NATIONAL Assessment Cent	tre Services	poet i Jamos M	OPPCO 811 PM		
Date In: 9/3/18 -1 6-01	Jeb description		Date & Time Completed	Done	py.
Re[No: NA / NC8002705/24	SAS e-filing	1			
Veh No: SUGSIER	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 7/1/18-12:40	i-Motor Clai	m Form	M110981737	9/2/18 1	6:37
	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)		William or
OD TP! Reporting Only	i-Photo Uplo	aded			
	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:		. INC ()/Non-INC()	allen de la la	11005-00-0
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	- 1
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000	()			
General Remarks		~ * * Y * Y * 1	AMPANAMAN AND AND AND AND AND AND AND AND AND A	100	
	and the second s	the state of the s		5 X	a strayer
() Walk-In Customer: Customer's in		nridential & Sti	nctly NO rater of repailer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	573			
Drive-In ()/ Towed-In (); Invoid	ce: YES () / N	iO();T	owing Co: ()
			Date&Time Completed	Pont	Chy.
Remarks: (INC horline: 6788 6616):	The state of the s	1	Datescratio Souther 34	New Wilsond	and .
) Apply for Transport Allowance ()/	Courtesy Car ()	77 - 1		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > 5	3000] ()		- 17	
Injury:	· · · · · · · · · · · · · · · · · · ·				
		100 de 150	, n	33200 FT. A. T.	200 C OIL P.
ate/Time Actions				PROPERTY OF THE	-
)-			
			6		
* 0					
· · · · · · · · · · · · · · · · · · ·					
16 1900 DC /		Invoice Pre	paration Checklist	Anit (S)	Amt (3
141800886		1) AR : Accident	METARINE PROGRAMME AND	MBIII	Add Bi
umant's Particulars :-			Assessment (\$100); INC (\$		
iver/Owner:		3) TF : Towing F	ce . S4	0/\$45	
IVEI/OWHEI.	CONTRACTOR OF THE PARTY OF THE	4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30	
ntact No:	8	For claiming a	gainst INC Only (wef 10 Jan 200	5)	
maged Portion:		6) TR : Re-inspec		\$160	
		7) N1 : Idao DA · 8) NTUC Addition		3100	
ICL LAL CO. Y. C.	van an _{ve} - nam an	OD:			
Checked by (Engr-In-Charge):	1	Committee of the Parket Street, Street	Car / Tpt Allowance	\$5 510	
r ways would war a reference which are sales. In	Marka ang kang kang kang kang kang kang kan	*N6: Repair C *N7: Fost Rep		\$25	-
ditors Comments :-		*N8: DV / Col	lect Excess Coordination	55	
1:		TP (N11): TP 9) N12: Idao Mol	(Non INC) against INC	30	CONTRACTOR OF THE PARTY OF THE
2/2:		Invoice dated	Fee Charged	- Commence	ar m
2/3:		Invoice dated	Fee Charged	\$2.445V	

4 . p.n. 41 . 725

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 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	09/02/2018 16:01
Date Of Accident	07/01/2018 12:40
Exact Location Of Accident	PICK-UP POINT PAYA LEBAR SQUARE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF9518R
Insured/Policyholder	
Name Of Registered Owner	AMV PTE LTD
Co Reg No	201505825Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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
Delley Number	E00526600

Policy Number 5095368509

Cover Note Number

Driver

 Name of Driver
 YEO SZE LIANG

 NRIC No
 \$7583468C

 Date Of Birth
 25/11/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/09/2001

Driving Experience 16 YEARS AND 3 MONTHS

Gender MAI

Mobile Number (LOCAL) +65-83437165

Fax Number

Contact Number OFFICE-83437165

EMail Address NOEMAIL

Address BLK 103 LORONG 1 TOA PAYOH

#06-327

Postcode 310103

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

0 (0 0 0 0 0 0 0 0

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
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? 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.

Number of Passengers (Including Driver) 3

Number of Passengers (Including Driver)
Passenger 1

NAME: : -

NO

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOP IN FRONT OF PAYA LEBAR SQUARE PICK UP POINT AS IT WAS CONGESTED. OUT OF THE SUDDEN, VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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 SKC2183X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG ZHAOHUI, MATTHEW (HUANG ZHAOHUI, MATTHEW)

NRIC/Passport Number S8428800D

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

3

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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:

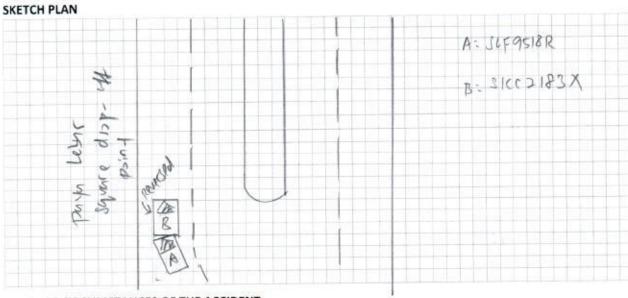
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

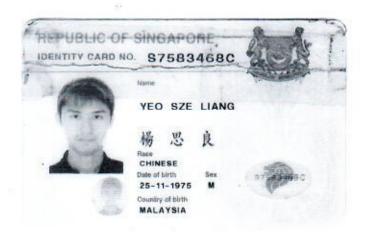
reta	fo	Hatement.

DECLARATION

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

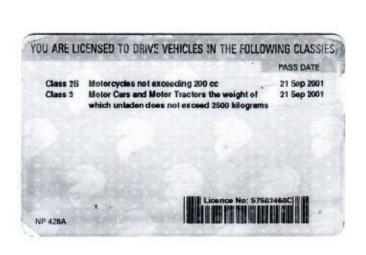
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_800	0601						Change Lan	guage	Change Passw	ord • Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy N	a.				Date of Acc	ident	07/01	/2018 12:40	
	Vehicle	No.(For Motor)	SLF9518R							
						Search				
	Select	Policy No.	Policyholder Name	Palicyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5095368509	AMV PTE. LTD.	2015058252	GPC	drive CLASSIC	5LF9518R	SLF9518R	27/10/2017	26/10/2018

Policy No.	5095368509	Policyholder Name	AMV PTE. LTD.	Policyholder NRIC	201505825Z
Address	231 MOUNTBATTEN ROAD #02	-01 SINGAPOR	E 397999		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	26/10/2017	Effective Date	27/10/2017 00:00	Expiry Date	26/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Υ
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	231 MOUNTBATTEN ROAD	Address 2	#02-01	Address 3	SINGAPORE 397999
Address 4		Address Type	Singapore address	Post Code	397999
Unit No.		Related Policy Number	5087862918-01		
1 Insure	d Object: SLF9518R	1.000 1.1000			
□ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content

dent MT/0981737						
icy No.	5095368509	Vehicle No.	SLF9518R	GST Registration No.		
licyholder Name	AMV PTE, LTD.			Policyholder NR3C	2015058252	
	PRIVATE CAR INSURANCE Cover Type		drivo CLASSIC	Loading	0	
oduct Code	0	Contact No.(Office)	0	Consact No.(Home)	0:	
ntact No.(Mobile)	.0			eCode	The V	
nail Address	0294200	Special Remark			100.21	
×	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
OD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
port Date	09/02/2018 16:34	Accident Report Within 24 hrs.	Yes	Accident Type	Damaged whilst parked	
*********		The standard backs	12.10	Country of Accident	Signapara	
ate of Accident	07/01/2018	Time of Accident hh:mm	12:40		Singapore	
porting Centre		Orange Force		3CM No.		
odent Location	PICK-UP POINT PAYA LEBAR SQUARE					
Benefits						
Excess						
en damage Excets	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00	
mamed Driver Excess		Outside Singapore OD Excess	2,000.00			
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Informa	ation					
T Registered	No		GST Registration Date			
T Registration No.			GST Status Venfied	No		
dification History						
And Committee of the Co						
Policyholder Mailing Ad	dress					
dress 1	231 MOUNTBATTEN ROAD	Address 2	#02-01	Address 3	SINGAPORE 397999	
	222 HOURS BASTER NORD			Post Code	397999	
dress 4		Address Type	Singapore address	Fusi Code	441.444	
nit No.		Related Policy Number	5087862918-01			
OI Driver Info		200100000				
river Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	YEO SZE LIANG	Driver NR3C	\$7583468C	Driver DOB	25/11/1975	
gister Date of Driver License	21/09/2001	Driver Age	42	Driving Experience 16		
ontact No.(Mobile)	83437185	Contact No. (Office).	0	Contact No.(Home)	0	
idress 1	BLK 103	Address 2	LORONG I TOA PAYOH	Address 3 TOA PAYON BLOOM		
adness 4	SINGAPORE 310103	Address Type	Singapore address	Post Code	310103	
it No.	06-327	UNINGSANTON (FE	ST THE STATE OF THE STATE OF THE			
ses he own a Singapore		11/20/05/2025 2025 10		Department of the	a.	
igistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Compa	.,	
		7/16/19/20/VVS	****			
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No			
sclaration reachanger or Blood Yest eaching?	0 mg	Any injury?	○ Yes No			
reachalyser or Blood Yest eacking?	0 mg	Any injury?	○ Yes ® No			
eathalyser or Blood Yest eating?	0 mg	Any injury?	○ Yes ® No			
eathalyser or Blood Yest eating? dification History	0 mg	Any injury?	○ Yes ® No			
eathalyser or Blood Yest etling? diffication History	0 mg	Any injury?	○ Yes ® No			
nathalyser or Blood Test ading? Idfication History				Insured NRTC	2015054252	
watnayser or Blood Test eading? Idification History Claim 001 New Birn Type *	оо-мх	Insured Name	ANV PTE. LTD.	Insured NRTC	2015058252	
natharyser or Blood Test acting? dification History Claim OCI New Birn Type *	00-MX V	Insured Name Contact No.(Home)	AMV PTE, LTD.	Contact No.(Office)	66944456	
eatharyser or Blood Test eding? dification History Claim OCS New Him Type * ntact No.(Mobile)	OO-MX V	Insured Name	ANV PTE. LTD.	Contact No.(Office) TP Vehicle Number	66944456 SXC2183X	
nathalyser or Blood Test ading? Identification History Claim OGS New Birm Type * Intact No.(Mobile) had Address aim Oescription	00-MX V	Insured Name Contact No.(Home)	AMV PTE, LTD.	Contact No.(Office)	66944456 SXC2183X	
matnatyser or Blood Test sedfication History Claim 001 New aim Type * ontact No. (Mobile) maid Address aim Description whered Workshop Contact	00-MX 91445117 Info@amv-singapore.com	Insured Name Contact No.(Home)	AMV PTE, LTD.	Contact No.(Office) TP Vehicle Number	66944456 SXC2183X	
nathalyser or Blood Test rading? Indification History Claim 001 New Birm Type * ordact No. (Mobile) road Address Birm Odersprion elever workstop Corkact b.	OD-MX V	Insured Name Contact No.(Home) 03 Vehicle Number	ANV PTE, LTD. NIL SLP9518R Not at Fault	Contact No.(Office) TP Vehicle Number	66944456 SXC2183X	
nathalyser or Blood Test ading? dification History Claim 001 New aim Type * intact No. (Mobile) had Address aim Oderest No. (More No. (Mobile) had Address aim Oderest No. (More No. (Mobile) had Address aim Oderest No. (Mobile) had Address aim Oderest No. (Mobile) had Address aim Oderest No. (Mobile) had Address	OD-MX V	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	ANV PTE, LTD. NIL SLP9518R Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
nathalyser or Blood Test ading? dification History Claim 001 New aim Type * aim Type * aim Type * aim Address aim Octorigion aim description aim descriptio	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability •	ANV PTE, LTD. NIL SLP9518R Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 SXC2183X	
radinalyser or Blood Test rading? Indification History Claim 001 New Birm Type * Sortact No. (Mobile) roal Address Birm Oescription referred Workshop Corract because Pinalisation ster Registered apont Taken By	OD-MX V	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	ANV PTE, LTD. NIL SLP9518R Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
reathayser or Blood Yest eading? addition History	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	ANV PTE, LTD. NIL SLP9518R Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
mathalyser or Blood Test meding? Claim 001 New Birn Type * ordert No. (Motile) mai Address aim Oescription melarred Workshop Corract b. squire Pinalisation ate Registered apport Taken By	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	ANV PTE, LTD. NIL SLP9518R Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
eatharyser or Blood Test eathar? diffication History Claim GOS New sim Type * mtact No.(Mobile) had Address sim Description simple Pinalisation the Registered port Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
athayser or Blood Yest eding? Sheaten History Claim OCS New Im Type * ntact No.(Motele) and Address Im Description ferred workshop Corract squire Finalisation te Registered port Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
eatheryser or Blood Test eding? dification History Claim 001 New Birn Type * Indact No.(Mobile) and Address Birn Description intered Workshop Contact Loquine Pinalisation ite Registered port Taken By Dennt Aik letter Attachment	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
eatheryser or Blood Test eding? dification History Claim 001 New Birn Type * Indact No.(Mobile) And Address Birn Description Inferred Workshop Contact Louise Pinalisation Ite Registered port Taken By Drint AK letter Attachment	OD-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
eatharyser or Blood Test eathary diffication History Claim 001 New Birm Type * Intact No.(Mobile) has Address aim Description eiterred Workshop Contact because Finalisation ite Registered opent Taken By Print AK letter Attachment	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferend Repair Option Claim Close Oate	AMV PTE, LTD. NIL SLP9518R Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred W	6694456 \$XC2183X Received	
eatharyser or Blood Test eathary diffication History Claim 001 New Birm Type * Intact No.(Mobile) has Address aim Description eiterred Workshop Contact because Finalisation ite Registered opent Taken By Print AK letter Attachment	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferend Repair Option Claim Close Oate Claim No.	AMV PTE, LTD. NIL SLP9518R Not at Fault Preferred Workshop, Name unknown Save Submit 001 09/02/2018 16:38	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	6694456 SXC2183X	
eatharyser or Blood Test eathary diffication History Claim OCS New Him Type * Intact No. (Mobile) had Address him Description interred Workshop Contact	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown OUI 09/02/2018 16:38 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	6694456 SXC2183X	
eatharyser or Blood Test eathary diffication History Claim OCS New Him Type * Intact No. (Mobile) had Address him Description interred Workshop Contact	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability + Preferened Repair Option Claim Close Date Claim No. Upload Date Browse	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown OUI 09/02/2018 16:38 Category + Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	6694456 SXC2183X S	
eatharyser or Blood Test eathary diffication History Claim 001 New Birm Type * Intact No.(Mobile) has Address aim Description eiterred Workshop Contact because Finalisation ite Registered opent Taken By Print AK letter Attachment	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown OUI 09/02/2018 16:38 Category + Clear Please Select Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W V GIA report Date Received Confidential V W V	6694456 SXC2183X S	
radinalyser or Blood Test rading? Indification History Claim 001 New Birm Type * Sortact No. (Mobile) roal Address Birm Oescription referred Workshop Corract because Pinalisation ster Registered apont Taken By	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability + Preferened Repair Option Claim Close Date Claim No. Upload Date Browse	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown G01 G9/02/2018 16:38 Catejory + Clear Please Select Prease Select	Contact No. (Office) TP Vehicle Number Name of Preferred W V GIA report Date Received Confidential V W V	6694456 SXC2183X S	
eatharyser or Blood Test eathary diffication History Claim 001 New Birm Type * Intact No.(Mobile) has Address aim Description eiterred Workshop Contact because Finalisation ite Registered opent Taken By Print AK letter Attachment	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse Browse	ANV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown O01 09/02/2018 16:38 Category + Clear Please Select Clear Please Select Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W V GIA report Date Received Confidential V NO V V NO V	6694456 SXC2183X S	
eatharyser or Blood Test eathary diffication History Claim 001 New Birm Type * Intact No.(Mobile) has Address aim Description eiterred Workshop Contact because Finalisation ite Registered opent Taken By Print AK letter Attachment	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	AMV PTE, LTD. NIL SLP9S18R Not at Fault Preferred Workshop, Name unknown OUI 09/02/2018 16:38 Category * Ciear Please Select Ciear Please Select Please Select Please Select Please Select Please Select Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W V GIA report Date Received Confidential V NO V V PO V V NO V	6694456 SXC2183X Pricetory Received 09/02/2018 00:00 Lingency * Description * Normal Norm	
eatharyser or Blood Test eathary claim 001 New aim Type * infact No.(Mobile) has Address aim Description whered Workshop Contact because Pinalisation ste Registered opont Taken By å Print AK letter Attachment	DO-MX	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse Browse	ANV PTE, LTD. NIL SLF9518R Not at Fault Preferred Workshop, Name unknown CO1 C9/02/2018 16:38 Category + Clear Please Select Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W V GIA report Date Received Confidential V NO V V NO V V NO V V NO V	6694456 SXC2183X S	

	Uploaded By/Date	Folder Date	Rie Name	?	Source	Action
Video List						
1	NAC_PWYA_UBI_800601[NATI	DNAL ASSESSMENT CENTRE SERVICES) on D9 Fe b 2018 16:37	Photos	Normal	Photos 2018-2-9	E
4	MAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37		Photos	Normal	Photos 2018-2-9	Es
	NAC_PRVA_USI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37		Photos	Normal	Photos 2018-2-9	Ec
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Pe D 2018 16:37		Photos	Normal	Photos 2018-2-9	Es
100	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37		Photos	Normal	Photos 2018-2-9	E
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Fe 8 2018 16:37		Photos	Normal	Photos 2018-2-9	E
7	NAC_PWYA_UBI_B00601(_NATIONAL_ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37		Photos	Normal	Photos 3018-2-9	L
-	NAC_PAYA_URI_BOOSCIE_NATO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2016 16:37	Photos	Normal	Photos 2018-2-9	
*	NAC_PAYA_UB1_800603(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37	Photos	Normal	Photos 2018-2-9	E
-	MAC_PAYA_UB1_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37	Photos	Normal	Photos 2018-2-9	E
**	NAC_PAYA_UB1_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37	Photos	Normal	Photos 2018-2-9	Ec
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 15:37	Photos	Normal	Photos 2018-2-9	E.
10	NAC_PAYA_UST_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Fe b 2018 16:37	SAS	Normal	SAS 2018/2-9	Ec
ar no	NAC_PAYA_UBI_R00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Fe to 2018 14:38	NR3C/ Driving License	Normal	NRIC/ Driving License 2018-2-9	Es
Attachment	Į.	proaded By/Date	Category	? Urgency	Description	Sent? Acti (CO)