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Preferred Wksp / INC Assign Wksp / QW//			Telr	-	2,3	
TP Particulars: Vel. No:	SHA 6625H	INC (	j/Non-INC (			
Owner / Driver: (	3114 0 0 3 A		Tell			
Policy No. ( ) Per	tioč. (	)	CoverType (			
Confirmed by : (		Date:	Time-		)	
Insured/Driver Liability: ( %) []	Note-Est Status (	WO): N: 0-	2034; P. 21-79%.	F. 90-	[0046]	
Year of Registration: ( ) 1	Warranty: YES (	)/NO(	)			
	00 ( )/\$2,000	( )				
General Remarks-	400 0575					
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

foresaid.	ACCIDENT STATEMENT
Date Of Report	02/03/2018 13:24
	01/03/2018 17:50
exact Location Of Accident	ECP(CHANGI) AFTER TANJONG KATONG EXIT
Country/State of Loss	SINGAPORE
Di Di	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SBX57L
nsured/Policyholder	
Name Of Registered Owner	NORI BIN BARI
	S0058796F
NRIC No	NOEMAIL
Email Address Mobile Phone No	(LOCAL) +65-90261120
	OFFICE-90261120
Alternative Phone No	
Vehicle Particulars	NISSAN
Manufacturer	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Model	
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
	5096367499
Policy Number Cover Note Number	6-
Driver	
(Table 18 )	NORI BIN BARI
Name of Driver	S0058796F
NRIC No	26/04/1953

26/04/1953 Date Of Birth OUTDOOR Occupation 03/03/1980 Date Of Driving Pass

37 YEARS AND 11 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-90261120 Mobile Number

Fax Number OFFICE-90261120 Contact Number

NOEMAIL **EMail Address** 

Address

BLK 494E TAMPINES ST 43 #12-528

Postcode

525494

OWNER

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

#### General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

: TIE HWEE LING 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?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### 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

SHA6625H

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

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

UNKNOWN

Vehicle Make/Model/Colour

Vernois manormosor s

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 truthful 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 Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle A: SBX 57L

Vehicle B: SHA 6625H

Vehicle C: Unknown

Taxi

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	01	1 TU	e sto	ited o	late	Y tiw	16, I	, 10	nicle	A, S	BX57	L, wa
trav	elling	ctrai	ght o	along	tre	state	d v	enue	Due	10	fon	t vehicl
prare	ed, 2	bro	ited i	XS W	ell. 1	thout	3	secon	ds li	ater,	veh	ille 'B',
SHA	66151	t hin	onto	my	stat	ıonan	1 ve	hille	is ne	av	portio	n. the
grea	t TM	pact	cause	t my	veh	itcle to	) pu	pel	forh	ard	and	lightli
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	NAME OF TAXABLE PARTY.	West of the second					-					

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.:

# Personal Particulars of Owner & Driver (Vehicle A)

Dute of Accident: 01 / 03 2018 (dd/mm/33) Time of Accident: 17 : 50 (24-HR-FORMAT)
Vehicle No.: SBX57L Vehicle Make & Model: NiSSan Qashqai 1.2
Exact location of Accident: ECPL Changi), after Tanjong katong Exit
Policyholder's Name IC No.: NOTI BIN BOTI 50058796 F
Driver's Name   IC No.:
Driver's Contact No.: 9026 1120 Company Contact No:
Driver's Address 494E Tampines St 43 #12-528 S(525494)
Insurance Company. NTUC Email address (if any): 200 Mauto werks egmail (om.
Relationship between Owner & Driver: (Please CIRCLE one only)  Owner Spouse Children Friend Parents Sibling Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job)  Indoor  Outdoor
Private use / Work purpose No. of Passengers (Including Driver): 02
Weather condition & Road conditions. (On the day of accident) Passenger: Tie Hwee Ling \$72283611
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes No
Any Injuries: Yes No (If YES) Injured Person Name:
Injurios Sustain: Injured Person in Which Vehicle:
Police Report filed: Yes No (If YES) Which Police Station:
The Other Party(s) Details:
Dever's Name 16 No: SHA 6625H
Deixer's Contact NoInsurance Company (If any): (+otal 5 , Incl ctriver)
* Driver's Name / IC No
Drixer's Contact No:Insurance Company (If any): Ctotal 2, incl Clriver)
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:
11.05 C. M. 14.00 C. M. 10.05

<sup>&</sup>quot;It no proper documents are produced, IDAC should not file the report. Information will be discarded after one week



Land Transport



VOCATIONALLICENCE Licence No. S0058796F Name : NOR! BIN BAR!

Please visit www.llagov.sg to check the status of this vocational licence Card Issue Date : 29/11/2017

S0058796F REPUBLIC OF SINGAPORE IDENTITY CARD NO.







NOR! BIN BAR!

28-04-1953 Date of born MALAY

SINGAPORE



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407 478A

This card is not transferable and is the property of the Land Transport Authority (LTA), it must be surrendered to LTA on request. If found, please return to LTA, 10 thin Ming Drive, Singapore, 875701

Description 177

PRIVATE HIRE CAR VL.

29/11/2017

latter Dete

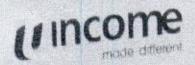
3423940

\*\*\* S0058796F

27-01-2015 Cheek of Service

APT BLK 484E TAMPINES ST 43 #12-528
SHIGAPORE 525484
NPO Not SADERTHES ST 43 #12-528

Date 30/10/2015



# Certificate of Insurance

Cover : Preferred Workshop Plan

MOTOR 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 5096367499

index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

SBX57L

SINFEAU11U1695118

NORI BIN BARI

30 Nov 2017

29 Nov 2018

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
- (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle
  - # Aimitations 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

EXCESS (SECTION 1) 5\$2,000 EXCESS (SECTION 2) : \$\$2,000 WINDSCREEN EXCESS \$\$100 INSURE WITH COE YES

HIRE PURCHASE COMPANY HONG LEDNG FINANCE LTD

SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

GRABCAR PTE LTD (00000601726)

Date of Issue

30 Nov 2017 14:13 hrs

Countersigned By:

**Authorised Officer** 

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

## Claim Handling

ident MT/0984416		TIMES SOIL		GST	Registration No.	serial delication and
C. S.	205757499	Vehicle No.	SBX57L		cyholder NRIC	S0058796F
CA DAG	96367499		No.	Loa	ding	0
	ORI BIN BARI	Cover Type	Preferred Workshop Pla	n :	ntact No.(Home)	
oduct Code C	OMMERCIAL VEHICLE INSURAN	Contact No.(Office)			ode	No Y
ontact No.(Mobile) 9	0261120	Special Remark	1.002		ode Reason	
nail Address	No. Yes	TCA	e No Yes		vate Hire	No
-K	» No Yes	NCD Entitlement(%)	20			
CD Protection	No.			Ac	cident Type	Chain Collision
Accident Details	02/03/2018 14:48	Accident Report Within 24 hrs	Yes		ountry of Accident	Singapore
eport Date		Time of Accident hh:mm	17:50		OM No.	
late of Accident	01/03/2018	Orange Force				
Reporting Centre	ECP(CHANGI) AFTER TANJONG KATONG EXT	T				
Accident Location	ECP(CHANGI) AFTER TANADAG	2				
				V	Vindscreen Excess	
₩ Excess		Additional Excess			A CONTRACTOR OF THE PARTY OF TH	
Own damage Excess	2,000.00	Outside Singapore OD Excess				
Unnamed Driver Excess	22222	Outside Singapore TP Excess				
Third Party Excess	2,000.00			A STATE OF THE STA		
GST Registered Informa	rtion .		GST Registra		Yes	
GST Registered	No.		GST Status \	erified	3277	
GST Registration No.						
Modification History						
					Address 3	TAMPINES ALCOVES
Policyholder Mailing Ac	idress	Address 2	TAMPINES STREET	43	Post Code	525494
Address 1	BLK 494E #12-528	Address Type	Singapore address		Last Gong	
Address 4	SINGAPORE 525494	Related Policy Number	5096367499			
Unit No.	12-528	Weighted Louis Line				
OI Driver Info		Driver Type	Unnamed Driver		Deves DOB	26/04/1953
Driver Name	Unnamed Driver	Driver NRIC	S0058796F		Driver DOB	37
Unnamed driver Name	NORI BIN BARI		64		Driving Experience	MONT.
Register Date of Driver Licens	e 03/03/1980	Contact No.(Office)	567		Contact No.(Home)	TAMPINES ALCOVES
Contact No.(Mobile)	90261120		TAMPINES STREET	43	Address 3	525494
Address 1	BLK 494E #12-528	Address 2	Singapore address		Post Code	3434
Address 4	SINGAPORE 525494	Address Type				
unit No.	12-528	00000000000000000000000000000000000000			Driver Insurer Compan	w
Does he own a Singapore	Yes . No	Driver Vehicle No.				
Registered car?						
Declaration			war and Maria			
Breathalyser or Blood Test	0 mg	Any injury?	yes No			
Reading?	15.000					
Modification History						
Modification History						
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Claim 001 New	OD-MX *	Insured Name	NORI BIN BARI		Contact No.(Office)	+4
Claim 001 New	OD-MX	Contact No.(Home)			Contact No.(Office) TP Vehicle Number	+ SHA6625H
Claim 001 New Claim Type * Contact No.(Mobile)	90261120		NORI BIN BARI		Contact No.(Office)	+ SHA6625H
Claim 001 New Claim Type * Contact No.(Mobile) Email Address	90261120 bari_nori@yahoo.com.sg	Contact No.(Home) OI Vehicle Number	SBX57L		Contact No.(Office) TP Vehicle Number	+ SHA6625H
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description	90261120 bari nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018	Contact No.(Home)	SBX57L Not at Fault		Contact No.(Office)  TP Vehicle Number  Name of Preferred Vi	+ SHA6625H 0 Received
Claim 001 New Claim Type * Contact No.(Mobile) Email Address	90261120 bari_nori@yahoo.com.sg SBX57L / SHA662SH ON 1 Mar 2018	Contact No.(Home) OI Vehicle Number	S8X57L Not at Fault	cshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	+ SHA6625H O
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta	00-MX 90261120 bari_nori@yahoo.com.sg SBX57L / SHA662SH ON 1 Mar 2018 0 Yes	Contact No.(Home) OI Vehicle Number Insured Liability *	S8X57L Not at Fault	- Committee	Contact No.(Office)  TP Vehicle Number  Name of Preferred Vi	+ SHA6625H 0 Received
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta	00-MX 90261120 bari_nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018 0 Yes   02/03/2018 14:52	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Optio	S8X57L Not at Fault	- Committee	Contact No. (Office) TP Vehicle Number Name of Preferred W	+ SHA6625H 0 Received
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta  No.  Require Finalisation  Date Registered	00-MX 90261120 bari_nori@yahoo.com.sg SBX57L / SHA662SH ON 1 Mar 2018 0 Yes	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Optio	S8X57L Not at Fault	- Committee	Contact No. (Office) TP Vehicle Number Name of Preferred W	+ SHA6625H 0 Received
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Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta  No.  Regulare Finalisation  Date Registered	00-MX 90261120 bari_nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018 0 Yes   02/03/2018 14:52	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Optio	S8X57L Not at Fault	shop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	+ SHA6625H 0 Received
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Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	00-MX 90261120 bari_nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018 0 Yes   02/03/2018 14:52	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Optio Claim Close Date	SBX57L  Not at Fault  Preferred World  Save Submit	shop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	+ SHA6625H 0 Received
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	00-MX 90261120 bari_nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018 0 Yes   02/03/2018 14:52	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Optio Claim Close Date  Claim No.	SBX57L  Not at Fault  Preferred Worl	t	Contact No. (Office) TP Vehicle Number Name of Preferred W	+ SHA6625H 0 Received
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.	0D-MX 90261120  bari .nori@yahoo.com.sq SBX57L / SHA6625H ON 1 Mar 2018 0  Yes  02/03/2018 14:52  LIEW SHAN MUI	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Optio Claim Close Date	SBX57L  Not at Fault  Preferred Worl	on1 02/03/2018 14:53	Contact No. (Office) TP Vehicle Number Name of Preferred W	# SHA6625H 0 0 Received 02/03/2018 00:00
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	00-MX 90263120  bari nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018 0 Yes 02/03/2018 14:52  LIEW SHAN HUI  MT/0984416 • Yes No	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Optio Claim Close Date  Claim No.	SBX57L  Not at Fault  Preferred Worl  Save Submi	001 02/03/2018 14:53 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received  Confidential	+ SHA6625H 0 0 Received 02/03/2018 00:00
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Conta No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  Last Doc. Received	00-MX 90263120  bari nori@yahoo.com.sg SBX57L / SHA6625H ON 1 Mar 2018 0 Yes 02/03/2018 14:52  LIEW SHAN MUI  MT/0984416 * Yes No Path *	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Optio Claim Close Date  Claim No.	SBX57L  Not at Fault  Preferred Worl  Save Submi	t 001 02/03/2018 14:53 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received  Confidential	+ SHA6625H 0 Received 02/03/2018 00:00
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#### 3/2/2018

## Claim Handling(accident reporting Claim Task )

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Message Read Attachment List Description Urgency Category Uploaded By/Date Attachment NRIC/ Driving License 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:53 Normal NRIC/ Driving License Mit. 386 SAS 2018-3-2 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:53 Normal SAS Photos 2018-3-2 Photos

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:53 Photos 2018-3-2 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:53 Normal Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Normal Photos Mar 2018 14:53 Photos 2018-3-2 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:53 Photos Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Normal Photos Mar 2018 14:53 Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:53 Normal Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Photos Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Photos Mar 2018 14:52 Photos 2018-3-2 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Photos Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Normal Photos Photos 2018-3-2 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Photos Photos 2018-3-2 Normal NAC\_PAYA\_UB]\_800501( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Normal Photos Photos 2018-3-2 NAC\_PAYA\_UBI\_800501( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Photos Photos 2018-3-2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 14:52 Normal Photos Photos 2018-3-2

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