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Date In 2/5/18 10:37	Jeb description	- 1	Jate & Time Complete			
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Veh No. SLC 3114 C	E-mail (within Shrs, A	(C 2hrs)				
DOA 30/4/18 19:00-	i-Motor Claim Fo	orm	MT/0992713-0	2/5	5/18 1	9:01.
	i-Motor W/O (with	hin: OD 2hrs, TI	4hrs)			
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	Assessment/Survey	Report				***
TP Insurer.	Ass't Report by Fac	c/Hand to C	wner/Wksp	1		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Faxs		
TP Particulars: Veh No: 5	GL 2254 A.	INC()/Non-INC()			
Owner / Driver: (Tcl:)	
Policy No. () Period	d: () (over Type: ()	
Confirmed by : (ite:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est Status (WO):	N: 0-20%	; P. 21-79%. F: S	0-100%		-
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Remarks:- (INC hotline: 6788 6616)			Date&Tirrie Complet	d)	Done	by
1) Apply for Transport Allowance ()/ Cou	irtesy Car ()					
2) OC Check / Post Repair Inspection	()					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

 3. Information provides 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.

foresaid.	ACCIDENT STATEMENT
Date Of Report	02/05/2018 10:37
Date Of Accident	30/04/2018 19:00
	AYE TWDS TUAS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC3114C
Insured/Policyholder	
Name Of Registered Owner	ETHOS LIMOUSINE SERVICES
Co Reg No	53350518J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98325234
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
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	REPORTING ONLY
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	5097865627
Cover Note Number	
Driver	
Name of Driver	CHOW KERR CHUEN(ZHOU KEQUAN)
NRIC No	S8511081J
Date Of Birth	17/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98325234
Fax Number	
Contact Number	
Common Hamber	NOTE: 12 A

NOEMAIL

35 BRIGHTON AVE Address

559280 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Passenger 1 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 3 : UNKNOWN NAME:

> : FEMALE GENDER:

Passenger 4 NAME: : UNKNOWN

> : MALE GENDER:

Passenger 5 NAME: : UNKNOWN

> : MALE GENDER:

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG AYE TWDS TUAS ON THE FIRST LANE, WHEN NOTICED FRONT VEH BRAKE, I MANAGE MY BRAKE. MOMENT LATER I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SGL2254A) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION, BELOW IS THE YOUTUBE LINK FOR MY REAR CAR CAMERA VIDEO FOOTAGE, https://youtu.be/s5Q6A8iUp6w

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

LINK ON ABOVE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGL2254A

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 TAN SENG CHUAH

S1670314A

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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	7		
riculars are true in ever	y respect.		1
Scalars are true in ever			
la.	P.M		(Jaras)
			Centre Personnel's Signature
(If driver is no	t the policyholder)	Name:	
	Driver's Signat	A B AVE twols	A B B B B B B B B B B B B B B B B B B B

GLERIC SHIRTHING OFFE, V.



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of ETHOS LIMOUSINE SERVICES (53350518J)

Date: 11/11/2017

he Following Are The	Brief Farticulars of				
lame of Business		ETHOS LIMOUSINE	SERVICES		
ormer Name(s) if any		2			
ate of Change of Name	е	12			
Registration No.		53350518J			
Registration Date		17/11/2016			
Commencement Date		12/11/2016			
Status of Business		Live			
Status Date		17/11/2016			
Renewal Date		*			
Expiry Date		17/11/2019			
Renewal via GIRO		: NO			
Constitution of Business	S	Sole-Proprietor			
Principal Place of Busin	ness	35 BRIGHTON AVE SINGAPORE (5592			
ate of Change of Address		01/11/2017	01/11/2017		
Principal Activities			None Telephone		
Activities (I)		PASSENGER LAN AND TRISHAWS)	D TRANSPORT N.E.C. (EG 49219)	PRIVATE CARS FOR HIRE	WITH OPERATO
Description		а			
Activities (II)					
Description		87			
Particulars of Author	ised Representative	e(s)			
Name	ID	Nationality	Address	Address Source	Date of Appointment
Existing Sole-Proprie	etor(s) / Partner(s)				
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
		incorporation/Origin			Position

Authentication No.; L17056605B



INFORMATION RESOURCES

Existing Sole-Proprietor(s) / Partner(s)

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Business Profile (Business) of ETHOS LIMOUSINE SERVICES (53350518J)

Date: 11/11/2017

Existing Sole-Proprietor(ID	Nationality/Place	of Addre	SS		Address	Date of Entry
lame	10	incorporation/Ori				Source	Position
CHOW KERR CHUEN	S8511081J	SINGAPORE	35 B	RIGHTON AV	ENUE	ACRA	28/10/2017
CHOW KERR CHOLL	000110010	CITIZEN	SINGAPORE (55928		280)		Owner
Withdrawn Partner(s)							
Name	ID	Nationality/Place of	Address		Address Source	Date of Entry	Date of Withdrawal
Name		incorporation/Origin			Source	Position	
YEO GAN KHOON	S1732117Z	SINGAPORE	251 COMPASSVALE		ACRA	12/11/2016	26/10/2017
TEO GAN KITOON		CITIZEN	STREET #09-33			Owner	
			SINGAPO	RE (540251)			
YEO SHUN QIANG	S9209853B	SINGAPORE	801C KE	AT HONG	OSCARS	26/10/2017	09/11/2017
DOMINIC	OOFGCCC	CITIZEN	CLOSE #04-47	#04-47		Owner	
			KEAT HONG CREST SINGAPORE (683801)				

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA171111145903

DATE

: 11/11/2017

Authentication No.: L17056605B

Page 2 of 3



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of ETHOS LIMOUSINE SERVICES (53350518J)

Date: 11/11/2017

This is computer generated. Hence no signature required.

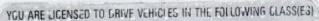


Authentication No.: L17056605B

Page 3 of 3







PV.SE DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

01 Dec 2003

NP 428A



5471595 MIRIC No. S8511081J

20-05-2015

Address

35 BRIGHTON AVENUE SINGAPORE 559280

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eBaoTech Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage ,	Change Password	Log Out
My Desktop	Polic	y Query			_	Date of Acc	idant	30/04/	2018 10:36	
Notice of Loss	Policy N	lo,				Date of Acc	denc	5510-41	2010	
	Vehicle	No.(For Motor)	SLC3114C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5097865627	LIMOUSINE SERVICES	53350518)	GPC	drivo CLASSIC	SLC3114C	SLC3114C	05/02/2018	04/02/2019
						Continue				

Claim Handling

March Code Part Cod Record Region Service Servic	lcy No.				- me	W Consequenting NO	
Process	Cy 1103	5097865627	Vehicle No.	SLC3114C			533505183
According Application Ap						inchinate and a	
Contact No.	Cyribides Name		Cover Type	drivo CLASSIC		The last of the contract of th	0
Special Remark 1 No			Contact No.(Office)				No. *
Profession No. 100			Special Remark				144
Production No.		No. West	TCA	« No Yes	883		TAXABLE VI
Prediction Text			NCD Entitlement(%)	0	Pr	ivate Hire	Yes
According Company Co		No	cultiva selectoria a UX				
Marchael	Accident Details		a manage telephin 94 hrs.	Vec	Ac	ocident Type	Collision - Head to Rear
## 4 Accided ## 3014-2018	port Date	02/05/2018 18:56			C	ountry of Accident	Singapore
Compage forces	to of Accident	30/04/2018		19:00	to	CM No.	
## 100.00 **Present	porting Centre		Orange Force				
** Excess**	rident Location	AYE TWDS TUAS					
Contact Cont							
### CAMPAGE FLEESS** \$ 2,000.00 Apparature Excess \$ 2,000.00 #### FLEESS** \$ 1,300.00 #### CAMPAGE FLEESS** \$ 1,500.00 #### CAMPAGE FLEESS*** \$						200 400 P. 101 #04204 1	100.00
Marcher Contest Marcher Marc		2,000.00	Additional Excess			Vindscreen excess	200100
### 1,300.00 Outside Singapore TP Excess 1,300.00 Outside Singapore TP Excess 1,500.00 Outside Singapore TP Excess 1,500.00 Outside Singapore TP Excess 1,500.00 Outside Singapore TP Excess Outside Singapore			Outside Singapore OD Excess	2	.000.00		
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Tengerered No							
Targetization No. GST Status Ventries Tourism State To						(MACC)	
### Discycloider Mailling Address 3 S BRIGHTON AVENUE		5777.7		G5T Status Verif	led	No	
### Policyholder Malling Address 3 3 3 3 3 3 3 3 3							
Address 1 35 BRIGHTON AVERUE Address 2 SINGAPORE 559280 dotiess 4 A Subscription Address 2 Singapore address 9 Post Code 559280 doties 4 Reject Pale Singapore address 9 Post Code 559280 prover 1900 O Differ 1900	odification History						
Address 2 SINGAPORE 559280 driess 4 A Sex Street Singapore againsts Pear Code 559280 dries 4 Related Polity Number 5097855827 ***O ID Triver Tife ***Unionated Driver** ***O ID Triver Tife ***Unionated Driver** **Unionated Driver** ***Unionated Driver** ***Unionated Driver** **O ID Triver Tife		Idents					
Address Type Singapore address	Policyholder Mailing Ad		Address 2	SINGAPORE 559280	,	Address 3	
Solves 4 Related Policy Number 5097855027 Driver Info Driver Info Driver Info Driver Marine Unnamed Driver Chork KERR CHUENIZHOU KEQ Driver NRIC Driver Race Driver Identification S932534 Centat No. (Mobile) Driver Insurer Company Driver Insurer Company Driver Insurer Company Pet * No. Driver Insurer Company New Claim Type * Centat No. (No. (Since) Type No. (No. (Since) Type No. (Since) Type No. (No. (Since) Type No. (Sinc	ddress 1	35 BRIGHTON AVENUE			1	Post Code	559280
### OD Priver Info **O ID Priver Info **ONE Plane** **O ID Priver Info **ONE Plane** **ONE Plane** **ONE Plane** **ONE CHOW KERR CHUENIZHOU KEQ** **Driver Plane** **ONE Plane**	ddress 4						
Driver Name	Init No.		Related Policy Number	3032000000			
Direct Name	OI Driver Info			Unamed Driver			
Driver Library Driver Library Supported to Driver Library Support Date of Driver Library Support Date S	Driver Name				80	Driver DOB	17/04/1985
Contact No. (Price) Address 2 SINGAPORE 559280 Address 3 Post Code S59289 Address 3 Post Code S59289 Post Code S59289 Driver Insurer Company Price And No.	Jnnamed driver Name	CHOW KERR CHUEN(ZHOU KEQ			8	Driving Experience	14
Address 2 SINGAPORE 559280 Address 3 Address 3 Se BRIGHTON AVENUE Address Type Singapore address Post Code S59280 Indix No. Driver vehicle No. Driver Insurer Company Post Code S59280 Driver Insurer Company Post Singapore address Singapore Singapore Singapore Singapore Singapore address Singapore address Singapore Singapore Singapore Singapore Singapore address Sing	legister Date of Driver License	01/12/2003		33	1	Contact No.(Home)	
Address 2 Stream of the Stream	Contact No.(Mobile)	96325234				Address 3	
Address 4 Address Type Singapore Registered Car? Ves = No Driver Vehicle No. Driver Insurer Company Driver Insurer Compa	Address 1	35 # BRIGHTON AVENUE					559280
Does he own a Singapore Registered Car? Pediaration Declaration Dec	Address 4		Address Type	Singapore address			
Driver Vehicle No.	Unit No.						
Deciaration Breathalyser or Bood Tast O mg		Ves - No	Driver Vehicle No.			Driver Insurer Company	
Any injury? Yes No	Registered car?	A STATE OF THE STA					
Any injury? Yes No	89 W						
Modification History Claim 1/pe * OD-MX	Jeclaration			Yes a No			
Claim 001 New Claim Type * OD-MX			Any intury?				
Claim 001 New Claim Type * OD-MX	Broathalyser or Blood Test	0 mg	Any injury?				
Claim 001 New Claim Type * OD-MX	Broathalyser or Blood Test	0 mg	Any injury?				
Claim Type * OD-MX	Breathalyser or Blood Test Reading?	0 mg	Any injury?				
Caim Type * OD-MX Insured Name ETHOS LIMOUSINE SEXVILES Contact No. (Mobile) NIL Contact No. (Hobile) NIL Contact No. (Hobile) SLC3114C TP Vehicle Number SG12254A Email Address SLC3114C SG12254A ON 30 Apr 2018 Claim Description SLC3114C / SG12254A ON 30 Apr 2018 Preferred Workshop Contact No. (Preferred Workshop Contact No. Not at Fault To Date Require Finalisation Preferred Repair Option Date Require Finalisation No. Sequence Finalisation Date Registered No. Save Submit Attachment Attachment Accident No. MT/0992713 Claim No. D01 Accident No. MT/0992713 Upload Date 02/05/2018 19:01 **Yes No. Upload Date 02/05/2018 19:01	Breathalyser or Blood Test Reading?	0 mg	Any injury?				
Claim Type * OD-MX Insured Name ETHOS LIMOUSINE SEXVILES Contact No. (Mobile) NIL Contact No. (Home) Contact No. (Mobile) NIL Contact No. (Home) Contact No. (Mobile) NIL Contact No. (Home) Contact No. (Home) SLC3114C TP Vehicle Number SG12254A Claim Description SLC3114C / SG12254A ON 30 Apr 2018 Claim Coscription SLC3114C / SG12254A ON 30 Apr 2018 Insured Liability * Not at Fault Preferenced Workshop Contact No. Accelered Workshop Name unknown GIA report Received Notes Require Finalisation Preferred Workshop, Name unknown Date Received Notes Received Notes Print Ax Name Unknown Date Received Notes Date Save Submit Attachment Attachment Attachment Print Ax Notes Note Notes No	areathalyser or Blood Test Reading? Additication History	0 mg	Any injury?				
Contact No. (Mobile) NIII. Contact No. (Home) OI vehicle Number SLC3114C TP Vehicle Number SCG12254A Name of Preferred Workshop O Claim Description Preferred Workshop Contact No. No. Require Finalisation Attachment Attachment Attachment Attachment * Yes No. MT/0992713 Claim No. MT/0992713 Claim No. Upload Date * Yes No. Upload Date Contact No. (Home) SLC3114C TP Vehicle Number SCG12254A TP Vehicle Number SCG12254A TP Vehicle Number SCG12254A Name of Preferred Workshop Name of Preferred Workshop O Claim Close Date Claim Close Date Claim No. Upload Date O2/05/2018 19:01	Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?			78 - 12 VAN	
Contact No. [Mobile] Email Address Claim Description SLC3114C / SGL2254A ON 30 Apr 2018 Claim Description SLC3114C / SGL2254A ON 30 Apr 2018 Insured Liability * Not at Fault Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Date Registered O2/05/2018 19:00 Claim Close Date Attachment Attachment Accident No. MT/0992713 Claim No. Upload Date O2/05/2018 19:01 Preferred Workshop, Name unknown Finalisation Date Received O2/05/2018 19:01 O2/05/2018 19:01	Breathalyser or Blood Test Reading? Modification History		5-2000 E000	ETHOS LIMOUSINE SE	RVICES	Insured NRIC	533505183
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Preferred Workshop Contact No. Require Finalisation Yes V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received 02/05/2018 19:00 Claim Close Date Claim Close Date Attachment Attachment Accident No. MT/0992713 M	Breathalyser or Blood Test Reading? Modification History Claim 901 New Claim Type * Contact No.(Mobile)	OD-MX V	Insured Name Contact No.(Hame)		RVICES	Contact No.(Office) TP Vehicle Number	5GL2254A
Require Finalisation Preferred Repair Option Preferred Workshop, Name unknown Oz/05/2018 19:00 Claim Close Date Claim Close Date Date Received Oz/05/2018 19:00 Attachment Attachment Accident No. MT/0992713 Claim No. Upload Date Oz/05/2018 19:01	Breathalyser or Blood Test Reading? Modification History Claim 901 New Claim Type * Contact No.(Mobile) Email Address	OD-MX V	Insured Name Contact No.(Hame) OI Vehicle Number	SLC3114C		Contact No.(Office) TP Vehicle Number	5GL2254A
Date Registered 02/05/2018 19:00 Claim Close Date Date Received	Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX	Insured Name Contact No.(Hame) OI Vehicle Number	SLC3114C Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SGL2254A 0
Date Registered	Breathalyser or Blood Test Reading? **Modification History **Claim 001 **New** Claim Type ** Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX NIL SLC3114C / SGL2254A ON 30 Apr 2018	Insured Name Contact No.(Hame) OI Vehicle Number Insured Liability *	SLC3114C Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGL2254A 0
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Attachment Claim No. 001 Accident No. W1/0992713 Upload Date 02/05/2018 19:01	Areathalyser or Blood Test Reading? **Todification History **Claim 901 New Claim Type ** Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registened Report Taken By	OD-MX NTL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00	Insured Name Contact No.(Hame) OI Vehicle Number Insured Liability * Proferered Repair Option	SLC3114C Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGL2254A 0
Accident No. MT/0992713 Claim No. 001 Accident No. Ves No. Upload Date 02/05/2018 19:01	Areathalyser or Blood Test Reading? **Todification History **Claim 901 New Claim Type ** Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registened Report Taken By	OD-MX NTL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00	Insured Name Contact No.(Hame) OI Vehicle Number Insured Liability * Proferered Repair Option	SLC3114C Not at Pault Preferred Workshop,	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGL2254A 0
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Lest Doc Benefited # Yes No Upload Date 02/05/2016 19:01	Breathalyser or Blood Test Reading? **Modification History **Claim 001 New Claim Type ** Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AX letter Attachment	OD-MX NTL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date	SLC3114C Not at Pault Preferred Workshop, Save Submit	Name unknown *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGL2254A 0
	Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX NIL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00 LIEW SHAN HUI	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No.	SLC3114C Not at Pault Preferred Workshop, Save Submit	Name unknown *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGL2254A 0
Path * Category * Conndential Organia	Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	OD-MX NIL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00 LIEW SHAN HUI	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No.	SLC3114C Not at Pault Preferred Workshop, Save Submit	Name unknown *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	SGL2254A 0 Received 02:05/2018 00:00
Clear Please Salect * NO * Normal	Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX NIL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00 LIEW SHAN HUI MT/0992713 * Yes No	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No.	SLC3114C Not at Pault Preferred Workshop, Save Submit	Name unknown 7 05/2018 19:01 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Ur	SGL2254A 0 Racelved 02/05/2018 00:00
Clear Please Select	Breathalyser or Blood Test Reading? **Modification History **Claim 901 New Claim 901 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AX letter Attachment **Accident No. Last Doc. Received	OD-MX NIL SLC3114C / SGL2254A ON 30 Apr 2018 0 Yes 02/05/2018 19:00 LIEW SHAN HUI MT/0992713 * Yes No Path *	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No.	SLC3114C Not at Pault Preferred Workshop, Save Submit	Name unknown 7 05/2018 19:01 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Ur	SGL2254A 0 Racelved 02/05/2018 00:00
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Claim Handling(accident reporting Claim Task)

Choose File No file chosen Choose File No file chosen Choose File No file chosen

w NO Clear Please Select ▼ NO Clear Please Select ▼ Normal Clear Please Select

▼ NO

Attachment List

Message Read

ttachment	Upk	aded By/Date	Category	9	Urgency	Description
E.T	NAC_PAYA_UB1_800601(NATION Ma	N. ASSESSMENT CENTRE SERVICES) on 02 2018 19:01	NRIC/ Driving License		Normal	NRIC/ Driving Dicense 2018-5-2
C)	NAC_PAYA_UGI_800603(NATION Ma	AL ASSESSMENT CENTRE SERVICES) on 02 2018 19:01	SAS		Normal	SAS 2018-5-2
w. 1	NAC_PAYA_UBI_800601(NATION Ma	AL ASSESSMENT CENTRE SERVICES) on 02 , 2018 19:01	Photos		Normal	Photos 2018-5-2
	NAC_PAYA_UR1_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 02 y 2018 19:01	Photos		Normal	Photos 2018-5-2
S. C.	NAC_PAYA_UBI_S00601(NATION MA	AL ASSESSMENT CENTRE SERVICES) on 02 y 2018 19:01	Photos		Normal	Photos 2018-5-2
D	NAC_PAYA_UBI_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 02 y 2018 19:01	Photos		Normal	Photos 2018-5-2
7	NAC_PAYA_UB1_800601(NATIO	(AL ASSESSMENT CENTRE SERVICES) on 02 by 2018 19:01	Photos		Normal	Photos 2018-5-2
-	NAC_PAYA_UB1_800601[NATIO	VAL ASSESSMENT CENTRE SERVICES) on 02 by 2018 19:01	Photos		Normal	Photos 2018-5-2
門	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 by 2018 19:00	Photos		Normal	Photos 2018-5-2
24×	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 by 2018 19:00	Photos		Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601{ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 by 2018 19:00	Photos		Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on D2 ay 2018 19:00	Photos		Normal	Photos 2018-5-2
	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 by 2016 19:00	Photos		Normal	Photos 2018-5-2
2	NAC_PAYA_UBI_BODGO1(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 lay 2018 19:00	Photos		Normal	Photos 2018-5-2
Video List			File Name		9	Source

Display in New Window Scan and uploading