35E** 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st 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 / 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	22/01/2020 14:48
Date Of Accident	21/01/2020 16:00
Exact Location Of Accident	CTE (AYE) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1696E
Insured/Policyholder	
Name Of Registered Owner	DERRICK WOO WYN SHUN
NRIC No	SXXXX986I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98322274
Alternative Phone No	OFFICE-98322274

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107621497
Cover Note Number	

Driver

Name of Driver	DERRICK WOO WYN SHUN
NRIC No	SXXXX986I
Date Of Birth	16/02/1995
Occupation	INDOOR
Date Of Driving Pass	17/05/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98322274
Fax Number	
Contact Number	OFFICE-98322274
Email Address	NOEMAIL

Address	BLK 111 ANG MO KIO AVENUE 4 #06-60
Postcode	560111
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 - CHANGE/CROSS LANE
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?	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/20200122/7010.

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	SJX35E
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)

2

DETAILS OF INJURED PERSON 1

Name

DERRICK WOO WYN SHUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBF1696E

Were seat belts worn?

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:



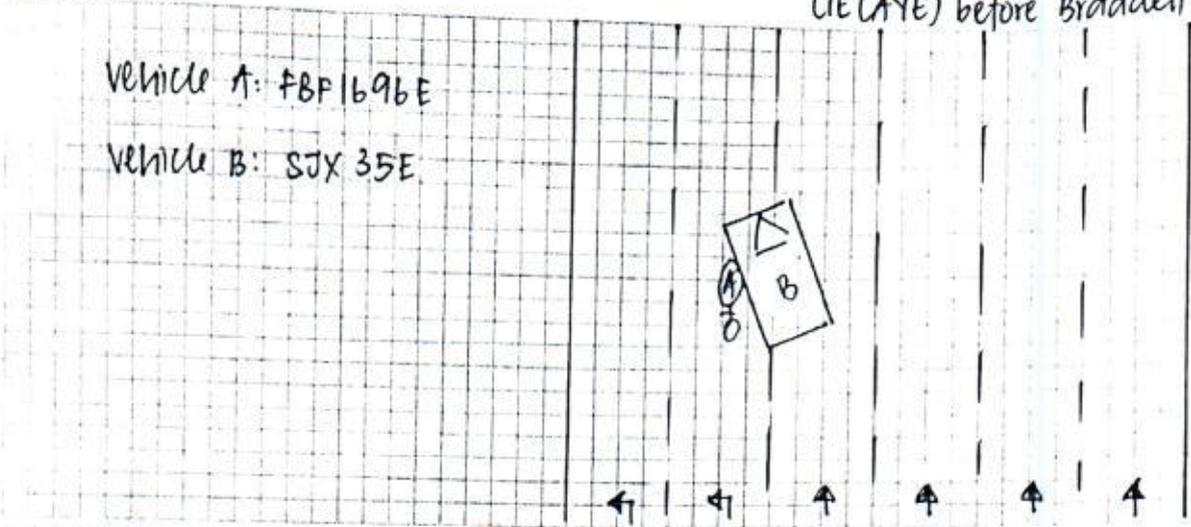
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(TE LAYE) before Braddell.

Vehicle A: FBP1696E

Vehicle B: SJX 35E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

(The rest of the form is crossed out with a diagonal line.)

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 01 / 2020 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: (TE LAYE) before Braddell Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF1696E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Demick WOO WYN SHUN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S95049867 CONTACT: 98322274
C) ADDRESS: 11 Ang Mo Kio Ave 4, #06-60 S(560111)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger
(including driver)
(01)*

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (16 / 02 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) _____

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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

6. WAS ANYBODY INJURED (YES / NO) _____

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJX 35 E MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)
male driver (02)
female passenger
No of passenger
(including driver)
()*

email =

fax =



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

Report No. T/20200122/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 11:32	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: DERRICK WOO WYN SHUN		Address: APT BLK 111 ANG MO KIO AVENUE 4 #06-60 SINGAPORE 560111	
ID Type / ID No.: NRIC NO / S9504986I		Contact No.: Home/Office:	Mobile: 98322274
Nationality: SINGAPORE CITIZEN		Email: derrickwoo@live.com	
Sex: Male	Age: 24	Date of Birth: 16/02/1995	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Chemical engineering technician (petroleum and natural gas)		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2020 16:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1696E	Motorcycle	YAMAHA	FZ 16	Silver	Seriously Damaged	0
SJX35E	Car	AUDI			Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF1696E	NTUC Income Insurance Co-Operative Limited	5107621497	18/02/2019	24/02/2020



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DERRICK WOO WYN SHUN	ID No.	S9504986I
Related Vehicle	FBF1696E (Motorcycle)	Contact No.	98322274
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

ON 21/01/2020 AT ABOUT 16:00HR, I WAS TRAVELLING STRIAIGHT ALONG LANE 5 OF CTE TOWARDS AYE. BEFORE THE EXIT TO BRADDELL ROAD, VEHICLE NUMBER - SJX35E, FILTERED ONTO MY LANE ABRUPTLY THUS I COLLIDED ONTO THE VEHICLE'S LEFT PORTION. THE IMPACT CAUSED MYSELF AND MY MOTORCYCLE TO FALL LEFT.

SUBSEQUENTLY, I SEEK MEDICAL ATTENTION AT SENGKANG GENERAL HOSPITAL AND WAS GIVEN 14 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20200122/7010

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

3 of 3

Report No. T/20200122/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
22/01/2020 11:32

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107621497		DERRICK WOO WYN SHUN	S95049861	GMC	Third Party	FBF1696E	FBF1696E	18/02/2019	24/02/2020

Continue

Policy Information

Policy No.	5107621497	Policyholder Name	DERRICK WOO WYN SHUN	Policyholder NRIC	S9504986I
Certificate No.					
Address	BLK 111 #06-60 ANG MO KIO AVENUE 4 KEBUN BARU HEIGHTS SINGAPORE 560111				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag N
Policy Issue Date	18/02/2019	Effective Date	18/02/2019 00:00	Expiry Date	24/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 111 #06-60	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560111	Address Type	Singapore address	Post Code	560111
Unit No.	06-60	Related Policy Number	5107621497		

Insured Object: FBF1696E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/08/2019 00:00	PO1 Extension/Shorten	Endorsement Take Effective	<p>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: 18 Feb 2019 TO 24 Feb 2020 In view of this amendment, an additional premium of \$9.10 (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/1081382

Policy No.	5107621497	Vehicle No.	PBF1696E	GST Registration No.	
Certificate No.					
Policyholder Name	DERRICK WOO WYN SHUN	Cover Type	Thrd Party	Policyholder NRIC	S95049861
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98322274	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 Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	22/01/2020 14:59	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	21/01/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) BEFORE BRADDELL RD EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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 111 #06-60	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560111	Address Type	Singapore address	Post Code	560111
Unit No.	06-60	Related Policy Number	5107621497		

Q1 Driver Info

Driver Name	DERRICK WOO WYN SHUN	Driver Type	Main Driver	Driver DDB	16/02/1995
Unnamed driver Name		Driver NRIC	S95049861	Driving Experience	1
Register Date of Driver License	17/05/2018	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	98322274	Contact No.(Office)	0	Address 3	KEBUN BARU HEIGHTS
Address 3	BLK 111	Address 2	ANG MO KIO AVENUE 4	Post Code	560111
Address 4	SINGAPORE 560111	Address Type	Singapore address		
Unit No.	06-60				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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	DERRICK WOO WYN SHUN	Insured NRIC	S95049861	
Contact No.(Mobile)	98322274	Contact No.(Home)		Contact No.(Office)		
Email Address	DERRICKWOO@LIVE.COM	OS Vehicle Number	PBF1696E	TP Vehicle Number	SIX35E	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	PBF1696E / SIX35E ON 21 Jan 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Preferred Repair Option	Preferred Workshop, Name unknown	
Require Finalisation	Yes	Claim Close Date		GIA report	Received	
Date Registered	22/01/2020 15:00			Date Received	22/01/2020 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1081382	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2020 15:02

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear <input type="text" value="Please Select"/>	<input type="text" value="All"/>	<input type="text" value="Normal"/>		
Browse... Clear <input type="text" value="Please Select"/>	<input type="text" value="All"/>	<input type="text" value="Normal"/>		
Browse... Clear <input type="text" value="Please Select"/>	<input type="text" value="All"/>	<input type="text" value="Normal"/>		
Browse... Clear <input type="text" value="Please Select"/>	<input type="text" value="All"/>	<input type="text" value="Normal"/>		
Browse... Clear <input type="text" value="Please Select"/>	<input type="text" value="All"/>	<input type="text" value="Normal"/>		
Browse... Clear <input type="text" value="Please Select"/>	<input type="text" value="All"/>	<input type="text" value="Normal"/>		

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:02	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:02	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	SAS	Normal	SAS 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jan 2020 15:01	Photos	Normal	Photos 2020-1-22	

Video List

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