

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA12005385

Date In: 17/12-0952	Job description	Date & Time Completed	Done by
Ref No: 401 INC 2004 053/24	SAS e-filing		
Veh No: 42 17862	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/3/12-14.15	i-Motor Claim Form	17/10 88426-001	17/12/10 10:10
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No:	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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:-			
ON*				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile 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	17/03/2020 09:52
Date Of Accident	04/03/2020 14:15
Exact Location Of Accident	PASIR PANJANG PSA PORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1786Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GS MARINE & SERVICES
Co Reg No	5XXXX495J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93861226
Alternative Phone No	OFFICE-93861226

### Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 7T
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	REPORTING ONLY
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	5114417556
Cover Note Number	

### Driver

Name of Driver	G MOHANA VELU
NRIC No	SXXXX856G
Date Of Birth	15/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727914
Fax Number	
Contact Number	OFFICE-91727914
Email Address	NOEMAIL

Address	BLK 110A PUNGGOL FIELD #13-554
Postcode	821110
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200316/2104.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE

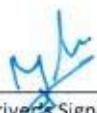
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

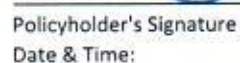
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Basic Penetration PSA post

A. 7/2 17862

Refer to police report - 7/2220316/2104.

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



*[Signature]*

Personnel's Signature

# ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 3 / 20) (DD/MM/YYYY), TIME: (14 : 15) (HH:MM)

LOCATION: Peris Panjang Kemuning

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Y2 12862  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 511447556  
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: Working  
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: GS Marine & Services (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 551834657 CONTACT: 93861226  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: G Mohan vrm (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 393348564 CONTACT: 91727914  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (15 / 9 / 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: \_\_\_\_\_ 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: \_\_\_\_\_

Email = GSMARINEANDSERVICES@gmail.com

fax = \_\_\_\_\_

VIDEO = \_\_\_\_\_

\*No of passenger  
(Including driver)  
(1)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )



# SINGAPORE POLICE FORCE



T/20200316/2104

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20200316/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2020 16:37		Vide Report No.:		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: G MOHANA VELU			Address: APT BLK 110A PUNGGOL FIELD #13-554 SINGAPORE 821110		
ID Type / ID No.: NRIC NO / S9334856G			Contact No.: Home/Office: Mobile: 91727914		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/09/1993	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/03/2020 14:15	Type of Location: BERTH
Location: Along Road 1 PASIR PANJANG TERMINAL STREET E BERTH P02 WM370				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YQ1786Z	Lorry				No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200316/2104

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20200316/2104

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	G MOHANA VELU	ID No.	S9334856G
Related Vehicle	YQ1786Z (Lorry)	Contact No.	91727914
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/03/2020 at about 1415hrs, I had parked my lorry YQ1786Z beside a vessel to perform my loading and unloading duty at the above mentioned location using the vessel crane. Everything was intact and in order.

After my duty ended, I had to move my and parked my lorry at a designated lane. Before reversing my lorry I made a check on my side mirror to affirm that there were no obstructions at the rear before reversing slowly. Out of a sudden, I heard a loud scream at the rear hence I stopped reversing and got out of the lorry to make a check. I discovered that there was a port worker near to the left side rear wheels hence I went back to my lorry to move forward. I then went to make a check on the worker and observed that he was injured on his right leg.

Shortly after the port authorities, police and ambulance arrive at scene, the ambulance then conveyed the worker to an unknown hospital while the police conducted their investigation and informed me that if there is any requirements to record a statement they will contact me and they left after. I then followed the port authorities to make a statement of the incident.

I am lodging this report for insurance company's action.



**SINGAPORE  
POLICE FORCE**



T/20200316/2104

3 of 3

Report No. T/20200316/2104

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

**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:  
F /  
Sgt 2 PETER GOH WEE HENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt FARHAN SARMI BIN KAMSARI  
Contact No.: 97428559

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/03/2020 16:37

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/03/2020 14:15"/>							
Vehicle No.(For Motor)	<input type="text" value="YQ1786Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114417556		GS MARINE & SERVICES	53183495J	GCV	Comprehensive	YQ1786Z	YQ1786Z	27/11/2019	26/11/2020
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5114417556	Policyholder Name	GS MARINE & SERVICES	Policyholder NRIC	53183495J
Certificate No.					
Address	158 KALLANG WAY SAFEKEEP BUILDING SINGAPORE 349245				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	27/11/2019	Effective Date	27/11/2019 00:00	Expiry Date	26/11/2020 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/Inexperience Driver Excess	
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65674755	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	158 KALLANG WAY	Address 2	SAFEKEEP BUILDING	Address 3	SINGAPORE 349245
Address 4		Address Type	Singapore address	Post Code	349245
Unit No.		Related Policy Number	5114417556		

 Insured Object: YQ1786Z

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/11/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Nov 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD CHASSIS NUMBER: JHHUCV1H90K033235 ENGINE NUMBER: N04CVV11035 VEHICLE REGISTRATION NUMBER: YQ1786Z ORIGINAL REGISTRATION DATE: 27 Nov 2019

Continue

Cancel

## Claim Handling

Accident MT/1088476

Policy No.	5114417556	Vehicle No.	YQ1786Z	GST Registration No.	
Certificate No.					
Policyholder Name	GS MARINE & SERVICES	Cover Type	Comprehensive	Policyholder NRIC	531834953
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93861236	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	TR
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**▼ Accident Details**

Report Date	17/03/2020 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	04/03/2020	Time of Accident h:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR PANJANG PSA PORT				

**▼ Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	1000.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	

**▼ Benefits**

**▼ GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/03/2020 10:09:24 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	15B KALLANG WAY	Address 2	SAFEKEEP BUILDING	Address 3	SINGAPORE 349245
Address 4		Address Type	Singapore address	Post Code	349245
Unit No.		Related Policy Number	5114417556		

**▼ OS Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/09/1993
Unnamed driver Name	G MOHANA VELU	Driver NRIC	SXXXXX856G	Driving Experience	7
Register Date of Driver License	03/12/2012	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	91727914	Contact No.(Office)	0	Address 3	SINGAPORE 821110
Address 1	BLK 110A	Address 2	PUNGGOL FIELD	Post Code	821110
Address 4		Address Type	Singapore address		
Unit No.	13-554				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-HX	Insured Name	GS MARINE & SERVICES	Insured NRIC	531834953
Contact No.(Mobile)	93861236	Contact No.(Home)		Contact No.(Office)	62891529
Email Address		OS Vehicle Number	YQ1786Z	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YQ1786Z ON 4 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/03/2020 10:10	Claim Close Date		Date Received	17/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1088476	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2020 10:10

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

10/20/2014 11:04 AM

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	SAS		Normal	SAS 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	Photos		Normal	Photos 2020-3-17	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Mar 2020 10:10	Photos		Normal	Photos 2020-3-17	

▼ Video List

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

### Scan and uploading