				1000	
NATIONAL Assessment Centre	Services	per Caron N	THE 118124383	Si 3h	
Trace 10 251 9 148 14:26	Jeb descriptie		Date & Time Completed	Don	c by
Reilla MA/IMC18017412144.	SAS c-filing	Į.			
173.05	E-mail (with	in Shirs, AIC 2hrs)			
DUA 24/9/18 16:00.	i-Motor Ch	aim Form	6 MT/ 1013006-	2519/18	16:05
2474719 10.00	i-Motor W/	O (Within: OD 2ht)			
(3D (Peporting Only	i-Photo Upl	loaded			
	Assessment/8	Survey Report			
TP hisurer:	Ass't Report	by Fax / Hand to	Owner/Wksp	VI III DEPENDENT AND A CONTRACT	
Preferred Wksp / INC Assign Wksp / OW; {	Alian (mark transfer Are)	HITTO CONTRACTOR	and the second s	ack.	
The state of the s	HB 1996 P.	INC (	)/Non-INC( )		
Owner / Driver: (	HB 11161.	15 55000 10	Tel:	)	
	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-20	%; P: 21-79%. P: 30-	160%]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	0()/\$2,00	0()			
General Remarks:		AVEC ST. STARTERS	rest Parish Recognition of Asses	1001 9. T	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300	urtesy Car (	)		Mark to the state of the state	
Injury:	1				
Date/Time Actions	1	A CONTRACTOR OF THE CONTRACTOR	•	ilini kani at	
The second control of the second seco	Thus and the county of the	Invoice Pren	ration Checklist	Ant (S)	Amt(1
Control of the Contro	A1806069	1) AR : Accident R	STATE OF THE PARTY	30.0 g	Add Bil
amant's Particulars :-		2) DA : Damage A: 3) TF : Towing Fee	seesment (\$100); INC (\$8		
iver/Owner:		4) FT : Follow-Thr	ough Survey	\$120 \$30	
ntact No:		For claiming aga	ough Survey (Resurvey) justING Only (wef 10 Jan 2005	)	
maged Portion:		6) TR : Re-inspecti 7) N1 : Idao DA + 8	MRT Survey	\$160	
: Checked by (Engr-In-Charge):		8) NTUC Addition		• •	
, , , , , , , , , , , , , , , , , , ,		*N5: Courtesy C *N6: Repair Co-	er/Tpt Allowence ordination	\$5 \$10	
iditors! Comments :	MARINE SERVICE	* IVF: Fost Repair		\$25	
<u> </u>	Contract Contract	TP (N11): TP (	on INC) against INC	\$20	
273,	7	b) N12: Idea Mobil Involve dated	Fee Charged		
		Invoice dated	Fee Charged	THE TAX	A Second

### 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	25/09/2018 14:26
Date Of Accident	24/09/2018 16:00
Exact Location Of Accident	NASSIM RD OUTSIDE THE PHILLIPPINES EMBASSY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4751G
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE, LTD.
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090735902-01
Cover Note Number	
Driver	
Name of Driver	SOH YEW PING
NRIC No	S6933644B

 Name of Driver
 SOH YEW PING

 NRIC No
 \$6933644B

 Date Of Birth
 26/08/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/07/1991

Driving Experience 27 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86272007

Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 336 SEMBAWANG CRESCENT #09-196

Postcode 75033

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

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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? YES

Was any injured conveyed to hospital by ambulance?

amodance:

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

3

: UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

YES

: UNKNOWN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE N.P.C

Police Station Address ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHB1996P

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

JOHN WONG KONG FATT

NRIC/Passport Number

S0260174E

Contact Number

96324306

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name SOH YEW PING

Approximate Age

Injuries Sustain NECK AND BACK

Injured person in which vehicle? SLV4751G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

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)

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.

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.:

Date & Time:

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reported on 25/9/2018 @ 1325HRG.

# **ACCIDENT STATEMENT**

ACCIDENT DATE: 24 9 2018 (DD/MM/YYYY), TIME: (6:00)(HH:MM)
LOCATION: Nassim Road Contside The Phillippines
The state of the s
1. DETAILS OF VEHICLE SLV 47516 Embassy.
G) YET HOLE IYOMBER.
b)INSURANCE COMPANY:
C)POLICY TYPE: (COMPRESSED EXCENSES A THIRD BY STATE OF THE PROPERTY OF THE PR
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL:
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY GLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME:(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:CONTACT:
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
He of passenge DRIVER
(Including driver) alNAME:(MALE (FEMALE)
(3) b)NRIC/FIN/PASSPORT:CONTACT: 86272007
TO CIADORESS.
( - Cova *d) DATE OF BIRTH: (/)(DD/MM/YYYY)
eJOCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b)ROAD SURFACE: (DRY) / WET / OTHERS
6. WAS ANYBODY INJURED (YES)/NO) Back& NECK Pain-
7. a) REPORTED TO POLICE (YESY NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
He of passenger a) VEHICLE NUMBER: SHB 1996P MODEL:
Including driver) b) DRIVER'S NAME: JOHN WONG KONG FATT (QX)
( ) C) NRIC/FIN/PASSPORT: 50260 174 ECONTACT: 96324306
9. THIRD PARTY VEHICLE
No of passanger of VEHICLE NUMBER:MODEL:
Indudias de la Piperis NAME:
Induding driver f) NRIC/FIN/PASSPORT:CONTACT:
dsoh& 470@ yahoo. com.sg
email = dsoh8470@ yohos.com.sq
$fax = N \cdot A$
vunt a =





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

Report No. T/20180925/2054

1 of 3

# REPORT OF A TRAFFIC ACCIDENT

	ne Report I 018 12:10	Made:	Vide Report No.:	Station Diary No.: 27	
Informa	nt's Partic	ulars			
	f Informant: W PING		Address: APT BLK 336 SEMBAWANG SINGAPORE 750336	G CRESCENT #09-196	
ID Type / ID No.: NRIC NO / S6933644B			Contact No.: Home/Office: Mobile: 86272007		
National SINGAF	ity: ORE CITIZ	ŒN	Email:		
Sex: Male	Age: 49	Date of Birth: 26/08/1969	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: RYDE DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Infor	mation of the Acci	dent				
Type of Accident:	Injury Others	Injury		Date/Time of Accident: 24/09/2018 16:00	Type of Location:	
Location: Along Road 1 NASSIM ROA OUTSIDE TH		MBASSY	No			
Weather:			Surface:		Road Speed Limit:	
Traffic Flow:		Traffi	c Control:		Traffic Volume:	
Type of Collis	ion:				Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SHB1996P	Car				Slightly Damaged	0	
SLV4751G	Car				Slightly Damaged	2	

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



Tel No: 1800-4428999



2 of 3

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

CONTINUATION OF REPORT

Report No. T/20180925/2054

Driver					THE SE	
Name	SOH YEW PING			ID No.	3	S6933644B
Related Vehicle	SLV4751G (Car)			Conta	ct No.	86272007
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD			Class Driving Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	24/09/2018		Date Disch	scharge 24/09/2018		9/2018
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Sligh	
Name	JOHN WONG KONG	FATT		ID No		S0260174E
Related Vehicle	NIL		Contact No.		96324306	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment NIL			Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details.

ON 24/9/2018 AT ABOUT 4 PM, I WAS DROPPING OFF A PASSENGER AT THE PHILLIPPINES EMBASSY. WHILE COUNTING THE FARE CHANGE FOR THE PASSENGER, MY CAR WAS SUDDENLY HIT FROM BEHIND BY AN SMRT TAXI (SHB1996P). THERE WAS A DENT AT MY REAR REGISTRATION PLATE AREA. THE TAXI'S FRONT NUMBER PLATE WAS ALSO CRACKED AND A SLIGHT DENT TOO.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

3 of 3 Report No. T/20180925/2054

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Diagge attack	SECTION AND PROPERTY AND A STATE OF THE CONTROL OF
INIT ON TAINT. Please attach a co	by of your vehicle's Insurance Certificate to this report. If you don't have
the certificate with you now place	of the second of
the certificate with you now, pleas	e fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report: G / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2018 12:10
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476367	
Authentication Stamp	af









<b>eBao</b> Tech						GeneralClaim					
Hello, NAC_PAYA_UBI_80	0601						• Change La	nguage	Change Pa	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date of	f Accident	24/0	9/2018 16:00	)	
	Vehicle	No.(For Motor)	SLV475	1G		Certific	ate Number				
					s	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5090735902- 01		H & H RENTAL & LEASING PTE. LTD.	2017039652	GFT	drivo CLASSIC	SLV4751G	SLV4751G	28/03/2018	
					Co	ntinue					

Policy No.	5090735902-01	Policyholder Name	H & H RENTAL & LEASIN	G PTE. Policyholder NRIC	201703965Z
Certificate No.		Herito		INC	
Address	61 UBI AVENUE 2 #04-12	AUTOMOBILE MEGA	MART SINGAPORE 40889	8	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	27/03/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	1182.87		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co- insurance Flag Open Policy Info	No			± 10 € 10 € 10 € 10 € 10 € 10 € 10 € 10	
Certificate Info					
	older Mailing Address				
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE ME	EGAMAF Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5090735902-01		
) Insured	Object: SLV4751G				
□ Endors	ements				
Sequenc	e Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/03/2018 00:00	Basic Information Endorsement	UUUUUU1280/831//	indorsement Take iffective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGY6835D 28-03-2018 \$1,176.42 In view of this amendment, a refund of \$1,176.42 (inclusive of GST) will be adjusted against the outstanding premium.
Ę	29/03/2018 00:00	Basic Information Endorsement	null E	ntry Rejected	
3	29/03/2018 00:00	Basic Information Endorsement		ndorsement Take ffective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GB71058136 02-04-2018 \$1,061.56 2. NHP1707115022 02-04-2018 \$1,061.56 In view

Claim Handling

	5090735902-01	Vehicle No.	5LV4751G	, c	SST Registration No	0,
Certificate No.						
Policyholder Name	H & H RENTAL & LEASING PTE, LTD.				Policyholder NRIC	20170
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC		oading	0
Contact No.(Mobile)	97234411	Contact No.(Office)		(	Contact No.(Home)	
Email Address		Special Remark			Code	No *
KFK	+ No Yes	TCA	- No Yes		Code Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	Yes
Report Date	25/09/2018 15:57	Accident Report Within 24 hrs	Yes	,	Accident Type	Collisi
Date of Accident	24/09/2018	Time of Accident hh:mm	16:00		Country of Accident	Singar
Reporting Centre		Orange Force		3	CM No.	
Accident Location	NASSIM RD OUTSIDE THE PHILLIPPINES EMBASSY					
▽ Excess						
Own damage Excess	2,000.00	Additional Excess	0	)	Windscreen Excess	100.0
Jonamed Driver Excess		Outside Singapore OD Excess		2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
⇒ Benefits						
	ution					
ST Registered	No		GST Registr			
ST Registration No.			GST Status	Verified	Yes	
lodification History						
Policyholder Mailing Ad	dress					
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBIL	E MEGAMAR A	Address 3	SING
Address 4		Address Type	Singapore address		ost Code	40889
Jnit No.	04-12	Related Policy Number	5090735902-01	V.		(4000)
	15020	ACCUMACULAR ACCURATION OF THE PARTY OF THE P				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Jonamed driver Name	SOH YEW PING	Driver NRIC	56933644B		Driver DOB	26/08
Register Date of Driver License	24/07/1991	Driver Age	49		Oriving Experience	27
Contact No.(Mobile)	86272007	Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 136 #09-196	Address 2	SEMBAWANG CRESC		Address 3	SING
Address 4		Address Type	Singapore address		ost Code	75033
Init No.	09-196					
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		t	Oriver Insurer Comp	pany
peclaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes No			
Claim 001 New						
Claim 001 New				OD-MX *	Insured H & H RI	ENTAL & LEASING PTE
Claim 001 New				OD-MX ▼	Contact	ENTAL & LEASING PTE
Claim 001 New  Claim Type *  Contact No.(Mobile)				OD-MX *	Contact No. NIL (Home)	ENTAL & LEASING PTE
Claim 001 New  Claim Type *  Contact No.(Mobile)				OD-MX *	Contact No. (Home)	
1 1 M K				OD-MX ▼  SLV4751G / SH81996P ON 24 Sc	Contact No. (Home) OI Vehicle Number	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop	Insured Liability Not at Fault	•			Contact No. (Home) OI Vehicle Number	
Claim 001 New  Claim Type *  Contact No.(Mobile)  Claim Description  Preferred Workshop 0	Repair Preferred Workshop, Name to	GIA	,		Contact No. (Home) OI Vehicle SLV4751 Number	
Claim 001 New  Claim Type *  Centact No.(Mobile)  Claim Description  Preferred  Workshop  Intelligent No.  Yes	Preference Proces reuse	mknown • GIA Received	*		Contact No. (Home) OI Vehicle StV4751 Number Claim Close	
Claim 001 New  Claim Type *  Contact No.(Mobile)  Claim Description  Preferred Workshop Contact No.  Claim Description  Preferred Workshop Contact No.  Ves  Jake Registered	Repair Preferred Workshop, Name to	mknown • GIA Received	•	SLV4751G / SH81996P ON 24 St	Contact No. NII. (Home) OI vehicle SLV4751 Number ept 2018	
Claim 001 New  Claim Type *  Contact No.(Mobile)  Claim Description  Preferred Workshop Contact No.  Claim Description  Preferred Workshop Contact No.  Ves  Jake Registered	Repair Preferred Workshop, Name to	mknown • GIA Received	7	SLV4751G / SHB1996P ON 24 St	Contact No. (Home) OI Vehicle StV4751 Number Claim Close	
Claim 001 New  Claim Type *  Contact No. (Mobile)  Claim Description  Preferred Norkshop Stemake No. Translisation Date Registered Report Taken By	Repair Preferred Workshop, Name to	mknown • GIA Received	•	SLV4751G / SH81996P ON 24 St	Contact No. (Home) OI Vehicle StV4751 Number Claim Close	
Claim 001 New Claim Type * Contact No. (Mobile) Claim Description Preferred Workshop 0	Repair Preferred Workshop, Name to	mknown • GIA Received	y Save Submit	SLV4751G / SH81996P ON 24 St	Contact No. (Home) OI Vehicle StV4751 Number Claim Close	

Claim No.

MT/1013006 Last Doc, Received Yes No Upload Date 25/09/2018 16:05 Path \* Category \* Urgency \* Choose File No file chosen \* NO Clear Please Select \* Normal v NO Choose File No file chosen Clear v Normal Please Select ▼ NO Choose File No file chosen v Normal Clear Please Select Choose File No file chosen ▼ NO Clear Please Select Normal Choose File No file chosen \* NO \* Normal Clear Please Select Choose File No file chosen Clear Please Select \* NO Y Normal Message Read

				200a		
Attachment		Jploaded By/Date	Category	9	Urgency	Description
\$1.000 7.000		XTIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:05	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-9-25
60		ATIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:05	SAS		Normal	SAS 2018-9-25
		ATIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:05	Photos		Normal	Photos 2018-9-25
		RTIONAL ASSESSMENT CENTRE SERVICES) o S Sep 2018 16:05	Photos		Normal	Photos 2018-9-25
60		ATIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:05	Photos		Normal	Photos 2018-9-25
-30		ATIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:05	Photos		Normal	Photos 2018-9-25
1		ATIONAL ASSESSMENT CENTRE SERVICES) o S Sep 2018 16:05	Photos		Normal	Photos 2018-9-25
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74	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:04	Photos		Normal	Photos 2018-9-25
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4	NAC_PAYA_UB1_800601( NA 25	NTIONAL ASSESSMENT CENTRE SERVICES) o 5 Sep 2018 16:04	Photos		Normal	Photos 2018-9-25
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