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OD / TP\/ Reporting Only	or W/O (Within: OD 2hr:	s, TP 4hrs)		
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TP Insurer:	ment/Survey Report			
Ass't R	teport by Fax / Hand t	o Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	Virginia
TP Particulars: Veh No: SDA 7000 B	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. S	tatus (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	3
Year of Registration: () Warranty: Y	/ES()/NO()		3-11-200
	\$2,000()			
General Remarks:	Sente e avoir	STATE OF THE STATE	Sept. Sept.	e a la
() Walk-In Customer: Customer's information stri	oth Coeffdential & St	dely NO refer of repairer	1 1 1 1 1 1 1 1 1	
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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.
- 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.

- 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	19/02/2018 19:02
Date Of Accident	15/02/2018 00:30
Exact Location Of Accident	BLK 504A SERANGOON NORTH AVE 4 MULTI STORY CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL1020P
Insured/Policyholder	
Name Of Registered Owner	KD TRANSPORT SERVICES
Co Reg No	53342290J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092113048

Driver

Cover Note Number

HARISH S/O MURALITHARAN Name of Driver

S9601131H NRIC No 06/01/1996 Date Of Birth INDOOR Occupation 21/11/2014 Date Of Driving Pass

3 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96362013 Mobile Number

Fax Number

OFFICE-96362013 Contact Number

NOEMAIL EMail Address

Address BLK 699 HOUGANG STREET 52

#04-09 530699

Postcode 530

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

OTHER - HIRER

-

Insurance Company of Driver's Own Vehicle

*

2

YES

NO

NO

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDA7000B

Vehicle Make/Model/Colour NISSAN QASHQAI

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver OW YONG

NRIC/Passport Number

Contact Number 97898600

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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)
 - 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.

KO TRANSPORT

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 .:

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Neve

Block SOYA Levanjoon North Avenue 4 Multi Storey Compark A: 86L1020P B: SOA-1000B.

DESCRIPE CIRCUMSTANCES OF THE ACCIDENT

My vellicle	Was parked Enside a parkery lot of Block
SOYA Levan	your North Avenue 4 Multi Storey Carpart. 1
van behin	nd my car taking something. art of suchden,
1 felt th	at my car gerked and moved home I walk
forward t	to take a look. I saw rekide (b) lat e
gazeol alc	by my vehicle front partion while triping to
reverse and	to a partient 10t.
THE RESERVE TO SERVE THE PERSON NAMED IN	

DECLARATION

K D/We declars 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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- 4 This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 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 traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	15 Peb 2018	(DD/MM/YY)
Time of accident	00:30	(HH:MM)
Exact location of accident	Seranjoon North Brenne	4
	Block SOYA Walth Plovery (apark.

	DETAILS OF VEHICLE
Vehicle registration number	2GL 1020P
Vehicle make and model	Honda CARC
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Pravate
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

	INSURANCE IN	FORMATION	THE PROPERTY OF
Insurance company	MTU	c	
Policy number	5092113	3048	
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER
Name	_ ko Tramport Anices Males Female c
NRIC / Fin / Passport number	533.422807.
Contact	9636 2013 1 9168 0910
Address	78 Bedok Nath Road ". 406-246 S(460078)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Hansh Slo Muralstharan Male o Female o
NRIC / Fin / Passport number	8 96 0431 H
Contact	9636 2013 1 9168 0910
Address	9636 2013 1 9168 0910 Block 699 Howary Street 52 \$04-01 Penjapore 530699
Email address	harish. mura lith aron 23 @ gmac/. com.
Date of birth	06 Jan 1896
Occupation	Indoor Outdoor
Driving date pass	21 HOV 2014

G	ENERAL IN	FORMATION O	THE ACCIDENT	
Was driver an employee of	Yes 🗆	No.0		10.40/
the insured's company?	If no, rela		Iriver and insured: _	Harer
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dryer	Wet 🗆		
No of passenger	0			(Inclusive of driver)
		PASSENGER	1	
Name				
Gender	Male 🗆	Female D		
COMPANY OF A PROPERTY	THE PARTY	PASSENGER	2	1000 1000
Name				
Gender	Male □	Female 🗆		
		/		
	MAN PAR	PASSENGER	3	
Name				
Gender	Male 🗆	Female 🗆		
	(
· · · · · · · · · · · · · · · · · · ·		PASSENGER	4	
Name				
Gender	Male 🗆	Female 🗆		
THE RESERVE TO SERVE THE PARTY.	MINE TO S	PASSENGER	5	
Name				
Gender	Male 🗆	Female 🗆		
The state of the s		PASSENGER	6	
Name				
Gender	Male 🗆	Female 🗆		
Gender	/			
	0	THER INFORMA	TION	
Was anybody injured?	Yes 🗆	No		
Was other vehicle damaged?	Yes	No 🗆		
	DE	AILS OF POLICE	ACTION	Utalian Carlo
Reported to police?	Yes		s, please state whic	h police station.
Police station name		-		
	TOTAL MICH	WITNESS 1		AND THE PARTY OF T
Name				
Ivanic				
THE RESERVE OF THE PERSON OF		WITNESS 2		
THE PERSON NAMED OF THE PE		Thin is a le	ACTOR OF THE PARTY	
Name				

CONTRACTOR OF THE PARTY OF THE	THIRD PARTY VEHICLE 1
Vehicle registration number	SOA 3000B
Vehicle make model	Million Osoh Abs.
Name	Ow You
NRIC / Fin / Passport number	
Contact	9789 2600
Contact	1761 0600
	THIRD PARTY VEHICLE 2
Valida a sistematica a superior	THIRD PARTY VERIGUE 2
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Land to the second second	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
· · · · · · · · · · · · · · · · · · ·	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
The state of the s	
Name	
NRIC / Fin / Passport number	

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Contact

THE REPORT OF SHIPPS	INJURED PERSON 1
Name	
Injuries sustained	/
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
TO DESCRIPTION OF THE PARTY OF	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
converse contract reconstructions and a superior an	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in? Were seat belts worn?	Yes D No D
The second secon	Yes No No D
Was injured conveyed to hospital by ambulance?	100
nospital by ambulancer	1
	INJURED PERSON 5
Name	
Name Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to	Yes D No D
hospital by ambulance?	/
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
The state of the s	· · · · · · · · · · · · · · · · · · ·
Was injured conveyed to	Yes, No D
Was injured conveyed to hospital by ambulance?	



SINGAPORE ARMED FORCE

IDENTITY CARD

Hems

MARISH S/O MURALIYHARAN



NRIC No

S9601131H

This cord is the paperty of the Biogapora Armed Forces. Any person hedro, this cord is requested to forit without delay to Central Manpower Base or any Police Station.



00000035264475

18

KRIC No/Colour

59601131H/ PINK

Race (NDIAN

Date Of Birth

06/01/1996

Service Status

NSF Address Mittar

Country Of Birth SINGAPORE Mistary Rank Status

ENLISTEE

.....

A(+)

BIK 699 HOUGANG STREET 52 #94-09 SINGAPORE 530699



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Nov 2014 of the driver; and other motor vehicles =< 2500kg

Licence No: S9601137H

NP 428A

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa				Change Lan	guage	Change Passwo	rd
My Desktop	Polic	cy Query								
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	SGL1020P			Date of Acc	ident	15/02	/2018 00:30	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092113048	KD TRANSPORT SERVICES	533422903	GPC	drivo CLASSIC	SGL1020P	SGL1020P	29/06/2017	28/06/2018
			SHALL CONTROL OF		- 1	Continue				

002113049	Plan Effective Date Own damage Excess OS Premium Outside Singapore TP Excess	KD TRANSPORT SERVICES RE 460078 29/06/2017 00:00 600 0 68038751	Policyholder NRIC Group Policy Flag Expiry Date Windscreen Excess	533422903 N 28/06/2018 23:59 100
RIVATE CAR INSURANCE 7/06/2017 000 ASSURE (SINGAPORE) PTE. LTC	Plan Effective Date Own damage Excess OS Premium Outside Singapore TP Excess	29/06/2017 00:00 600 0	Expiry Date Windscreen Excess	28/06/2018 23:59
7/06/2017 000 ASSURE (SINGAPORE) PTE. LTC	Effective Date Own damage Excess OS Premium Outside Singapore TP Excess	600 0	Expiry Date Windscreen Excess	28/06/2018 23:59
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ASSURE (SINGAPORE) PTE. LTC 0	Singapore TP Excess		GST Flag	Y
0	Agent Tel.	68038751	GST Flag	Y
Mailing Address				
Mailing Address				
BLK 78 #06-246	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460078
	Address Type	Singapore address	Post Code	460078
06-246	Related Policy Number	5088441548-01		
ct: SGL1020P				
· ·				
Date of Endorsement	Endorseme	ent Type Endorseme	ent Status	Endorsement Content
29/06/2017 00:00	NCD Endorsem	ent Endorsement Tak	e Effective	Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 0% and not 50% as declared in your policy application. As the NCD protection is only offered to policyholders with at least 30% NCD, we are unable to offer you this benefit. In view of the reduction of NCD, an additional premium of \$865.74 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card on NETS.
)((6-246 ct: SGL1020P s Date of Endorsement	Address Type Related Policy Number ct: SGL1020P S Date of Endorsement Endorsement	Address Type Singapore address Related Policy 5088441548-01 ct: SGL1020P S Date of Endorsement Endorsement Type Endorsement 29/06/2017 00:00 NCD Endorsement Endorsement Take	Address Type Singapore address Post Code Related Policy S088441548-01 Ct: SGL1020P S Date of Endorsement Endorsement Type Endorsement Status

ccident MT/0982729					Ne to setudo nuordino			
olicy No.	9092112048	Vehicle No.	SGL1020P		GT Registration No.			
olicyholder Name	KD TRANSPORT SERVICES				sicyholder NKIC		533422903	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	gryp CLASSIC		eding		0	
ontact No (Mobile)	Q .	Contact No.(Office)	0	Co	ontact No.(Home)		0	
mail Address		Special Remark		60	Code		No.Y	
FK	® No ○ Yes	TCA	® No ○Yes	40	Jode Reison			
CD Protection	No	NCD Entitlement(%).	0	*	wate Hire		Yes	
Accident Details								
eport Date	19/02/2018 23:04	Accident Report Within 24 hrs	Yes	Ac	cident Type		Damaged who	lst parked
		Time of Accident Nh:mm	00:30	Cr	ountry of Accident		Singapore	
ate of Accident	15/02/2018		00.00		M No.			
eparting Centre		Orange Force			etime.			
codent Escation	BLK 504A SERANGOON NORTH AVE 4 MULTI	STORY CARPARK						
₩ Benefits								
· Excess	22/22		0.00	W	indscreen Excess			100.00
wn damage Excess	600.00	Additional Excess	600.00		in the state of the state of			
nnamed Driver Excess		Outside Singapore OD Excess						
hird Perfy Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Informa	ation							
ST Registered	No		GST Registration Date		No			
ST Registration No.			GST Status Verified		40			
edification History								
Policyholder Mailing Ad	dress		2012	102	72100 GR		SINGAPORE	440078
ddress 1	BLK 78 #05-246	Address 2	BEDOK NORTH ROAD		doress 3			40,070
Address 4		Address Type	Singapore address	P	ost Code		460078	
Init No.	06-246	Related Policy Number	5085441548-01					
OI Driver Info								
Iriver Name	HARISH 5/O MURALITHARAN	Driver Type	Named Driver	112	one representation of the control of		0410111004	
innamed driver Name		Driver NRIC	S9601131H		river DD6		06/01/1996	
tegister Date of Driver License	21/11/2014	Driver Ape	22		riving Experience		3	
Contact No. (Mobile)	96362013	Contact No. (Office)	0		ontact No.(Home)		0	Manager 1
Address 1	BLK 699	Address 2	HOUGANG STREET 52		pdress 3		SINGAPORE	530699
Address 4		Address Type	Singapore address	P	ost Code		530699	
unit No.	04-09							
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		D	viver Insurer Compr	erry		
Registered car?	○ Yes ® No	Driver Vehicle No.		D	onyer Insurer Compi	eny		
Registered car?	7.000 7.000	0.50090.0000000000000000000000000000000	0.000	D	myer Insurer Comp	eny		
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Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	7.000 7.000	0.50090.0000000000000000000000000000000	○ Yes ® No	D	inver Insurer Compi	erry		
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Registered car? Declaracion Sevasthalyser or Blood Test Reading? Foodfication History Claim 001 New Claim 001 New Claim 100 New Address Claim 100 New Preferred Workshop Contact No. Require Finalization Data Registered Report Taken By Prior AK letter Attachment Accident No.	0 mg On-MK Y 91064465 SGL10209 / SOA70008 ON 15 Feb 2018 Yes Yes Yes 19/02/2018 22:06 Jackson	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	NO TRANSPORT SERVICES SGL 1020P Not at Fault Preferred Workshop, Name unknown Save Submet	II C T N	nsured NRIC Jordact No. (Office) P Vehicle Number Isame of Preferred W		66321749 SDA7000B Received	Control of the Contro
registered car? rectantalyser or Blood Test leading? claim 001 New Claim 001 New Claim Type. * Contact No. (Mobile) Email Address Claim Description Overferred Workshop Contact No. Require Finalisation Date Requirered Report Taken By Point AK letter Attachment	0 mg 00-MK	Any injury? Insured Name Contact No.(mome) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	NO TRANSPORT SERVICES SGL1020P Not at Fault Preferred Workshop, Name unknown Save Submet 001 19/02/2018 23:07	II C T N	nsured NRIC Jordact No. (Office) P Vehicle Number Isame of Preferred W		56321749 SDA79008 Received 19/02/2018	Control of the Contro
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Attachment	4	ploaded By/Date	Category	₩ Urgen	Cy Description	Msg Sent? Action (CD)
A	NAC_PAYA_UBI_800601(NATIC	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:07	NR1C/ Driving License	Norm	NRIC/ Driving License 2018-2-19	Edit
40	NAC_PAYA_UB)_800801(NATIC	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:07	SAS	Norm	SAS 2018-2-19	Edit
4	NAC_PAYA_UBI_B00601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe 5 2018 23:07	Photos	Norm	Minotos 2018-2-19	Edit
	NAC_PAVA_UBI_B00601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:07	Photos	Norm	Protos 2018-2-19	Edit
4.19	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe is 2018 23:07	Photos	Norm	Photos 2018-2-19	Edit
M	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos	Norm	Photos 2018-2-19	Edit
3	NAC_PAYA_LIBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe 5 2018 21:06	Photos	Norm	hal Photos 2018-2-19	Edit
01	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos	Norm	Photos 2016-2-19	Edit
11	NAIC_PAYA_UBI_800601(NATK	MAL ASSESSMENT CENTRE SERVICES) on 19 Fe © 2018 23:06	Photos	Norm	hal Photos 2018-2-19	Edit
1	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos	Norm	nal Photos 2018-2-19	Edit
1	NAC_PAYA_LBI_BD06D1(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos.	Norm	hal Photos 2018-2-19	Edit
	NAC_PAYA_UB1_800603(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos	Norm	SAS 2018-2-19	Edit
1	NAC PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos	Norm	nal Protos 2018-2-19	Edit
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4	NAC_PAYA_UBI_BOOSOI(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:06	Photos	Norm	Photos 2018-2-19	Edit
	Upleaded By/Date	Folder Date	Frie Name		Source	Action