ATIONAL Assessment Cent	re Services Doi Date & Time Completed Doi	ne by
13/03/18	Jeb description Date to the	
REINU NA/INCIBOON 457 /13	SAS e-filing	
Vch No SCJ7524P	Email (within 8hrs, AIC 2hrs)	
Vch No 523 /321	o i-Motor Claim Form MT/098292	
DOA 10/02/18 000	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	7
OD (IP) Reporting Only	i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp	
	Tol: Fax:	
Preferred Wksp / INC Assign Wksp / QW: (SLQ3478D INC()/Non-INC()	N CONTRACTOR OF THE PARTY OF TH
P Particulars: Veh No:	Tel:	1
Owner / Driver: (Period: () Cover Type: (
Policy No: (Pate: Time:	
Confirmed by : (6) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Instited Birrer) Warranty: YES ()/NO ()	
Year of Registration.	\$1,000()/\$2,000()	A STATE OF THE PARTY OF THE PAR
EXCESS. (a)	The transfer of the state of th	
General Remarks:-	s information strictly Confidential & Strictly NO refer of repairer.	
() Walk-In Customer : Customer s	UDCENTLY	
() Total Loss Case : to e-mail In	voice: YES () / NO (); Towing Co. (
Remarks: (INC horline: 6788 66	Date&Time Completed	Done by
Remarks: (INC horline: 6788 66 1) Apply for Transport Allowance (2) OC Check / Post Repair Inspection	Date&Time Completed) / Courtesy Car () ()	Done by
Remarks: (INC horline: 6788 66	Date&Time Completed Date&Time Completed	Done by
Remarks: (INC horline: 6788 66 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	Date&Time Completed) / Courtesy Car () ()	Done by
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Remarks: (INC horline: 6788 66 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Date&Time Completed	Anit (\$) Amt Add

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/02/2018 18:20

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.

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.

aforesaid.	
ASSOCIATION OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	13/02/2018 14:48
Date Of Accident	10/02/2018 00:10
Exact Location Of Accident	TIONG BAHRU RD TWDS KENG LEE RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ7524P
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	TEORONNIE@YMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97941542
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	UBER HITCH
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	YES
Policy Number	5078818993-01
Cover Note Number	
Driver	
Name of Driver	LEE JEE NGIAP
NRIC No	S6920603D
	05/05/1069

05/06/1969 Date Of Birth OUTDOOR Occupation 01/02/1997 Date Of Driving Pass

21 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97941542 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

BLK 28 NEW UPPER CHANGI ROAD Address #14-744

Postcode

460028

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

: UNKNOWN Passenger 1 NAME:

> : FEMALE GENDER:

Passenger 2 : UNKNOWN NAME:

> : FEMALE GENDER:

Passenger 3 : UNKNOWN NAME:

> GENDER: : MALE

Passenger 4 : UNKNOWN NAME:

> : MALE GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

MARINA BAY N.P.C Police Station Name

ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180210/2011

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SD CARD PASSED TO TRAFFIC POLICE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ3478D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.

H CO Pental

Policyholder's Signature Date & Time: Driver's Senature

(If driver is not the policyholder)

Date & Time:

teporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time H

Driver Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



1 of 3

Report No. T/20180210/2011

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962

Tel No: 1800-2229999

REPORT OF A TRAFFIC ACCIDENT

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 10/02/2018 03:54			Vide Report No.: A/20180210/0005	11	
	nt's Particu	lars			
	Informant:		Address: APT BLK 28 NEW UPPER CH SINGAPORE 460028	IANGI ROAD #14-744	
ID Type / ID No.: NRIC NO / S6920603D)3D	Contact No.: Home/Office:	Mobile: 97941542	
Nationali			Email:		
Sex:	Age:	Date of Birth: 05/06/1969	Type of Informant: Driver	Listing / School Name:	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 10/02/2018 00:10	Type of Location Straight Road	
Location: Along Road TIONG BAHF Tiong Bahru Weather:	I RU ROAD Road towards Keng Le	Road Surface.	1	Road Speed Limit: 50 Km/h	
Traffic Flow.		Traffic Control:		Traffic Volume: Light	
One Way Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance:	

Details of V	enicle invo	CONTRACTOR AND ADDRESS AND ADD		lo-lo-	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	Color	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	7.0
SLJ7524P	Car	TOYOTA	SIENTA	Brown	Slightly Damaged	4
SLQ3478D	Car	HONDA	VEZEL	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	I Salastian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180210/2011

2 of 3

Report No. T/20180210/2011

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

Driver				ID No.	No.	S6920603D
Name	LEE JEE NGIAP		ID Ite.			
D 1 t d Mahiele	SLJ7524P (Car)			Contact No.		97941542
Related Vehicle	3L373241 (Od.)					00 00 0
Hospital/Clinic NIL				Class Driving Licent Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
	NIL		Date Disc	charge	NIL	
Date Treatment	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

I am working as a full-time Uber driver. On 10/02/2018 at 0010hrs, I was driving my car bearing registration number SLJ7524P along Tiong Bahru Road with 4 passengers in my car. I was at the traffic light along Tiong Bahru Road before Seng Poh Road and the traffic light was red, as such I stopped my car on lane 2 of 4 lanes. While I was waiting the traffic light on my favour, suddenly another 'Honda' Vezel bearing registration number SLQ3478D driving on lane 3 and swipe on my left side front passenger door and left side mirror. However the said driver did not stopped and continue driving till 50 metres away before I managed to stopped the said driver. I had a conversations with the female driver who believe to be intoxicated of alcohol and agreed to settle the matter privately by paying the damages of S\$200. As such I accompany her to the nearest ATM to draw cash, however later the female driver refused to pay the damages. As such I called for police. The female driver had failed the BA test and was arrested. My car had scratches on my front left passenger door and left side mirror. I wish to state that there are no government property damage, nobody was injured and no pedestrian involved. That's all.



T/20180210/2011

3 of 3

Report No. T/20180210/2011

Police Station Of Origin: Marina Bay N.P.C 70 Marina, View SINGAPORE 018962 Tel No: 1800-2229999

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

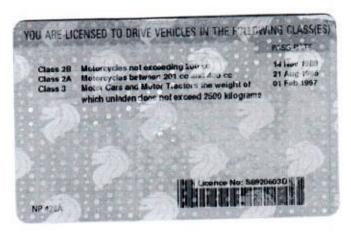
Signature Of Officer Recording The Report: A / Staff Sgt MOHAMMAD FIRDAUS BIN HASSAN	Signature of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2018 03:54
Officer In Charge Of Case: TP / DDGVT / SSI TAY CHUN KEEN Contact No.: 65476229	Classification Of Case:

wasted for company (funp /









UBET SA CARA camera - with AP 4 PASSENLIER 2 MALE

2 FEMALE

NO MURY

MIRER.

teoronnie @ Ymail com



Certificate of Insurance

MUTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5078818993-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLJ7524P

Chassis Number

: NSP1707059206

2. Name of Policyholder

: H & H CAR RENTAL & LEASING

3. Effective Date of Insurance

: 28 Mar 2017

4. Expiry Date of Insurance

: 27 Mar 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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 EXCESS (SECTION 1) : 5\$1,500 EXCESS (SECTION 2) : SS100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVER LE UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHO? : YES

INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE

: NO EXCESS WAIVER · N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : MAYBANK HIRE PURCHASE COMPANY

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

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

Agency

: S & M ALLIANCE PTE | TD (00000614373)

Date of Issue

Countersigned By:

: 24 Mar 2017 14:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Policy No.	5078818993-01	Vehicle No.	SLJ7524P	GST Registration No.	622
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	533.
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97941542	Contact No.(Office)	0	Contact No.(Home)	0
	3/34/342	Special Remark		eCode	No
Email Address		TCA	≈ No Yes	eCode Reason	
KFK	+ No Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	.No				
		Accident Report Within 24 hrs	Yes	Accident Type	Colli
Report Date	13/02/2018 18:31	Time of Accident hh:mm	00:10	Country of Accident	Sing
Date of Accident	10/02/2018	Orange Force	771171	ICM No.	
Reporting Centre		Orange Porce			
Accident Location	TIONG BAHRU RD TWDS KENG LEE RD				
▽ Benefits					
▽ Excess			5,000	Windowskia Europee	
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	mation				
GST Registered	No		GST Registration Date	CMC2	
GST Registration No.			GST Status Verified	Yes	
Modification History					
	Address		0.00/14/201	11111111	CTN
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	04-12	Related Policy Number	5080141989-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE JEE NGIAP	Driver NRIC	\$6920503D	Driver DOB	05/0
Register Date of Driver Licen	se 01/02/1997	Driver Age	48	Driving Experience	21
Contact No.(Mobile)	97941542	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 28	Address 2	NEW UPPER CHANGI ROAD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	460
Unit No.	#14-744				
Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
Registered car?	Yes = No	Driver venice no.			
Declaration		All residence of the second se	No. of No.		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No		
Modification History					
Claim 001 OD-MX	lew				
		HUMBO TORRO SUCCESSOR	LA U CAS SCRITAL S LEADING	Insured NRIC	533
Claim Type *	OD-MX *	Insured Name	H & H CAR RENTAL & LEASING	Contact No.(Office)	533 + SLC
Contact No.(Mobile)		Contact No.(Home)	EL TREDAD	TP Vehicle Number	510
Email Address		OI Vehicle Number	SLJ7524P	Name of Preferred Workshop	
Claim Description	SLJ7524P / SLQ3478D ON 10 Feb 2018	54 88 Note 24	-	There are reserved from the same	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		-
Require Finalisation	Yes •	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Re
	13/02/2018 18:37	Claim Close Date		Date Received	13
Date Registered		Workshop Repairer		Total Loss but Repaired	
Report Taken By	ROSLINDA				

Attachment

▽ Video List

Uploaded By/Date

001 Claim No. MT/0982292 Accident No. 13/02/2018 00:00 Upload Date Yes
 No Last Doc. Received Urgency * Confidential Category * Path * ♥ NO Normal Clear Please Select Choose File No file chosen * Normal NO Please Select Choose File No file chosen Normal NO Please Select Clear Choose File No file chosen Normal NO Please Select Clear Choose File No file chosen Normal NO Please Select Clear Choose File No file chosen . Normal * NO Clear Please Sciect Chaose File No file chosen Message Read Attachment List 9 Descrip Urgency Category Uploaded By/Date Attachment 11.1 MAG NRIC/ Driving Lice NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 NRIC/ Driving License Normal - 1993 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 SAS 2018 Normal SAS Feb 2018 18:36 Photos 20: NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Normal Photos Feb 2018 18:36 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Photos 20: Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Photos 20: Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Photos 201 Normal Photos Feb 2018 18:36 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Photos 20: Photos Normal Photos 20: NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Photos 20: Normal Photos NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Photos 20: Normal Photos NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36 Photos 20: Normal Photos

Display in New Window Scan and uploading

Folder Date

File Name

9

Source