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701100	Jcb description	Date & Time Completed	Done of
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Veh No: F1 14840	i-Motor Claim Form	My 978631	17/1/18 17:06
D.O.A: 71,18-13:45	i-Motor W/O (Within: OD 2		
OD TP Reporting Only	i-Photo Uploaded		
03 (0)	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han		
The first section of the first	Assiroprito	Tel:	Fax:
Preferred Wksp / INC Assign Wksp / QW: (	rote ( INC	( )/Non-INC( )	- 100
TP Particulars: Veh No: 内及以	20287	Tel:	)
Owner / Driver: (	ind. (	) Cover Type: (	) .
Policy No. (	riod: (	Time:	)
Confirmed by : (	Note-Est Status (WO): N:	0-20%; P: 21-79%. F: 80	100%]
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General Remarks:-	The second second second second		
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Total Lass Case : to e-mail Insur	er UKGENTET.		. )
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### 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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,

- 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.	
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	ACCIDENT STATEMENT
Date Of Report	19/01/2018 16:47
Date Of Accident	17/01/2018 13:45
Exact Location Of Accident	JLN BUROH BEFORE JUNC TANJONG KLING RD
Country/State of Loss	SINGAPORE
CAR TENED	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT1484D
Insured/Policyholder	
Name Of Registered Owner	RASHIDI BIN RAZELI
NRIC No	S8921390H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87421523
Alternative Phone No	OFFICE-87421523
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF H.V.
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	5092913977
Cover Note Number	
Driver	

Driver	
Name of Driver	RASHIDI BIN RAZELI
NRIC No	S8921390H
Date Of Birth	01/07/1989
Occupation	INDOOR
Date Of Driving Pass	28/11/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87421523
Fax Number	
Contact Number	OFFICE-87421523
EMail Address	NOEMAIL

BLK 150 JALAN TECK WHYE Address

#11-51 680150

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

CHOA CHU KANG NPC Police Station Name

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180118/2016.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBB5058S Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

## **DETAILS OF INJURED PERSON 1**

Name

RASHIDI BIN RAZELI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FT1484D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.

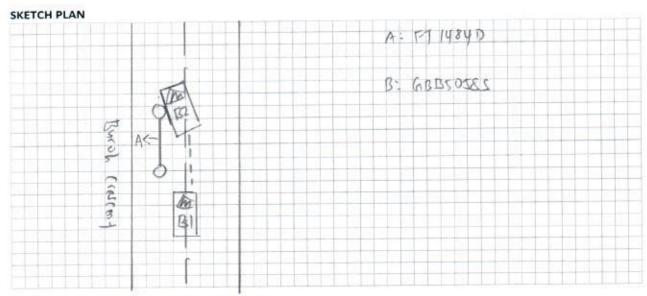
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

leter to	police report - 7/2018011 P/2016.	
	)	

## 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

ccii	DENT DATE:	8 )(DD/MM/YYYY	), TIME:(	
	#1	usal before	inaction Tanjong 10	ling Rd.
DCA.	HON: Abog Jln	Mich	<del>,</del>	
8	PETANG OF VEHICLE	9.0		1200
	DETAILS OF VEHICLE	TT 14840	7)/L	1.7
	a) VEHICLE NUMBER:	11901	1 15	
00700 8:505	b)INSURANCE COMPA	NY: NIDC	<del>- disconstant</del>	
	CIPOLICY NUMBER: 5	Carried been	THE STATE OF A PTY FIRE &THEFT	
	d)POLICY TYPE: (COMP	REHENSIVE / THIRD PAR	RTY / THIRD PARTY FIRE &THEFT	ice N
	MALLE & MODEL			
	FITYPE-ISALOON / COLL	PE/MPV/VAN/LORR	Y / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY:	PRIVATE / COMMERC	IAL / MOTORCYCLE)	
	h)PURPOSE OF USING A	T ACCIDENT TIME:	in the when	
	I) ARE YOU CLAIMING.U	NDER YOUR OWN INSU	RANCE (YES/NO)	
	IJARE YOU CLAIMING O	HIRD PARTY CLAIM / R	EPOPTING ONLY	50 <b>8</b> -0
	IF NO, PLEASE STATE (I	HIRD PART CEAIM / K	LI.OKIIKO G. ISI	
2.	INSURED / POLICY HOLE	Din Razeli	(MALE / FEMALE)	. 3
	AINAME: ROShid		CONTACT: 57 4) (1)	) 1
	b) NRIC/FIN/PASSPORT:	31971904	When 411 11 (68)	TO OH K (F
	CIADDRESS: NIC 15	o Julan lecto	The state of the s	boscenger
+	<u>.</u>		NOED .	. (Including
	* CONTINUE TO 3.d IF D	RIVER ALSO POLICY HO	DLDER	(1)
3.	DRIVER (as 9) 11)	591		4-)
	a)NAME:	STATES OF THE STATE OF THE STAT	(MALE / FEMALE)	
	b) NRIC/FIN/PASSPORT:		CONTACT:	Piet.
	c)ADDRESS:		· ·	- 10 14
		V T / LACGION	MM/YYYY)	
	*d)DATE OF BIRTH:		mm,	
	e)OCCUPATION: (INDO	DELLICE SE II	2013 ( class ) (1 es	
	TYEARS OF DRIVING EX		ED'S COMPANY? (YES / NO	,
4.	WAS DRIVER AN EMPL	OF THE DRIVER WIT	H INSURED: OW her	
2217	IF NO, RELATIONSHIP	OF THE DRIVER WIT	OTHERS	
5.		CLEAR / RAINING /	OITICKS	
	b)ROAD SURFACE: (DR)	WEI / OTHERS	CALL . 1500 & 240 16	d 132 22
6.	WAS ANYBODY INJURED	XIYES / NO) - injury	SAJY: ICHTE & 120	
7.	a)REPORTED TO POLICE	(YES/NO)	d'y the king H	Dr.
	IF YES, PLEASE STATE W	HICH POLICE STATION	cha cha cang	
В.				0
	a) VEHICLE NUMBER:_	NUU23187	MODEL:	- *Ho of pas
	b) DRIVER'S NAME:			- Clududing
*	c) NRIC/FIN/PASSPOR	T:	CONTACT:	- (4)
	THIRD PARTY VEHICLE			(4)
	d) VEHICLE NUMBER:_		MODEL:	· ` · 0 .
	e) DRIVER'S NAME:			- * Ho of po
		т.	CONTACT:	_ (Including
	f) NRIC/FIN/PASSPOR			
	8		21 N	()
	8		W	

email = rashidi razeli @gmail.com
fax =





1 of 4

Report No. T/20180118/2016

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 08:59			Vide Report No.: Station Diag			
Informa	nt's Partic	ulars				
Name of Informant: RASHIDI BIN RAZELI			Address: APT BLK 150 JALAN TECK WHYE #11-51 SINGAPORE 680150			
ID Type / ID No.: NRIC NO / S8921390H			Contact No.: Home/Office: Mobile: 87421523			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 28 01/07/1989			Type of Informant: Rider			
Race: Malay			Language: English	Institution	on / School Name:	
Occupation: Safety Coordinator			Driving Licence Information: Class: 2B,2A  Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 17/01/2018 13:45		Type of Location Straight Road
BUROH CRE SHIPYARD R	OAD rescent at the entrance		uilding			
Weather: Clear	Road Dry		Surface:		Road	d Speed Limit:
Traffic Flow: Two Way	affic Flow: Traffic Control:			Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side						one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT1484D	Motorcycle	HONDA	CB400SF H.V.	Blue	Slightly Damaged	0
GBB5058S	Van	TOYOTA	HIACE	White	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 4 Report No. T/20180118/2016

### CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FT1484D	NTUC Income Insurance Co-Operative Limited	5092913977	24/07/2017	23/07/2018	

<b>Details of Perso</b>	n Involved						
Any Pedestrian II	nvolved: No						
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA			
Rider							
Name	RASHIDI BIN RAZELI			ID No		S8921390H	
Related Vehicle	FT1484D (Motorcycle)			Conta	ct No.	87421523	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITA			Class Drivin Licens Expire	g	Class: 2B,2A Date of Expiry: NIL	
Date Treatment	17/01/2018		Date Disc	harge	17/01	/2018	
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh		
Driver		Bear Street	THE RESERVE OF			<b>利用 6 11 20 图 三 表的</b> 在 10 1 至	
Name	Chua Beng Hock			ID No	•1	S2606758H	
Related Vehicle	GBB5058S (Van)			Contact No.		Unkown	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

### Brief Details.

On 17/01/2018 at about 1345hrs, I was riding on V1 (FT1484D, Motorcycle) along Buroh Crescent on the 1st lane from the left towards Shipyard road.

When I was along Buroh Crescent, I discovered V2 (GBB5058S,Van) traveling at the center of the dual lane towards Shipyard road thus I decided to over take V2 before the entrance of Ace@buroh. Subsequently when I was about to overtake V2 on the left lane at LP9, V2 suddenly without using any signal drove/turned towards its left and thus collided onto my motorcycle V1 agasint V2's left passenger door. As there were a barrier on my left, I was stuck in the middle and was then dragged about half a meter between V2 and the barrier before falling onto the ground.

Following, I managed to retrieve the particular of V2's driver before being conveyed to NTFGH. I suffered from contusion of knee and lower leg as well as Ankle , Shoulder injuries and abrasions of multiple sites. I was given 5 days of MC by the doctor.



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999



T/20180118/2016

3 of 4 Report No. T/20180118/2016

CONTINUATION OF REPORT





T/20180118/2016

4 of 4 Report No. T/20180118/2016

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

## Sketch Plan

NP168

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: J /	Signature Of Informant:
Sgt 2 SIAU JING YANG	
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2018 08:59
Officer In Charge Of Case:  TP / GIT /  SI NG CHWEE THENG	Classification Of Case:
Contact No.: 65476397  Authentication Stamp	



MEDICAL CERTIFICATE (Ref:21674199)	ORIGINAL
NAME: RASHIDI BIN RAZELI	NRIC: S8921390H

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty from 17/1/2018 to 21/1/2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 17/01/2018 14:19 to 17/01/2018 18:39.

17/01/2018 Date Dr. Atiyeh MAZIN (15114I) Issued by

Signature

Location: NTFGH EMERGENCY



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Class 2A Motorcycles between 201 cc and 400 cc

NP 428A



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8921390H





RASHIDI BIN RAZELI



MALAY 01-07-1989

SINGAPORE

Country/Place of birth



5414928



ICNo. S8921390H



06-01-2015

APT BLK 150 JALAN TECK WHYE

#11-51 SINGAPORE 680150

<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601			- Local Internation			Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	lo.				Date of Ac	cident	17/01	1/2018 13:45	
	Vehicle	No.(For Motor)	FT1484D							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092913977	RASHIDI BIN RAZELI	58921390H	GMC	Third Party	FT1484D	FT1484D	24/07/2017	23/07/2018
			9 700 9 50 1			Continue				

Sequen	ce Date of Endorsement	Endorse	ement Type	Endorsement Status	Endorsement Content	
	ements					
<b>▶</b> Insure	d Object: FT1484D					
Unit No.		Related Policy Number	5092913977			
Address 4		Address Type	Singapore address	Post Code	680150	
Address 1	BLK 150 #11-51	Address 2	JALAN TECK WHYE	Address 3	SINGAPORE 680150	
Policyh	nolder Mailing Address					
Certificate Info						
Open Policy Info						
Co- insurance Flag	No					
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Y	
Singapore OD Excess		Outside Singapore TP Excess				
Excess		Premium	0			
Additional		Excess OS	0			
Third Party	0	Own damage	0	Windscreen Excess		
Policy ssue Date	24/07/2017	Effective Date	24/07/2017 00:00	Expiry Date	23/07/2018 23:59	
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N	
ddress	BLK 150 #11-51 JALAN TECK W	HYE SINGAPO	RE 680150			
Policy No.	5092913977	Policyholder Name	RASHIDI BIN RAZEL	I Policyholder NRIC	S8921390H	

Claim Handling									
ccident MT/0978631					CET Benefication No.				
olicy No.	5092913977	Vehicle No.	FT1484D		GST Registration No	100			
olicyholder Name	RASHIDI BIN RAZELI				Policyholder NRIC		58921390	•	
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading		0		
ontact No. (Mobile)	B7421523	Contact No.(Office)	0		Contact No.(Home)				
mail Address		Special Remark			eCode		W.V		
FK	® No ○ Yes	TCA	® No ○Y	es	eCode Reason				
CD Protection	NO NCD Entitler		0		Private Hire		No		
Accident Details									
		Accident Report Within 24	het Yas		Acadent Type		Collision - I	Change / Cross lane	
eport Date	19/01/2018 17:03						Singapore	A SECULAR PROPERTY.	
ate of Accident	17/01/2018	Time of Accident hh:mm	13:45		Country of Accident		Singapore		
sporting Centre		Grange Force			JUPE NO.				
ccident Location	JUN BURGH BEFORE JUNC TANJONG KLING RE								
♥ Benefits									
Trees.									
twn damage Excess	0.00	Additional Excess			Windscreen Excess				
innamed Driver Excess		Outside Singapore CO Ext							
hird Party Excess	0.00	Outside Singapore TP Exc	ess						
GST Registered Informa	ation								
ST Registered	No			Registration Date					
ST Registration No.			GS	Status Verified	Yes				
lodification History									
Policyholder Mailing Ad	ldraw.								
address 1	BUK 150 #11-51	Address 2	JALAN TEC	K WHYE	Address 3		SINGAPOR	E 680150	
		Address Type	Singapore		Post Code		680150		
Address 4		Related Policy Number	50929139						
me No.		Related Policy Humber	30929139	.,					
© Of Driver Info	RASHIDI BIN RAZELI	Driver Type	Main Drive						
oriver Name	RASHIDI BIN RAZELI	Driver NRIC	58921390		Driver DOB		01/07/190	19	
Annamed driver Name	201112012	Driver Age	28		Driving Experience		4		
egister Date of Driver License		Contact No.(Office)	0		Contact No. (Home)		0		
Contact No. (Mobile)	87421523		JALAN TEC	v mane		Address 3 SINGAPORE 680150			
ddress 1	BLK 150	Address 2							
Address 4		Address Type	Singapore	address	Post Code		680150		
Unit No.	11-51								
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Com	Oriver Insurer Company			
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊛ Yes ○	No					
Modification History									
Comment of the last									
Claim 001 New									
Taim Tune #	00-MX V	Insured Name	RASHIDI I	DIN RAZELI	Insured NRIC		58921390	H	
Daim Type *		Contact No.(Home)	67635385		Contact No.(Office)	i		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN	
Contact No. (Mobile)	87421523	OI Vehide Number	FT1484D		TP Vehicle Number		GBB5058	GBB5058S	
Email Address	rashidi.rezeli@gmail.com	of versue number:	E.ITAD4D		Name of Preferred				
Claim Description	PT14840 / GBB5058S ON 17 Jan 2018				Teams of Presented	- Contraction of		1.	
Preferred Workshop Contact No.		Insured Liability *	Not at Fa	A V	■ 10000 primes			1075	
Require Finalisation	Yes	Preferend Repair Option	Preferred	Workshop, Name unknown	GIA report		Received		
Date Registered	19/01/2018 17:06	Claim Close Date			Date Received		19/01/20	18 00:00	
Report Taken By	Jackson								
Print AK letter									
			Save Su	omt					
Attachment									
Accident No.	MT/0978631	Claim No.		001					
Last Doc. Received	® Yes ○ No	Upload Oate		19/01/2018 17:07					
and the same of th	Pach *			Category *	Confidential	Urgen	kcy *	Description *	
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Video List					1987	(ASSERTATE	950000
-	NAC_PAYA_UB1_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 19 la n 2018 17:06	Photos		Normal	Photos 2018-1-19	
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	NAC_PAYA_UBI_B00601( NATI	MAL ASSESSMENT CENTRE SERVICES) on 19 7a n 2018 17:06	Photos		Normal	Photos 2018-1-19	1
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6	NAC_PAYA_UBL_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ja n 2018 17:06	Photos		Normal	Photos 2018-1-19	
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9	MAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 la n 2018 17:06	SAS		Normal	SAS 2018-1-19	
A15	NAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 July 12018 17:07	NR1C/ Driving License		Normal	NRIC/ Driving Dicense 2018-1-19	2
Attachment	i	ploaded By/Date	Category	Ŷ	Lingency	Description	Meg Sent? Ac (CO)