

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA12002955**

Date In: 21/5/20-15:54	Job description	Date & Time Completed
Ref No: NA/INC20029550124	SAS e-filing	
Veh No: SMER2053D	E-mail (within 5hrs, A/C 2hrs)	
D.O.A: 21/1/20-10:45	i-Motor Claim Form	M/108 9959-002 21/5/20 16:06
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: **49448 MID**

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

Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

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) RT : 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	20/05/2020 15:54
Date Of Accident	30/01/2020 10:45
Exact Location Of Accident	KAKI BUKIT RD 5 TWDS BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2053D
Insured/Policyholder	
Name Of Registered Owner	ABDUL KAMEL BIN MOHIDEEN
NRIC No	SXXXX549D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93821653
Alternative Phone No	OFFICE-93821653

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104792435-01
Cover Note Number	

Driver

Name of Driver	ABDUL KAMEL BIN MOHIDEEN
NRIC No	SXXXX549D
Date Of Birth	15/11/1967
Occupation	INDOOR
Date Of Driving Pass	09/01/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93821653
Fax Number	
Contact Number	OFFICE-93821653
Email Address	NOEMAIL

Address	BLK 320 UBI AVENUE 1 #03-525
Postcode	400320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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/20200131/2016.

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	49448MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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

VEH A: SME 2053D
 VEH B: 49448 MID

Location
 KAKI BUKIT RD
 turning to Bedok North Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police statement

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 1 / 2020) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)

LOCATION: Kaki Bukit Road 5 turning to Bedok North Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 2053D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota wish
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Abdul Kamel B. Mohideen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1804549D CONTACT: 93821653
c) ADDRESS: Blk 320, Ubi Ave 1 #03525
S400320

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (/ /) (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: owner

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: 49448 MID 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:

Waiting for amended
Police report.
I have open ref.
in merimen already.
Thanks

Email = kamel/mohideen@gmail.com

fax =

video =



SINGAPORE POLICE FORCE



T/20200131/2016

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

1 of 3

Report No. T/20200131/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2020 08:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL KAMEL BIN MOHIDEEN			Address: 320 UBI AVENUE 1 #03-525 KAMPUNG UBI ESTATE SINGAPORE 400320		
ID Type / ID No.: NRIC NO / S1804549D			Contact No.: Home/Office: 93821653 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 15/11/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Premises and facilities maintenance officer			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 30/01/2020 10:45	Type of Location: T-Junction
Location: Along Road 1 KAKI BUKIT AVENUE 6 JUNCTION OF KAKI BUKIT AVE 6 AND BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
49448MID	Motorcycle					0
SME2053D	Car	TOYOTA	WISH 1.8 AUTO	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME2053D	NTUC Income Insurance Co-Operative Limited	5104792435-01	18/11/2019	17/11/2020



**SINGAPORE
POLICE FORCE**



T/20200131/2016

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

2 of 3

Report No. T/20200131/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL KAMEL BIN MOHIDEEN	ID No.	S1804549D
Related Vehicle	SME2053D (Car)	Contact No.	93821653
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/1/2020 at about 1045hrs, I was driving my grey color car SME2053D along Kaki Bukit Ave 6. There were 6 military training motorcycles in front of my car. While reaching the T-Junction of Bedok Reservoir Road, the traffic light turns to yellow and 4 of the motorcycles passed through and the last 2 motorcycles stopped at the traffic light when the traffic light turn red. I did not react fast enough to stop my car and the front of my car collided lightly into the rear of 49448MID. The motorcycle and rider did not fall due to the minor impact. There was no damage to the motorcycle but my car front bumper and bonnet dented. I then proceed to SDC camp to lodge a report together with the military personnel instructor. At about 2230hrs, I received a message from them telling me to lodge a formal police report and that is why I am lodging this report. I wish to state that no one suffer any injury due to the accident.



**SINGAPORE
POLICE FORCE**



T/20200131/2016

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

3 of 3

Report No. T/20200131/2016

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:

G /
SI LEE SENG KUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151



Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/01/2020 08:57

Classification Of Case:

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5104792435-01
The Policyholder	: ABDUL KAMEL BIN MOHIDEEN BLK 320 #03-525 UBI AVENUE 1 SINGAPORE 400320

Period of Insurance	: 18 Nov 2019 To 17 Nov 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$860.98

Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1800cc
Primary Driver	: ABDUL KAMEL BIN MOHIDEEN	Registration Year	: 2008
Named Driver (1)	: SARIFAH BINTE MOHD SHARIF	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: TOYOTA/WISH	NCD Entitlement	: 50%
Registration Number	: SME2053D	NCD Protection	: No
Chassis Number	: JTDER12W303000964		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: GOLDEN PRIME INSURANCE AGENCY (00000613808)
Date of Issue	: 30 Oct 2019 13:09 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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="30/01/2020 10:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SME2053D"/>	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"/>	5104792435-01		ABDUL KAMEL BIN MOHIDEEN	S1804549D	GPC	drive CLASSIC	SME2053D	SME2053D	18/11/2019	17/11/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1089959

Policy No.	S104792435-01	Vehicle No.	SME2053D	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL KAMEL BIN MOHIDEEN	Cover Type	drive CLASSIC	Policyholder NRIC	S1804549D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCa	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	30/03/2020 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/01/2020	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT ROAD 5 CONTROLLED TRAFFIC LIGHT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	600.00	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 3	BLK 320 #03-525	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400320
Address 4		Address Type	Singapore address	Post Code	400320
Unit No.		Related Policy Number	S104792435-01		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ABDUL KAMEL BIN MOHIDEEN	Insured NRIC	S1804549D
Contact No.(Mobile)	93821653	Contact No.(Home)	67875248	Contact No.(Office)	
Email Address		DI Vehicle Number	SME2053D	TP Vehicle Number	49448MID
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SME2053D / 49448MID ON 30 Jan 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	20/05/2020 16:06	Claim Close Date		Date Received	20/05/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment













Accident No.	MT/1089959	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/05/2020 16:07

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(00)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:07	SAS		Normal	SAS 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 May 2020 16:06	Photos		Normal	Photos 2020-5-20

Video List

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