Date In: 19/6/18-10:14	Jcb description	Date &Time Completed	Do	ne by
Res No: NA / 1 NC 1801 1149/24	SAS e-filing			
Vch No: XD4167X	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 16/6/18-09:45	i-Motor Claim Form	1		V 20
	i-Motor W/O (Within: OD 2hrs	M7/0999278-001	19/6/18	19:41
OD / TP / Reporting Only	i-Photo Uploaded	, 11 4hrs)		
TP Insurer:	Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand t			
	nio (		ax:	
Owner / Driver: (	1422L . INC(			
	Period: (	Tel:	)	
Confirmed by : (		Cover Type: (	)	
	Date:	Time:	)	
	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )			
General Remarks:-			215 P	
( ) Walk-In Customer: Customer's inf	formation strictly Confidential & Stri	ctly NO refer of renairer		
( ) Total Loss Case : to e-mail Insur	TID One interest	ony NO Islet of repailer.		
		, HE 13 A		and the second
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES( ) / NO( ); To	wing Co: (		)
Remarks: (INC hotline: 6788 6616)	Contract of the Contract of th		12.2600.70	and the
		STREET CONTRACTOR AND ADDRESS OF THE ANALYSIS	Colored Colored	. 24
	124	Date&Timb Completed	Don	e by
Apply for Transport Allowance ( )/	Courtesy Car ( )	Date& Time Completed	Don	e by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date & Time Comple 34	Don	bby
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Comple*24**	Don	by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ( )	Date & Time Completed	Don	eby
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ( )	Date Time Completed	Don	s by
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ( )	Date&Time Comple*ed**	Don	e by
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( )	Date&Time Completed	Ant (S)	Ant
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( )	ration Checklist	Ant (S)	( Amu
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Date/Time Actions  NAI8038 41	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ration Checklist porting (\$30); sessment (\$100); INC (\$80)	Anit (s)	( Amu
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI8038 41	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/\$	Ant (S) The Bill	Ant
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI8038 41  Illimant's Particulars:-  iver/Owner:	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ration Checklist  porting (\$30); sessment (\$100); INC (\$80)  \$40/\$ ugh Survey \$1	Ant (S) The Bill	Ant
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Expantion

#### 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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	19/06/2018 10:14	
Date Of Accident	16/06/2018 09:45	
Exact Location Of Accident	ECP (CITY) BEFORE FORT RD EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD4167X	_
Insured/Policyholder		
Name Of Registered Owner	MASINDO LOGISTIC PTE LTD	

 Co Reg No
 200301939M

 Email Address
 NOEMAIL

Mobile Phone No
Alternative Phone No
OFFICE-68427228

Vehicle Particulars

Manufacturer NISSAN
Model GKB45CLBHNB

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

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5072550287-02

Cover Note Number

Driver

 Name of Driver
 GWEE LIN HO

 NRIC No
 \$1195553C

 Date Of Birth
 28/05/1956

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/03/1978

Driving Experience 40 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91774901

Fax Number

Contact Number OFFICE-91774901

EMail Address NOEMAIL

Address BLK 896 TAMPINES STREET 81

#06-884

Postcode 520896

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

=00 =00

NO

NO

YES

NO

1

NO

NO

YES

NO

SLT1422L

2

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

...

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

M. King C. A. A. Market

Vehicle Category PRIVATE HIRE

Name of Driver SALIM S/O KARNARALI IBRAHIM

NRIC/Passport Number S1655952J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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)

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:
  - (i) 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.

OONIS YOU

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	flatement.	
		_
		_
×		
		_

DECLARATION

I/We declare the foresping particulars are true in every respect.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

16/2/18 ECP 0945 HRS SLTI422L near Fort Rd Exit 13 IX 4167X along ECP Lane 3 Suddenly SLT 1422L from Lane 4 go against XD 4167 x front tyre Cut in Cause SLT 1422L dange - SIT1422L



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

EFFECTIVE DATE

11 Mar 1977 11 Mar 1977 11 Mar 1977 30 Apr 1974

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc
Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
'Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg

24 Oct 1978

18 Mar 1978

NP 428A



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1195553C





Name

GWEE LIN HO

和

Sex

M

魏 Race

CHINESE

Date of birth 28-05-1956

Country/Place of birth

SINGAPORE

S1195553C



5467330





NRIC No. S1195553C

Date of issue 12-05-2015

Address

APT BLK 896 TAMPHES STREET 81 #06-884 SINGAPORE 520896

<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	00601						Change La	nguage	· Change Passw	THE RESERVE OF STREET
My Desktop	Poli	cy Query						0.00000	change Passw	ora - Log O
Notice of Loss	Policy f	vo.				Date of Acc	ident	16/0	6/2018 09:45	10
	Vehicle	No.(For Motor)	XD4167X					1		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072550287- 02	MASINDO LOGISTIC PTE. LTD.	200301939M	GFT	Preferred Workshop Plan	XD4167X	XD4167X		
		02		\$00301339M			XD4167X	XD4167X	07/07/2017	

Policy No.	5072550287-02	Policyholder Name	MASIN	DO LOGISTIC PTE, LTD.	Policyholder NRIC	20030193	9М
Address	BLK 3017 #02-131 UBI ROA	D 1 SINGAPORE	408708		MATC		
Product Name	FLEET INSURANCE	Plan			Group		
Policy	Maring and Value of				Policy Flag	N	
issue Date	04/07/2017	Effective Date	07/07/	2017 00:00	Expiry Date	06/07/201	8 23:59
Excess Type		All Claim Excess					
Third Party	0.00	Own damage	1500.0	0	Windscreen	200.00	
xcess Additional		Excess OS	autories.	200	Excess	200.00	
xcess Outside		Premium	7694.8	2			
Singapore DD Excess		Outside Singapore TP Excess				Yo	ung/Inexperience Driver Excess
lgent	TAN INSURANCE BROKERS P	TE Agent Tel.	NIL		GST Flag	Y	
nsurance Flag Open Policy nfo	No				3.00.003		
Certificate nfo							
Policyh	holder Mailing Address						
ddress 4	BLK 3017 #02-131	Addres		UBI ROAD 1		Address 3	SINGAPORE 408708
			d Policy	Singapore address	P	ost Code	408708
Init No.	d Object, VD Marrie	Numbe		5101145685			
and the second	d Object: XD4167X						
▼ Endors	3000180180						
Sequen	ce Date of Endorsement			Endorsement Number	Endorsem	ent Status	Endorsement Content
	07/07/2017 00:00	Basic Informati Endorsement	ion	000001286595787	Endorsemer Effective	nt Take	Update Memo B
	07/07/2017 00:00	Basic Informati Endorsement	on	000001286596409	Endorsemer Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that from 07 Jul 2017, the following amendment(s) is/are made to this policy for Vehicle No XD1482E: SECTION II EXCESS: \$1,500.00 WINDSCREEN EXCESS: \$200.00
	07/07/2017 00:00	Basic Information	on	000001286596386	Endorsemen Effective	it Take	Thank you for giving us the opportunity to serve you. We confirm that from 07 Jul 2017, the Vehicle Usage is amended from Comprehensive to Preferred Workshop Plan for the vehicle as follows: VEHICLE NUMBER 1. XD1482E 2. XD2582T 3. XD3844G 4. XD4167X 5. XD5144E 6. XD5216G 7. XD9106P 8. XD9205L 9. XE1125G 10.XE1146X 11.XE299012.XE969U
	21/08/2017 00:00	Basic Informatio Endorsement	on _	000001286623447	Endorsement Effective	t Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. WDB93401221.972233 25-08-2017 \$2,499.85 In view of this amendment, an additional premium of \$2,499.85 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made

ccident MT/0999278					
Policy No.	5072550287-02	-112010100	0.0000		
olicyholder Name	MASINDO LOGISTIC PTE, LTD.	Vehicle No.	XD4167X	GST Registration No.	200301939M
roduct Code	PLEET INSURANCE	12.72		Policyholder NRIC	200301939M
ontect No. (Mobile)	D D	Cover Type	Preferred Workshop Plan	Loading	0
mail Address		Contact No.(Office)	68427228	Contact No.(Home)	0
rik	0.0	Special Remark		eCode	THE V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	19/06/2018 19:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
atte of Acodem.	16/06/2018	Time of Accident hitchim	09:45	Country of Accident	
eporting Centre		Orange Force		ICM No.	Singapore
cident Location	ECP (CITY) BEFORE FORT RD EXIT			100-1140	
□ Renefits					
7 Excess					
en damage Excess	1,500.00	Additional Excess		m124000000 W100000	144.7-4
named Driver Excess		Outside Singapore OO Excess		Windscreen Excess	200.00
and Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	nation	Activities of the Section of the Sec			
T Registered	Yes		DST Registration Date		
T Registration No.	200301939M		GST Status Ventled	15/09/2003	
diffication History			The state of the s	Yes	
Policyholder Hailing Ad	ddress				
dress 1	BLK 3017 #02-131	Address 2	UBI ROAD 1	Address 1	SINGAPORE 408708
dress 4		Address Type	Singapore address	Post Code	408708
IIT No.		Related Policy Number	5101145685	1,331 6000	409708
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	GWEE LIN HO	Driver NRIC	\$1195553C	Driver DOS	28/05/1956
grater Date of Driver License	18/03/1976	Driver Age	62	Driving Experience	
ntact No. (Mobile)	91774901	Contact No. (Office)	0		40
dress 1	BLK 896	Address 2	TAMPINES STREET 81	Contact No.(Home)	0
iress 4			THE STREET BY	Address 3	SINGAPORE 520896
		Address Type	Empreson add		
	06-884	Address Type	Singapore address	Post Code	520896
t No. ts he own a Singapore			Singapore address	Post Code	520896
t No. ts he own a Singapore	05-884 ○ Yes ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code  Driver Insurer Company	520896
t No. ts he own a Singapore sistered car?			Singapore address		520896
t No.  ts he own a Singapore stored car?  Gration  athelyser or Blood Test		Driver Vehicle No.	(0.000 S0(0)		520996
it No. es he own a Singapore pistered car? faration hathelyser or Blood Tesi	○ Yes ® No		Singapore address:  ○ Yes  No		520996
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t No.  Is he own a Singapore datered car?  aration athelyser or Blood Test ding?  Reation History  laim 001 New	O mg  On-MX  ✓	Driver Vehicle No.  Any Injury?  Insured Name	(0. Cen. (50) (0.		520896 200301929M
t No.  Is he own a Singspore statemed car?  Anatton  Atherwise or Blood Test ding?  Fication History  In Type *  act No.(Mobile)	○ Yes ® No	Driver Vehicle No.  Any Injury?  Insured Name Consect No.(Home)	○ Yes ⊕ No	Driver Insurer Company	
s he own a Singspore stered car?  aration this part of Blood Test sing?  fication History alm 001 New  In Type * act No. (Mobile) I Address	O mg  O mg  O mg  O mg  O mg	Driver Vehicle No.  Any Injury?  Insured Name	○ Yes ⊕ No	Driver Insurer Company Insured NAIC	200301999M
: No.  Is he own a Singspore stered car?  aration  thelywer or Blood Test sing?  Incation History  alm 001   New    art No. (Mobile)  I Address  I Description	O mg  On-MX  ✓	Driver Vehicle No.  Any Injury?  Insured Name Consect No.(Home)	○ YES  No  MASIMDO LOGISTIC PTE LTD.	Insurer Company Insurer Company Insured NAIC Contact No. (Office) TP Vehicle Number	2003G1939N 68427228
t No.  Is he own a Singspore datered car?  anation  athelymer or Blood Test ding?  Pication History  laim 001 New  In Type *  act No. (Mobile)  If Address In Description	O mg  O mg  O mg  O mg  O mg	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number	O Yes   NASIMDO LOGISTIC PTE LTD.  KD4167X	Driver Insurer Company Insured NAIC Contact No. (Office)	2003G1939N 68427228
t No.  Is he own a Singspore strend car?  Aration  Atherwar or Blood Test ding?  Roation History  In Type *  aratt No. (Mobile)  If Address  In Description  Inter Workshap Coreact	O mg  O mg  O mg  O mg  O mg	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability *	O Yes  No  MASIMDO LOGISTIC PTE LTD.  KD4167K  Not at Fault	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301999M 68427228 5LT1422L
t No.  Is he own a Singspore estered car?  Aration  Athelymer or Blood Test ding?  Reation History  Islam 001 New  In Type *  That No. (Mobile)  If Address  In Description  Intered Workshap Coreact  Intered Workshap Coreact	O mg  O mg  OD-MX  97306107  XD4167X / SLT1422L ON 16 Jun 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability *	O Yes   NASIMDO LOGISTIC PTE LTD.  KD4167X	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301939N 68427228 SLT1422L Roceived
t No.  Is he own a Singspore statered car?  Aration  Athelymer or Blood Test ding?  Pication History  Initial Oct.  In Type *  Catt No. (Mobile)  If Address  In Description  Intered Workshop Contact  Live Finalisation  Registered	O mg  O mg  O mg  O mg  SO-MX  97306107  XD-4167X / SLT1422L ON 16 Jun 2018  Ves  ✓	Driver Vehicle No.  Any Injury?  Insured Name Consict No. (Home) OI Vehicle Number  Insured Liability 4 Preferend Repair Option	O Yes  No  MASIMDO LOGISTIC PTE LTD.  KD4167K  Not at Fault	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301999M 68427228 5LT1422L
t No.  Is he own a Singspore statered car?  Aration  Athelymer or Blood Test ding?  Pication History  Initial Oct.  In Type *  Catt No. (Mobile)  If Address  In Description  Intered Workshop Contact  Live Finalisation  Registered	O mg  O mg  OO-MX  97306107  KD4167x / SLT1422L ON 16 Jun 2018  V45  LSY05/2018 19:41	Driver Vehicle No.  Any Injury?  Insured Name Consict No. (Home) OI Vehicle Number  Insured Liability 4 Preferend Repair Option	O Yes  No  MASIMDO LOGISTIC PTE LTD.  KD4167K  Not at Fault	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301939N 68427228 SLT1422L Roceived
t No.  Is he own a Singspore latered car?  aration  athelymer or Blood Test ding?  Reation History  laim 001   Name  In Type = act No. (Mobile)  Il Address In Description  In the Modification  Registered  In Taken By	O mg  O mg  OO-MX  97306107  KD4167x / SLT1422L ON 16 Jun 2018  V45  LSY05/2018 19:41	Driver Vehicle No.  Any Injury?  Insured Name Consict No. (Home) OI Vehicle Number  Insured Liability + Preference Repair Option Claim Close Date	O Yes  No  NASINDO LOGISTIC PTE LTD.  KD4167X  Not at Fault  Preferred Workshop, Name unknown	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301939N 68427228 SLT1422L Roceived
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s No.  Is he own a Singspore stered car?  Aration  Ithelyser or Blood Test Sing?  Reation History  aim 901   Misse  In Type = act No. (Mobile)  I Address In Description  I Medical Workshop Coreact  In Finalisation  Registered  In Taken By  Innet AK letter	O mg  O mg  OO-MX  97306107  KD4167x / SLT1422L ON 16 Jun 2018  V45  LSY05/2018 19:41	Any Injury?  Insured Name Consect No. (Home) OI Valued Number  Insured Liability * Preferenced Repair Option Claim Close Date	O Yes ⊕ No  MASINDO LOGISTIC PTE LTD.  XD4167X  Not at Fault  Preferred Workshop, Name unknown  Submit.	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301939N 68427228 SLT1422L Roceived
s he own a Singspore istered car?  aration  thelyser or Blood Test Sing?  Reation History  aim 901 Next  In Type *  act No. (Mobile)  I Address In Description  med Workshop Coreact  or Finalisation  Registered  or Taken By  mont AK letter  achment	O mg  O mg  O mg  OO-MX  97206107  XD4167X / St.T1422t ON 16 Jun 2018  Ves  19706/2018 19:41  Jackson	Driver Vehicle No.  Any Injury?  Insured Name Consist No. (Home) O) Vehicle Number  Insured Liability * Preferenced Repair Option Claim Claim Date	O Yes ⊕ No  MASINDO LOGISTIC PTE LTD.  KD4167X  Not at Fault  Preferred Workshop, Name unknown  Lave Bilbmit  DOL	Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200301939N 68427228 SLT1422L Roceived
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t No.  Is he own a Singapore datered car?  Aration  Athelymer or Blood Test ding?  Pication History  Incation History  Incation History  In Type =  Incation (Mobile)  If Address In Description  In Type Time Modern Coreact  In Finalisation  Registered  In Taken By	O mg  DO-MX  97306107  XD4167X / SLT1422L ON 16 Jun 2018  Yes  19706/2018 19:41  Jackson  MT/0999278  ● Yes ○ No	Any Injury?  Insured Name Consact No. (Home) O) Vahide Number  Insured Liability * Preferenced Repair Option Claim Claim Date	MASIMDO LOGISTIC PTE. LTD.  Not at Fault  Preferred Workshop, Name unknown  19/06/2018 19:43  Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	200301939M 66427228 5LT1422L  Received 19/06/2018 00:00
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achment		Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_B00601/ N	ATIONAL ASSESSMENT CENTRE SERVICES) on 19 July 2018 19:43	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-19	(00)
1000	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 19:43	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-19	
POR .	NAC_PAYA_UBI_B00601( N	ATTONAL ASSESSMENT CENTRE SERVICES) on 19 July 12018 19:43	NRIC/ Driving Ucense		Normal	NRIC/ Driving License 2018-6-19	
9	NAC_PAYA_UB1_800501( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 19 July n 2018 19:42	SAS		Normal	SAS 2018-6-19	
	NAC_PAYA_UBI_800601( N	ATTOMAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 19:42	Photos		Normal	Photos 2018-6-19	
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13	NAC_PAYA_UB1_800601( N/	n 2018 19:42	Photos		Normal	Photos 2018-6-19	
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	Uploaded By/Date	Folder Date	File Name		9	Source	Action