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TP Insurer:		1	
	Assessment/Survey Report		
Professed Wasp / INC Assign Wksp / OW: (Ass' Report by Fax / Hand to	Owner/Wksp	
TP L'anticulars: Yell No.	MA-IIA B	Tol; Fa	X!
Owner / Driver: (Policy No: (.	M6546B, INC()/ Mon.[NC() ".	
) Period	1:(Tel:)
Confirmed by : (insured/Driver Liability: (24) Dies	Δ .	Cover Type: ()
Year of Registrativn: (%) [Note	e-Bst Status (WO): N: 0-20%	Timer)
Excess: (\$) Wern	ranty: YES ()/ NO ()	P: 21-79%, P: 80-100	0%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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

CHARLES TO STANDARD THE SAME	ACCIDENT STATEMENT
Date Of Report	30/05/2018 12:55
Date Of Accident	30/05/2018 09:00
Exact Location Of Accident	SIMS AVENUE B4 LOR 13 GEYLANG RD
Country/State of Loss	SINGAPORE
No trade and the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS4420B
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	JOSHUA.LIM@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92323523
Alternative Phone No	OFFICE-92323523
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used a time of accident	t work
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806
Cover Note Number	
Driver	
Name of Driver	JOSHUA LIM SHANE HUI
NRIC No	S9620455H
Date Of Birth	08/06/1996

26/02/2015

3 YEARS AND 3 MONTHS

JOSHUA.LIM@LIVE.COM.SG

(LOCAL) +65-92323523

OTHERS-92323523

INDOOR

MALE

BLK 122 GEYLANG EAST CENTRAL Address

#12-70 380122

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident?

NO

DRY

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: JEANEVE

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

PLS REFER TO THE POLICE REPORT:

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

SGM6546B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver PANG KOK LING NRIC/Passport Number S1451560G

Contact Number

98808022

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JOSHUA LIM SHANE HUI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK PAIN

SJS4420B

YES

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

201727451M)m

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 .:

SKETCH PLAN	10		vi	
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	, ,			
DECLARATION				
I/We declare the foregoing part	ciculars are true in every re	espect.		1
20172745 1M	rished			11-
Policyholder's Signature	Driver's Signature			3152
Date & Time:	(If driver is not the	policyholder)	Reporting Name:	Centre Personnel's Signature
	Date & Time:		NRIC/FIN N	Vo.:





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1 of 4

Report No. T/20180530/2169

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

30/05/2	me Report I 018 21:10	Made:	Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars			
Name o JOSHU	f Informant: A LIM SHAI		Address: APT BLK 122 GEYLANG EA SINGAPORE 380122	ST CENTRAL #12-70	
ID Type NRIC N	/ ID No.: 0 / S96204	55H	Contact No.:		
National SINGAP	ity: ORE CITIZ	EN	Email: Mobile: 92323523		
Sex: Male	Age:	Date of Birth: 08/06/1996	Type of Informant:		
Race: Chinese			Language:	Institution / School Name: SINGAPORE INSTITUTE OF MANAGEMENT	
Occupat Student	ion:		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	hers Drive: Acciden		Date/Time of Accident:	Type of Location Straight Road
Location: Along Road 1 SIMS AVENU SIMS AVENU Weather: Cloudy	E E BEF LOR 13 GEY		e:	30/05/2018 09:00	pad Speed Limit:
Traffic Flow:		Dry Traffic Contro	ol:	Tro	
		T - 10 1	4 4 4 4 4 4		affic Volume:
One Way Type of Collisi	on:	Traffic Light -	Workir		affic Volume: oderate

Details of V	Philipped Communication	lved				
Vehicle No. SGM6546B	Туре	Make	Model	Color	Condition	No of Passenger
ASSISTE .	Car				Slightly	0
SJS4420B	Car				Damaged Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Toostian crossing. NA





2 of 4

Report No. T/20180530/2169

Police Station Of Origin: Kampong Ubi NPP. 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver		Contract of the Contract of th			
Name	JOSHUA LIM SHANE HUI		ID No.	S9620455H	
Related Vehicle	SJS4420B (Car)		Contact	No. 92323523	
Hospital/Clinic	CHUAH CLINIC & SURGERY	Y PTE LTD	Class of Driving Licence Expiry D	Date of Expiry: NIL	
Date Treatment	30/05/2018	Date Disc		0/05/2018	
Driver	ted Medical Leave 03	Degree o	Degree of Injury Slight		
Name	PANG KOK LING		ID No.	S1451560G	
Related Vehicle	NIL		Contact I	No. 98808022	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da		
Date Treatment	NIL .	Date Disc		The state of the s	
vo. or Days grant	ed Medical Leave NIL	Degree of			

Brief Details.

On 30/05/2018 at about 0900hrs, I was driving my vehicle (SJS4420B) with one passenger along Sims Avenue heading towards Paya Lebar Rd. At the point of time, traffic volume was moderate. At that point of time, I was driving on Lane 2 of Sims Ave and I then spotted a stationary lorry (XD6571Z) on lane 3 for construction work. There were also guide cones with arrows to divert traffic to the left.

I continued on driving normally as I have the right of way. As I was creping forward, suddenly one vehicle (SGM6546B) hit on to my rear right portion of my vehicle. Subsequently, I tried to open my door however I could not as the said vehicle had impacted near to my door not allowing me to open the door fully. As such, I pointed to the said driver to move forward to empty parking spaces ahead in front of Lor 13 Geylang to avoid causing a traffic jam.

I then met up with the driver of the said vehicle to exchange particulars however he was reluctant and wanted to leave the scene. I managed to persuade him not to leave and phoned up my leasing company (Blaze Motoring; Mervin) who spoke to the said driver and managed to persuade him to exchange particulars with me. Following that, we took photos of our respective vehicle damages.

My vehicle suffered scratches from the mid to the rear door of my vehicle. The other vehicle suffered scratches on front left fender. I then proceeded on with my journey to drop off my passenger (Jeaneve Hp: 81120435) at 53 Ubi Avenue 3.

At about 1400hrs, I then went to IDAC to lodge an accident report. Subsequently, I went back to rest however when I woke up, I felt strain on my neck and went to a nearby clinic, Chuah Clinic & Surgery Pte Ltd. I was dispensed with some medication and given 3 days of medical leave.





Report No. T/20180530/2169

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

CONTINUATION OF REPORT





4 of 4

Report No. T/20180530/2169

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Sketch Plan

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 the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

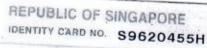
G / Officer Recording The Report:	Signature Of Informant:
Sgt 3 SYAFIQ RIDHWAN BIN HASSAN	Lapine.
Signature Of Interpreter:	Date/Time:
Not applicable	30/05/2018 21:10
Officer In Charge Of Case:	Classification Of Case:
SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	- Case:
uthentication Stamp	
	6

ACCIDENT STATEMENT

	ON: Sims Are
1.	DETAILS OF VEHICLE DETAILS OF VEHICLE SJS 4420B
	b)INSURANCE COMPANY:
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD / THIR
	e)MAKE & MODEL:
	GITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAE / MO
	h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	IF NO, PLEASE STATE (THIRD PARTY CEARNY NO.
2.	INSURED / POLICY HOLDER (MALE / FEMALE)
	A)NAME:CONTACT:CONTACT:
	b)NRIC/FIN/PASSPORT:
	c)ADDRESS:
	CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
87	
issen 93;	DRIVER . (MALE / FEMALE) a) NAME: CONTACT:
(drivar)	HINDIC/FIN/PASSPURI.
10.05 10.05	c)ADDRESS:
www.	Whole College Back and the Col
may e	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
,	LA GOLIDATIONI /INDOOR / OUTDOOR
	1) DATE OF DRIVING PACE :- LINSURED'S COMPANY? (YES / NO) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (TEST THE
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	al WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	BIRDAD SURFACE: (DRY / WEI) OTHERS
6.	OJREPORTED TO POLICE (YES / NO) - Wash
7.	IF YES, PLEASE STATE WHICH POLICE STATION:
	IF YES, PLEASE STATE WAICH POLICE STATE
	THIRD PARTY VEHICLE SGM 6546 BMODEL:
15/45/20	
, 45 F 15	C) NRIC/FIN/PASSPORT: SIPSISTOG CONTACT: 95808C
	THOS SARRY VEHICLE
9	d) VEHICLE NUMBER:MODEL:
105.0	CII VELIIGGE NOMOENI
rs (240)ar	e) DRIVER'S NAME:CONTACT:

email = joshua. Lim @ Live. com. sq. face =

Waitingfor Police Report? Jose







JOSHUA LIM SHANE HUI

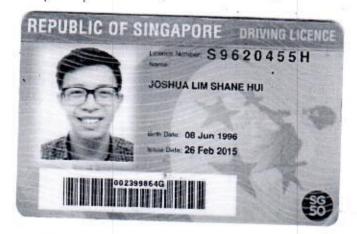
林展

CHINESE

Date of birth 08-06-1996

Country of birth

SINGAPORE



4746920





S9620455H

11-07-2011

APT BLK 122 GEYLANG EAST CENTRAL #12-70 SINGAPORE 380122

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

NP 428A

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	00601						Change Lar	nguage	Change Passwor	d · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	10.			- 10	Date of Ac	cident	30/05	5/2018 09:00	
	Vehicle	No.(For Motor)	SJS4420B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5094921806	ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	5JS4420B	SJS4420B		
						Continue				

Policy No.	5094921806	Policyholder Name	ACCURATE LEASING	PTE LTD	Policyholder NRIC	201727451M	
Address	53 UBI AVENUE 1 #01-33 P	AYA UBI INDUSTR	IAL PARK SINGAPORE	408934	1,00,00.00		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	09/10/2017	Effective Date	09/10/2017 00:00		Expiry Date	08/10/2018 23:59	
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00				
Agent	ANIKA INS BROKERS & CON	ISUL Agent Tel.	66729988		CCT Floor	748	
Co- insurance Flag	No	7505 ST. 80 3	00,2300		GST Flag	Y	
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI IND	USTRIAL F	Address 3	SINGAPORE 408934	
Address 4		Address Type	Singapore address		Post Code	408934	
Jnit No.	01-33	Related Policy Number	5095104229				
▶ Insured	Object: SJS4420B						
▼ Endorse	ements						
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorse	ment Status	Endorsement Conte	nt
		asic Information indorsement	000001286671333	Endorser Effective		Thank you for giving us topportunity to serve you confirm that this policy is extended to cover 5 addivehicles as follows: VEHI	he . We tional

NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM6389C 11-10-2017 \$1,086.28 2. SJU7188S 11-10-2017 \$1,086.28 3. SKU3733H 11-10-2017 \$1,086.28 4. SKX1826X 11-10-2017 \$1,086.28 5. SLA3412C 11-10-2017 \$1,086,28 In view of this amendment, an additional premium of \$5,431.39 (inclusive of GST) is payable under your 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

Claim Handling

CH2805H-04890						
Policy No.	5094921806	Vehicle No.				
Policyholder Name	ACCURATE LEASING PTE LTD	venicle No.	SJS4420B		GST Registration No.	
Product Code	FLEET INSURANCE				Policyholder NRIC	
Contact No.(Mobile)	92323523	Cover Type	Third Party, Fire & TI	heft	Loading	
Email Address		Contact No.(Office)	0		Contact No.(Home)	
KFK	* No Yes	Special Remark			eCode	
NCD Protection	10 APPLIES TO THE PROPERTY OF	TCA	No Yes		eCode Reason	
	No	NCD Entitlement(%)	0		Private Hire	
Report Date		22017 1100				
Date of Accident	01/06/2018 10:16	Accident Report Within 24 hrs	Yes		Accident Type	
	30/05/2018	Time of Accident hh:mm	09:00		Country of Accident	
Reporting Centre		Orange Force			ICM No.	
Accident Location	SIMS AVENUE B4 LOR 13 GEYLANG RD					
→ Benefits						
♥ Excess						
Own damage Excess	0.00	Additional Excess	0			
Unnamed Driver Excess		Outside Singapore OD Excess		0.00	Windscreen Excess	
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
▽ GST Registered Inform	ation			1,500.00		
GST Registered	No		GST Registrati	ine Date		
GST Registration No.			GST Status Ve		25000	
Modification History					Yes	
	44					
Address 1	II THE STOCK ASSESS TO DESCRIPTION OF THE STOCK ASSESSMENT OF THE STOCK ASSESS					
Address 4	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI IND	USTRIAL F	Address 3	
		Address Type	Singapore address	0.0000000000000000000000000000000000000	Post Code	
Jnit No.	01-33	Related Policy Number	5095104229		Post Code	
♥ OI Driver Info						
Priver Name	Unnamed Driver	Driver Type	Unnamed Driver			
nnamed driver Name	JOSHUA LIM SHANE HUI	Driver NRIC	S9620455H		Driver DOB	
egister Date of Driver License	26/02/2015	Driver Age	21			
ontact No.(Mobile)	92323523	Contact No.(Office)	0		Driving Experience	
ddress 1	BLK 122	Address 2	GEYLANG EAST CENTR.	AI	Contact No.(Home)	
ddress 4		Address Type	Singapore address	AL.	Address 3	
nit No.	#12-70				Post Code	
oes he own a Singapore egistered car?	Yes * No	Driver Vehicle No.				
					Driver Insurer Company	
eclaration						
eathelyser or Blood Test	0 mg	Any injury?				
rading?			Vac Ale			
eading?	8887	And admits	Yes No			
eading?	3.37	any mysey:	Yes No			
dification History	3370	and admit	Yes No			
dification History	NA 492.01	and	Yes * No			
dification History	NA 492.01	and a decided and a second and a	Yes • No			
dification History Claim 001 OD-MX New		and the second	Yes • No			
dification History Claim 001 OD-MX New	NA 492.01			LITD	Insured MBV	
dification History Claim 001 OD-MX New New New Type * ntact No.(Mobile)			Yes • No ACCURATE LEASING PTE	LTD	Insured NRIC	2
dification History Claim 001 OD-MX New New New New New New New New	OD-MX •	Insured Name Contact No.(Home)	ACCURATE LEASING PTE	LTD	Contact No.(Office)	N
dification History Claim 001 OD-MX New New New New New New New New		Insured Name Contact No.(Home)		LITD	Contact No.(Office) TP Vehicle Number	s
dification History Claim 001 OD-MX New New New New New New New New	OD-MX •	Insured Name Contact No.(Home) OI Vehicle Number	ACCURATE LEASING PTE 53544208		Contact No.(Office)	s
dification History Claim 001 OD-MX New New Norm Type * Intact No.(Mobile) Iail Address Im Description ferred Workshop Contact	OD-MX •	Insured Name Contact No.(Home) OI Vehicle Number	ACCURATE LEASING PTE 53S4420B Not at Fault	•	Contact No.(Office) TP Vehicle Number	N S
dification History Claim 001 OD-MX New New New New New New New New	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ACCURATE LEASING PTE 53544208	•	Contact No.(Office) TP Vehicle Number	s
dification History Claim 001 OD-MX New New New New New New New New	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	ACCURATE LEASING PTE 53S4420B Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	
dification History Claim 001 OD-MX New In Type * Intact No.(Mobile) Inial Address Im Description Intered Workshop Contact Intered Workshop Cont	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ACCURATE LEASING PTE 53S4420B Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	
dification History Claim 001 OD-MX New New New New New New New New	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	ACCURATE LEASING PTE 53S4420B Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	9 [
dification History Claim 001 OD-MX New In Type * Intact No.(Mobile) Inial Address Im Description Intered Workshop Contact Intered Workshop Cont	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	ACCURATE LEASING PTE 53S4420B Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	
dification History Claim 001 OD-MX New In Type * Intact No.(Mobile) Inial Address Im Description Intered Workshop Contact Intered Workshop Cont	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	ACCURATE LEASING PTE 53S4420B Not at Fault Preferred Workshop, Nat	•	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	
dification History Claim 001 OD-MX New New New New New New New New	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	ACCURATE LEASING PTE 53S4420B Not at Fault Preferred Workshop, Nat	•	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	

1/3

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0996752

Claim No.

Last Doc. Received

Yes O No

Upload Date

01/06/2018 10:25

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Ž	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2018 10:22	Photos	Normal	Photos 20
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