NATIONAL Assessment Cent.	re Services	wet I Jan'05] M	4A118 017678	1	Danah	
Date In: 5/3/18 - 14:39	Jeb description		Date &Time Complete	ed	Done b	,
Res No: NA   INC 1800 229 6/24	SAS e-filing		1	-	100	-
Veh No: 57 5936	E-mail (withia 8	hrs, AIC 2hrs)				
D.O.A : 5/3/18-10:47	i-Motor Clair	n Form	MT   098 1081	5 2	18 20	i'ly
	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)	1		
OD / P / Reporting Only	i-Photo Uplos	aded				
TD I	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: 59	29751	INC (		)a	-	
Owner / Driver: (			Tel:			
Policy No: ( ) P	eriod: (	)	Cover Type: (			
Confirmed by : (	AND AND ASSESSMENT OF THE PARTY	Date:	Time:			
Insured/Driver Liability: ( %)	[Note-Est. Status (W	THE RESERVE OF THE PERSON NAMED IN	0%; P: 21-79%. P:	30-100%	1	
Year of Registration: ( )	Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,				ल्ट् अल्डाहरू	THE WILL	
General Remarks:-			300000000000000000000000000000000000000		2.1.2	
( ) Walk-In Customer: Customer's int		nfidential & S	rictly NO refer of repai	rer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.					
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES ( ) / N	10();7	Towing Co: (			
Remarks; (INC hotline: 6788 6616):	V. 1	-1-1	Date&Time Complet	4	Done	рy
1) Apply for Transport Allowance ( )/		)				
2) QC Check / Post Repair Inspection	( )			2		7.8 m (sc (s) = s
3) Upload Resurvey Photo [Repair Cost > 5	\$30001 (	) ; ,				
		-				
Injury:			- 15.550	ares ca	Children	s and pos
Date/Time Actions		1 10		NOT HEREDA	SCHOOL SELF	
	4					
	10			20.1103		
		100000000000000000000000000000000000000		27.084	Ant (S)	Amt (1)
NA1800772	=======================================	N. S.	paration Checklist	ar A	TRBIII	Add Bill
laimant's Particulars :-		1) AR : Accides	t Reporting (\$30); Assessment (\$100);	NC (\$80)		
	V.	3) TF : Towing	Fee	\$40/\$45		
river/Owner:		STET : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30		
ontact No:	El el	For claiming	against INC Only (wef 10 Ja-	n 2005) \$75		
amaged Portion:		6) TR : Re-insp	+ SMRT Survey	. \$160		
		8) NTUC Addi	tional Services:-			
C Checked by (Engr-In-Charge):	Te.	*NS: Courte	y Car / Tpt Allowance	\$5		
5,		*N6: Repair	Co-ordination  pair Inspection	\$10 \$25		
uditors' Comments ::		+N8: DV / C	ollect Excess Coordination	55		
it, 1:	150	TP (N11): 7 9) N12: Ideo M	P (Non INC) against INC	\$20 30		
1,2/3:		Invoice dated	Fee Ch	100	SECTION	aray.
Marting		Involce dated	Fee Ch	argest	ALC: UNKNOWN	-

I can it far

#### 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 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.
  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 ladgement 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	05/02/2018 14:39
Date Of Accident	05/02/2018 10:45
Exact Location Of Accident	SLIP RD INTO CTE/SLE (FROM AMK AVE 1)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT593G
Insured/Policyholder	
Name Of Registered Owner	DATONG
Co Reg No	53361067B
Email Address	NOEMAIL
Mobile Phone No	¥
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO .
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090641245
Cover Note Number	•
Driver	
Name of Driver	HOON SUNG BOON (YUN CHANGWEN)
NRIC No	S7722631A
Date Of Birth	10/08/1977

10/08/1977 Date Of Birth OUTDOOR Occupation 07/05/1996 Date Of Driving Pass

21 YEARS AND 8 MONTHS Driving Experience

MÅLE Gender

(LOCAL) +65-96286867 Mobile Number

Fax Number

OFFICE-96286867 Contact Number

NOEMAIL EMail Address

BLK 432C YISHUN AVENUE 1 Address #07-545

763432

Postcode

Was driver an employee of the Insured's Company

OWNER 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

1

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGZ9735J

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)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

YP1447H

Page 2 of 12

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

HOON SUNG BOON (YUN CHANGWEN) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SJT593G

YES

NQ

# 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)

Lunderstand, 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:

Dolver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

**SKETCH PLAN** 

VICINI CLE A - SJT 5934

URMI CLE B - SA Z 9735 J

URMI CLE C - MP 1947 M

URM

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wa	5 DRIVING ON THE SLIP ROAD FROM AND MO KID AVE !
	CTE/ SLE I WAS ON THE RIGHT LANE.
WHILE	DRIVING STRANGHT FOR WARD SHOURNLY A VEHICLE BEARING
( 2014	47H) HIT ONTO A UGHICUE BRAKING (SGZ 97353)
AND B	EINE PUSHED, AND HIT ONTO THE LEFT FRONT SIDE OF
my u	EHICUE. WHILE I AM DRIVING IN MY CANTE COUNTY
STRANC	MIT GHEAD.
	THE FROM MY NEW CUE AND REAGUED, THE VIEW CUE  ( YP 1447 H) DIDN'T STOP AT THE GIVE WAY
	AND HIT ONTO THE UZHICLE BEARING (SGZ 97353)
	HIT ONTO MY VEHICLE, CAMBUL A CHAN COLLISION
MUDEN	NA 3 VEHICUES.
THE .	WHOLE ACCIDENT FOOTAGE WAS TAKEN DOWN BY MY IN
CAR C	pmera.
VEHICUS	A - 537593 G
VEHI CU	2 8 - 567 97355
VEHICL	P1 FP419 C - 2 S

## DECLARATION

Date & Time:

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Vehicle No.	SST 593 6 Model / Make KIA CERATO FORTIZ
Date of Accident	05/02/18
Time of Accident	1645 HRS
ocation of Accident	SUP ROAD INTO CTE SLE (FROM AND MO KID AVE 1)
xact purpose use during acc	
Name of Owner	DATIONS
Telephone No.	H/P: 9628 6867 Home: Office:
NRIC	5336 10678
Address	BLK 432C JISHUN AUE ( #07-545 S( 763432)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	50906412665
Name of Driver	As Above If Nop HOUN SUNG BOON
NRIC	S7722631 A Any Passengers: NIL
Date of birth	10 Aug 1977
Occupation	Outdoor / Indoor
Driving License Pass Date	U7 MAY 1996
Gender	Male / Female
Contact No.	H/P: 9628 6867 Home: Office:
Address	BCK 432 C SIGNEN OVE 1 HOT-545 S(763432)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	HOON SUND BOON
Name And Contact No.	7
Police Report	No, If Yes, Where?
Vehicle B No.	SGZ 9735 T Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	SP1447 H Any Passengers:
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	LH SIDE OF USHNOWE
Camera Recorder	Yes / No
Email Address	
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIM	
PARTICULAR WORKSHOP	TWINCAR AMOMOTIVE PTE UTI)
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	エタン
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7722631A



27722**6**314

#### HOON SUNG BOON (YUN CHANGWEN)



Race:

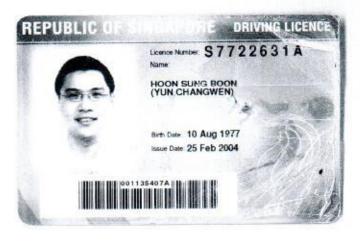
CHINESE



10-08-1977

SINGAPORE





Date of leave 07-09-2007

APT BLK 432C YISHUN AVENUE 1 #07-545 SINGAPORE 763432

NRIC No: \$7722631A

Date: 05/10/2014

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

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A





re'.

not apply.

preferred works

# Certificate of Insurance

	OR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
manufacture modern	OR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
the schedule	TRANSPORT ACT, 1987 (MALAYSIA)

OR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : Comprehensive ficate Number: 5090641245

dex mark and Registration Number of Vehicle

: KNAFW411MA5112567 nder section 2 hassis Number DATONG ame of Policyholder

: 24 Apr 2017 ffective Date of Insurance : 23 Apr 2018 xpiry Date of Insurance

ection 1 of the ersons or Classes of Persons entitled to drive#

The Policyholder. ider section 2 (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

mitations as to Use#

otal loss, we ar Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. value of the Co Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. ne of loss.

folicy does not cover

 Use for racing, pace-making, reliability trial or speed-testing. Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. d workshop

> # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$\$2,000 ESS (SECTION 1) : \$\$2,000 LESS (SECTION 2) : \$\$100 NDSCREEN EXCESS : YES SURE WITH COE : N/A **RE PURCHASE COMPANY** 

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS M INSURED

We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor hicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: AON SINGAPORE PTE LTD (00000691150)

te of Issue : 24 Apr 2017 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Intersigned By:

**Authorised Officer** 

Chief Executive

by the Sing on is required ell as the fi www.gia.of

eBao Tech				Gene					ralClaim	
Hello, NAC_PAYA_UBI_800	601		The state of the s		WO.		hange Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acci	dent	05/02	2/2018 10:45	3
	Vehicle	No.(For Motor)	SJT593G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090641245	DATONG	533610678	GCV	Comprehensive	5JT593G	S)T593G	24/04/2017	23/04/2018
				Ž.	- 1	Continue				

Policy No.	5090641245	Policyholder Name	DATONG	Policyholder NRIC	53361067B
Address	BLK 432C #07-545 YISHUN AVE	NUE 1 VISTA	SPRING @ YISHUN SING	APORE 763432	
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy ssue Date	24/04/2017	Effective Date	24/04/2017 00:00	Expiry Date	23/04/2018 23:59
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess	4		
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate	No				
Info  Relieve	nolder Mailing Address				
Address 1	BLK 432C #07-545	Address 2	YISHUN AVENUE 1	Address 3	VISTA SPRING @ YISHUN
Address 4	SINGAPORE 763432	Address Type	Singapore address	Post Code	763432
Unit No.	07-545	Related Policy Number	5090641245		
<b>▶</b> Insure	d Object: SJT593G				
	ements				
Sequenc	te Date of Endorsement	Endorse	ment Type En	dorsement Status	Endorsement Content

Claim Handling					**
Accident MT/0981081					
Palicy No.	5090641245	Vehicle No.	5,175936	GST Registration No.	
Policynolder Name	DATONG			Policyholder NRIC	533610678
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.[Home]	0
Email Address		Special Remark		eCode	MC Y
KFK ·	® No ○ ves	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
P Accident Details					100 M 15 M
Report Date	05/02/2018 20:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/02/2018	Time of Accident hhimm	10 45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	SLIP RD INTO CTE/SLE (FROM AMK AVE 1)				
T Benefits					
♥ Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Oriver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singepore TP Excess			
₩ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.		21	GST Status Verified	No	
Modification History					
Policyholder Mailing Ar	ddress				
Address 1	BLK 432C #07-545	Address 2	YISHUN AVENUE 1	Address 3	VISTA SPRING @ YISHUN
Address 4	SINGAPORE 763432	Address Type	Singapore address	Post Code	763432
Unit No.	07-545	Related Policy Number	5090641245		
o OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HOON SUNG BOON (YUN CHAN)	Driver NRIC	57722631A	Driver DOB	10/08/1977
Register Date of Driver License		Driver Age	40	Driving Experience	21
Contact No.(Mobile)	96286867	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 432C	Address 2	YISHUN AVENUE I	Address 3	VISTA SPRING @ YISHUN
Address 4	SINGAPORE 763432	Address Type	Singapore address	Post Code	763432
Unit No.	07-545				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compa	ny
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Arry injury?	® Yes ○ No		
Modification History					
Decree Alle A					
Claim 001 New		e			
		100	PARTING	Inches NRW	533510678
Claim Type •	ОО-МХ	Insured Name	DATONG	Insured NRIC	53361067B NO.
Claim Type * Contact No.(Mobile)	ОD-MX U	Insured Name Contact No.(Home)		Contact No.(Office)	NDL
Claim Type * Contact No.(Mobile) Email Address	96286867	Insured Name	DAYONG SITSBIG		NOL 5G297353
Claim Type * Contact No.(Mobile) Email Address Claim Description		Insured Name Cornect No. (Hume) GI Venicle Number	\$31593G	Contact No.(Office) TP Vehicle Number	NOL 5G297353
Claim Type * Contact No.(Mobile) Email Address Claim Description Perferred Workshop Contact No.	96296967 SJT593G / SG29735J ON 5 Feb 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability #	SJTSRJG  Not at Fault	Contect No. (Office) TP Vehicle Number Name of Preferred W	N%. 5G297353 orkshop
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	96296567 SJT593G / SG29735J ON 5 Feb 2018 Yes	Insured Name Contect No.(Hume) Of Vehicle Number Insured Liability.* Preference Repair Option	\$31593G	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96285867 \$JT593G / SG29735J ON 5 Feb 2018 Ves  V65 05/02/2018 20:14	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability #	SJTSRJG  Not at Fault	Contect No. (Office) TP Vehicle Number Name of Preferred W	N%. 5G297353 orkshop
Claim Type * Contact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96296567 SJT593G / SG29735J ON 5 Feb 2018 Yes	Insured Name Contect No.(Hume) Of Vehicle Number Insured Liability.* Preference Repair Option	SJTSRJG  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96285867 \$JT593G / SG29735J ON 5 Feb 2018 Yes 05/02/2018 20:14	Insured Name Contect No.(Hume) Of Vehicle Number Insured Liability.* Preference Repair Option	S7TSP3G  Not at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96285867 \$JT593G / SG29735J ON 5 Feb 2018 Yes 05/02/2018 20:14	Insured Name Contect No.(Hume) Of Vehicle Number Insured Liability.* Preference Repair Option	SJTSRJG  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96285867 \$JT593G / SG29735J ON 5 Feb 2018 Yes 05/02/2018 20:14	Insured Name Contect No.(Hume) Of Vehicle Number Insured Liability.* Preference Repair Option	S7TSP3G  Not at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK lietter	96285867 \$JT593G / SG29735J ON 5 Feb 2018 Yes 05/02/2018 20:14	Insured Name Cornect No. (Hume) G) Verticle Number Insured Liability * Preferend Repair Option Claim Close Date	S7TSP3G  Not at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK lietter	96285867 \$JT593G / SG29735J ON 5 Feb 2018 Yes 05/02/2018 20:14	Insured Name Contect No.(Hume) Of Vehicle Number Insured Liability.* Preference Repair Option	Save Submit Save S	Contact No.(Office) TP Vehicle Number Name of Preferred W	NRL SGZ97353
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK lietter  Attachment	96.385667  \$37593G / \$G29735J ON 5 Feb 2018  Ves  06/02/2018 20:14  Jackson	Insured Name Cornect No. (Hume) G) Verticle Number Insured Liability * Preferend Repair Option Claim Close Date	Save Submit   001 08/02/2018 20:15	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report Date Received	Received S02/2018 00:00
Claim Type * Contact No. (Mobile) Emol Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accident No.	96.385867  \$JT\$93G / \$GZ9735J ON 5 Feb 2018  Ves  05/02/2018 20:14  Jackson  MT/0981081	Insured Name Cornect No. (Hume) G) Vericle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uploed Date	Save Submit   O01  O5/02/2018 20/15  Category *	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report Date Received  Confidential	Received S05/02/2018 00:00
Claim Type * Centact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accordent No.	96385867  \$37593G / \$G29735J ON 5 Feb 2018  Yes  05/02/2018 20:14  Jackson  MT/0981081  • Yes No	Insured Name Cornect No.(hume) G) Vericle Number  Insured Liability * Preferend Repair Option Claim Close Date	Save Submit   O01  O5/02/2018 20:15  Category *	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report Date Received  Confidential	NRL
Claim Type * Contact No. (Mobile) Emol Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accident No.	96385867  \$37593G / \$G29735J ON 5 Feb 2018  Yes  05/02/2018 20:14  Jackson  MT/0981081  • Yes No	Insured Name Cornect No. (Hume) G) Vericle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uploed Date	Save Submit   O01  O5/02/2018 20115  Category *  Dear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report Date Received  Confidential	NR
Claim Type * Centact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accordent No.	96385867  \$37593G / \$G29735J ON 5 Feb 2018  Yes  05/02/2018 20:14  Jackson  MT/0981081  • Yes No	Insured Name Cornect No. (Hume) G) Vericle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse	Save Submit   O01  O8/02/2018 20115  Category *  Clear Please Select  Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report. Date Received  Confidential    No	NRL
Claim Type * Centact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accordent No.	96385867  \$37593G / \$G29735J ON 5 Feb 2018  Yes  05/02/2018 20:14  Jackson  MT/0981081  • Yes No	Insured Name Cornect No.(Hume) G) Vericle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	Save Submit  Ool Oslog/2018 2015 Category *  Clear Please Select  Clear Please Select  Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report. Date Received	NR
Claim Type * Centact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accordent No.	96385867  \$37593G / \$G29735J ON 5 Feb 2018  Yes  05/02/2018 20:14  Jackson  MT/0981081  • Yes No	Insured Name Cornect No.(hume) G) Vericle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse	Save Submit   Oo1  O3/02/2018 20115  Category *  Clear Please Select  Clear Please Select  Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report. Date Received  Confidential  Pro V  NO V	NRL
Claim Type * Centact No. (Mobile) Emoil Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Gd Print AK letter  Attachment  P Accordent No.	96385867  \$37593G / \$G29735J ON 5 Feb 2018  Yes  05/02/2018 20:14  Jackson  MT/0981081  • Yes No	Insured Name Corract No.(hume) G) Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse	Save Submit  Ool O3/02/2018 20115 Category * Clear Please Select Oear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W  GBA report. Date Received	Received S05/02/2018 00:00 Description *  Normal V  Normal V  Normal V

	8	Display in 5	New Window Sca	n and upload	Sing			
	Uploaded By/Date	Folder Date :	File Name		9	Source	Action	
♥ Video List								
	NAC_PAYA_UB1_800501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Fe ( b 2018 20:14	Photos		Normal	Photos 2018-2-5	3	Edit
3	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:14	Photos		Normal	Photos 2018-2-5	31	Edit
1	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:14	Photos		Normal	Photos 2018-2-5		Edit
10-	NAC_PAVA_LISI_600603( NAT	DONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:14	Photos		Normal	Photos 2018-2-5	9	Edit
43.0	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:14	Photos		Normal	Photos 2018-2-5		Edit
	NAC_PAYA_UBI_600603( NAT	ONAL ASSESSMENT CENTRE BERVICES) on OS Fe b 2018 20:14	Photos		Normal	Photos 2018-2-5		Edit
<b>E</b>	NAC_PAYA_UBI_800603( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:14	Photos		Normal	Photos 2018-2-5		Edit
1	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:15	SAS		Normal	SAS 2018-2-5	1	Edit
Line and		IONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 20:15	NRIC/ Driving License		Normal	NR3C/ Driving License 2018-2-5		Edit
Attachment		Uploaded By/Date	Category	P	Urgency	Description	Sem? A (CO)	dia