NATIONAL Assessment Co	entre Services	Wet 1 Jan'05] M.A	1A 118072525	1	
Date In: 4/6/12-18:39	Jeb description		Date & Time Completed	Done	by
Ref No: NA / NA 80 1 011 3/24	SAS e-filing		+		
Veh No: SLJ 3981 D	E-mail (within	Shrs, AIC 2hrs)			74
D.O.A : 4/6/18 - 04:10	i-Motor Clair	m Form	m7/0997197-001	4/6/18	9:51
	i-Motor W/O	(Within: OD 2hrs	7P 4hrs)		11 1-m
OD (TP) Reporting Only	i-Photo Uplo:	aded			*
TP Insurer:	Assessment/Su	rvey Report			
17 Insurer.	Ass't Report b	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	l: (Tel:	Fax:)
TP Particulars: Veh No:	SJ\$1699J .	. INC()/Non-INC().	- 4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	: \$1,000 ()/\$2,000	The state of the s			
General Remarks:-					
() Walk-In Customer : Customer		The state of the s	Contract of the Contract of th		
() Total Loss Case : to e-mail I	nsurer URGENTLY.			1	400
Drive-In ()/Towed-In (); In	ivoice: YES () / N	IO () ; To	owing Co: (3.)
Remarks:- (INC hotline: 6788 66	1600		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car (1	· Contract	
2) QC Check / Post Repair Inspection)/ Courtesy Car (1	1.	
3) Upload Resurvey Photo [Repair Cos	t > \$30007 ()	,		-	
***	(,				
Injury:					A - 1 - 10 - 10 - 1
Date/Time Actions			STORES COME COME	No for	
				- 1	
	1				
,					Amt (3)
NA 1803500 .	-	Invoice Pre	aration Checklist	Ant (S) fit Bill	Add Bill
laimant's Particulars :-		1) AR : Accident		(\$80)	
		2) DA : Damage . 3) TF : Towing F		\$40/\$45	
river/Owner:		4) FT : Follow-Ti		\$120	
ontact No:	#1 / 1 	For claiming a	minst INC Only (wef 10 Jan 2	205)	
amaged Portion:		6) TR : Re-inspec 7) N1 : Idao DA		\$160	
		8) NTUC Addition			
C Checked by (Engr-In-Charge):	£ 1	OD*	Cer / Tpt Allowance	\$5	
3 (-16.		*N6: Repair C	o-ordination	510	
uditors' Comments :-		*N7: Fost Rep *N8: DV / Col	nir Inspection lect Excess Coordination	\$25 \$5	
it. 1:	12.3 4.36 M. b. char se. h. h. h. h. h. h. (4.0)	TP (N11) : TP	(Non INC) against INC	\$20	
TO THE RESERVE TO THE		9) N12: Idea Mol	oile Fee Charg	30 aa'	artin Jen
at. 2/3:		Invoice dated	Fee Charg	Married Assets	i

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.
- 5. 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

	ACCIDENT STATEMENT	
Date Of Report	04/06/2018 18:39	
Date Of Accident	04/06/2018 09:10	
Exact Location Of Accident	PIE (TUAS) BEFORE BEDOK NORTH AVE 3 EXIT	
Country/State of Loss	SINGAPORE	
CONTRACTOR OF THE PERSON NAMED IN	DETAILS OF OWN VEHICLE	SIN SHOW
Vehicle Registration Number	SLJ3981D	
Insured/Policyholder		
Name Of Registered Owner	AS GENERAL & LOGISTIC SERVICE	

Co Reg No 53252256K Email Address NOEMAIL

Mobile Phone No

Alternative Phone No. OFFICE-89999999

Vehicle Particulars

MITSUBISHI Manufacturer

OUTLANDER 2.4 CVT AWD S/R FACELIFT Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5096180732 Policy Number

Cover Note Number

Driver

Name of Driver BALA MURUGAN S/O KANNIAH

NRIC No S7427627Z Date Of Birth 16/08/1974 **INDOOR** Occupation Date Of Driving Pass 26/03/2008

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93809557

Fax Number

OFFICE-93809557 Contact Number

EMail Address NOEMAIL

BLK 139 POTONG PASIR AVENUE 3 Address

#17-134

Postcode 350139

Was driver an employee of the Insured's Company YES

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

CHAIN COLLISION 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 3

Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

RAVI

GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS1699J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGF2872Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BALA MURUGAN S/O KANNIAH

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLJ3981D
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

pulance?

Address Postcode

DETAILS OF INJURED PERSON 2

NO

YES

NO

Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLJ3981D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

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.
- 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)

Lunderstand, 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.

Policyholoc 430 pature

Oriver's Signature (If driver is not the policyholder)

Date & Time:

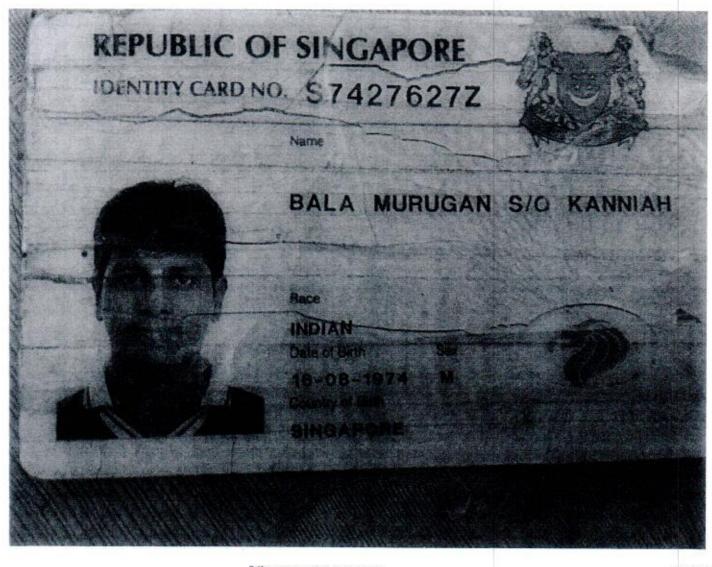
Reporting Centre Personnel's Signature

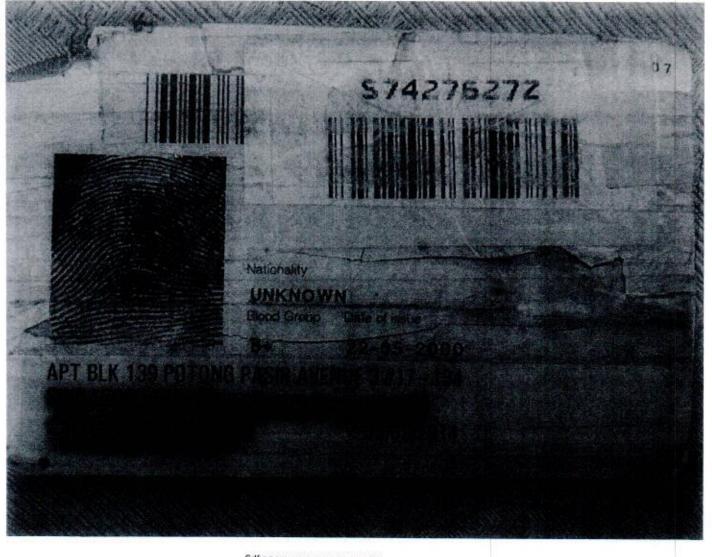
Name:

NRIC/FIN No.:

SKETCH PLAN	N. C. C. W. M. W. M.	
		(A) SW 39810
		(B) 203 1699 J
		(c) SGF 2872 Y
		(c) 197 28 1= 1
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A C I SX H AND -		
	> 000	
	PIZ towards That before Bo	edok North Ave 3 exit.
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SECONDE CIDOLINACE ANGE	and the second	
DESCRIBE CIRCUMSTANCE	OF THE ACCIDENT	
On 041	ng Pit towards That before	travelling in my vehicle
(3LJ 39810) also	og PIE towards That before	re Bedok North Ave 3
exit on the e	streme right lane . 1	3/00 down and stopped du
to traffic jam	ahead . Suddenly , 1	felt a great impact from
the rear.	got down from I my ve	3/000 down and stopped due felt a great impact from wheele and found it was
a chain collesco	a involving 3 cars.	
ECLARATION		
CTICSAL	culars are true in every respect.	2
A PORT	May	
ole Butter Signature ate & Jime:	Oriver's Signaruse (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
***	Date & Time:	Name:

Vehicle No.	SLJ3981D Model/Make mit outlander 2.
Date of Accident	04 Jun 2018 CUT AWO 16 my (E12)
Time of Accident	9.08 am HRS
Location of Accident	PIE TOWARDS TUAS AT LAMPORT 237.
Exact purpose use during a	
Name of Owner	AS General & Logistic Service
Telephone No.	H/P: 93809657 Home: Office:
NRIC	53252256 K
Address	BIK 139, Potong Pasir Ave 3 \$ 17-134 6'350139
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTYC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5096180732
Name of Driver	As Above If No, Bala Murugan slo Kanniah
NRIC	\$7427627Z Any Passengers: OI (M)
Date of birth	16 -08 - 1974
Occupation	Outdoor / Indoor
Driving License Pass Date	26/03/2008.
Gender	Male / Female
Contact No.	H/P: 9380 9557 · Home: Office:
Address	BLK 139 Potong Paser Ave 3 \$ 17-134 (8) 350139.
Driver have any own vehicle	No, If yes, Reg No. Self- Employed.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Bala Murugan 5/0 Kanniah (4/P: 9380 9557)
Name And Contact No.	Ravi (AIF: 8290 5484).
Police Report	No, If Yes, Where?
Vehicle B No.	SJS 1699 J Any Passengers: N. A.
Name of Driver	Contact No. :
Vehicle C No.	SGF 2872 Y Any Passengers: N-A
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N. A . Witness Contact :
Accident Portion	Rear Portion.
Camera Recorder	Yes No
Email Address	as general service @ gmail. com.
PARTICULAR WORKSHOP	N-S1
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixen .





6675000AWY 19888 USS SAMI

REPUBLIC OF SINGAPORE DRIVING LICENCE



Liferace Number S7427627Z

BALA MURUGAN S/O KANNIAH

Birth Date: 16 Aug 1974 Issue Date 09 Jan 2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



Certificate of Insurance

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: 5096180732

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SU3981D

Chassis Number

3033610

Name of Policyholder

: JMYXTGF3WGZ002434

3. Effective Date of Insurance

: AS GENERAL & LOGISTIC SERVICE : 09 Dec 2017

4 F | 8 - 51

. 05 DEC 2017

4. Expiry Date of Insurance

: 08 Dec 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : BALAMURUGAN S/O KANNIAH

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GOLDBELL FINANCIAL SERVICES PTE 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

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 06 Dec 2017 16:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								9.010	Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	10.				Date of Acc	ident	04/06	/2018 09:10	5
	Vehicle	No.(For Motor)	SU3981D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5096180732	AS GENERAL & LOGISTIC SERVICE	53252256K	GPC	drivo CLASSIC	SLJ3981D	SLJ3981D	09/12/2017	08/12/2018
					1	Continue				

Policy No.	5096180732	Policyholder Name	AS GENER	AL & LOGISTIC SERVI	Policyholder NRIC	53252256K	
Address	BLK 139 ##17-134 POTONG	PASIR AVENUE 3	SINGAPOR	E 350139			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/12/2017	Effective Date	09/12/201	7 00:00	Expiry Date	08/12/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	BLK 139 ##17-134	Addre	ss 2	POTONG PASIR AVE	NUE 3	Address 3	SINGAPORE 350139
Address 4		Addre	ss Type	Singapore address		Post Code	350139
Unit No.	#17-134	Relate Numb	ed Policy er	5096180732			
D Insure	d Object: SLJ3981D						
	sements						

							+ Exi
Accident HT/0997197							
Policy No.	5096180732	Vehicle No.	SU3981D	GST Registrat	sion No.		
Poscyttoider Name	AS GENERAL & LOGISTIC SERVICE			Policyholder I	WRIC	53252256K	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0	
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.()	tome)	0	
Email Address		Special Remark		eCode		No V	
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	n		
NCD Protection	No	NCD Entitlement(%)	30	Private Hire		Yes	
Accident Details							
Report Date	04/06/2018 19:49	Accident Report Within 24 hm	Yes	Accident Type		Chain Collision	
Date of Accident	04/06/2018	Time of Accident hh:mm	09:10	Country of Ac	odent .	Singagore	
Reporting Centre		Orange Force		ICM No.			
Accident Location	PJE (TUAS) BEFORE BEDOK NORTH AVE	3 EXIT					
9 Benefits							
₩ Excess							
Own damage Excess	2,000.00	Additional Excess	0	Windscreen E	×cess	100.00	
Unnamed Driver Excess		Outside Singapore OD Escett	2,000.00				
Third Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00				
□ GST Registered Inform	nation						
GST Registered	No		GST Registration Date				
GST Registration No.			GST Status Verified	No			
Modification history							
Policyholder Mailing A	ddress						
Address 1	BLK 139 ##17-134	Address 2	POTONG PASIR AVENUE 3	Address 3		SINGAPORE 350139	
Address 4	DEC 122 9 21 1-134	Address Type	Singapore address	Post Code		350139	
UNI No.	#17-134	Related Policy Number	5096180732	PIOR COUR		730139	
OI Driver Info		Cita Street executor	37-17-72				
Onver Name	BALAMURUGAN 5/0 KANNIAH	Driver Type	Main Driver				
Unnamed driver Name	170 00 00 00 00 00 00 00 00 00 00 00 00 0	Driver NRSC	574276272	Driver DOB		16/08/1974	
Register Date of Driver License	s 26/03/2008	Driver Age	43	Driving Exper	ience	10	
Contact No.(Mobile)	93809557 Contact No.(Office)		0	Contact No.(h		0	
Address 1	BLK 139	Address 2	POTONG PASIR AVENUE 3	Address 3		SINGAPORE 350139	
Address 4	25001,000	Address Type	Singapore address	Post Code		350139	
Unit No.	17-134	, most weet types	and the same of th			230127	
Does he own a Singapore	○ Yes No	Driver Vehicle No.		200	2		
Registered car?	CHECK	Driver vertice no.		Driver Insure	Company		
Declaration							
Breathalyser or Blood Test Reading?	0 mg						
		Any injury?	® Yes ○ No				
	20.000	Any injury?	® Yes ○ No				
ZZAMENICANI PO PROTEIT		Any injury?	® Yes ○ No				
Modification History		Any njuny?	® Yes ○ No				
ZZAMENICANI PO PROTEIT		Any injury?	® Yes ○ No				
Modification History		Any injury?	Yes ○ No				
Modification History Claim 001 New	600000			Insured NRTC		13352256W	
Modification History	ор-мх	Insured Name	¥Yes ○ No AS GENERAL & LOGISTIC SERVI	Insured MRIC		53252256K	
Modification History Claim 001 New Claim Type + Contact No.(Mobile)	600000	Insured Name Contact No.(Home)	AS GENERAL & LOGISTIC SERVI	Contact No.(C	Office)		
Modification History Claim 001 New Claim Type + Contact No. (Mobile) Email Address	GD-MX V	Insured Name		Contact No.(C	office) imber	53252256K	
Claim 001 Nex Claim 1yps + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	ор-мх	Insured Name Contact No.(Home) Of Vehicle Number	AS GENERAL & LOGISTIC SERVI	Contact No.(C	Office)		
Claim 001 New Claim 7yps + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liapility *	AS GENERAL & LOGISTIC SERVI	Contact No. (C TP Vehicle Nu Name of Prefe	office) imber	\$1\$16991	
Claim 1901 New Claim Type + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	AS GENERAL & LOGISTIC SERVI	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 1998 + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liapility *	AS GENERAL & LOGISTIC SERVI	Contact No. (C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1\$16991	
Claim 001 Nem Claim 19ps + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	AS GENERAL & LOGISTIC SERVI	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 1998 + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	AS GENERAL & LOGISTIC SERVI SLJ39810 Not at Fault Preferred Workshop, Name unknown	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 1998 * Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	AS GENERAL & LOGISTIC SERVI	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 001 Nem Claim 19ps + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	AS GENERAL & LOGISTIC SERVI SLJ39810 Not at Fault Preferred Workshop, Name unknown	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 1998 * Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	GD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	AS GENERAL & LOGISTIC SERVI SLJ39810 Not at Fault Preferred Workshop, Name unknown	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 901 New Claim 19pe + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By El Print AK letter	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferred Repair Option Claim Close Date	AS GENERAL & LOGISTIC SERVI SLJ39810 Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
Claim 1901 New Claim 19pe + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Idl Print AK letter	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferred Repair Option Claim Close Date	AS GENERAL & LOGISTIC SERVI SLJ39810 Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(C TP Vehicle Nu Name of Prefe	omce) imber arred Workshop	\$1516991 Received •	
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Attachment	Uploaded By/Date	Category	Y Urgency	Description	Msg Sent? (CD)	Action
***	NAC_PAVA_LIRL 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 $\lambda_{\rm L}$ = 2018 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4	3,776	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 (up in 2018 19:53)	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4		Edit
200	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018 19:51	NRIC/ Driving License	Normal	NRIC/ Driving Licerae 2018-6-4		Edit
10	NAC_PAYA_UB1_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 $3u$ \sim 2018 $19:53$	SAS	Normal	SAS 2018-6-4		Edit
	NAC, PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 0 2018 19:53	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_U61_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju = 2018 19:52	Photos.	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_LIB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju in 2018 19:52	Photos	Normal	Photos, 2018-6-4		Edit
3	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Julia 2018 19:52	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UB1_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 19:52	Photoe	Normal	Photos 2018-6-4		Edit
-	NAC_PAYA_UBJ_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 19:52	Photos.	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_LIB1_BD06001(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 19:52	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_900601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2016 19:52	Photos	Normal	Photos 2018-5-4		Edit
6	NAC_PAYA_UBI_BODGOI[NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 0 2015 19:52	Photos	Normal	Photos 2018-5-4		Edit
	NAC_PAYA_UBI_BOOKOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2015 19:52	Photos	Normal	Photos 2018-6-4		Edit
1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 3ν . In 2018 19:52	Photos	Normal	Photos 2018-6-4		Edit
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 19:52	Prioros	Normal	Photos 2018-6-4		Edit
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 19:52	Photos	Normal	Photos 2018-6-4		Edit
♥ Video List						
	Uploaded By/Date Folder Date	File Name	P	Source	Action	