NATIONAL Assessment Centre	Services. v	vet + Jane 1931 .	MNA 118149839	ed	Done by	1000
Date In: 19/1/18 18:19	Ich description		Date &Time Comple	CO	15000	
Ref No: MA (INC 180 209 13 / 44.	SAS c-filing		1	-		
Veh No. SK& 6237 A	E-mail (within 5)	ns, AIC 2hrs)				
D.O.A : 18 11 18 08:30.	i-Motor Claim	Form	MT11020454-	2011	1118 04	1147.
	1-Motor W/O	(Within; OD 2hr:	s, TP 4hrs)			
(ii) Peporting Only	i-Photo Uploa	ded			1 1987	
The second secon	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp	2011111111111111111	Manual Contraction of	
Professed Wksp / INC Assign Wksp / QW: (1	CT. CONT. OF STREET, S	Tol:	Fax:		
	D 8714 R.	. INC()/Non-INC()		THE RESERVE
Owner / Driver: (Tcl:	J)	
	iod: ()	Cover Type: (
Caufirmed by : (Dates	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (W	O): N: 0-2	20%; P: 21-79%. P:	80-100%	<u> </u>	
	Varranty: YES ()			
Excess: (\$) Loading: \$1,00			THE PERSON OF THE PROPERTY.	w. 7777	THE PERSON AND PERSON	no operation
Constitution of the Consti	THE PROPERTY.	This Deposit	4.234433466355	Large	5,	
() Walk-In Customer : Customer's infor	mation strictly Con	lidential & S	trictly NO refer of repa	lrer.		
Total Loss Case : to e-mall Insure	r URGENTLY.		<u>, </u>			
Drive-In ()/ Towed-In (); Invoice:	The state of the s	0();	Fowing Co: ()
(emarks: - (18/2 hothuc 26788) 6616) 85 1) Apply for Transfort Allowance ()/ C	ourtesy Car ()	24 Differentiano reolable	- Land	A Transport	
2) QC Check / Post Repair Inspection	(-)					
 Upload Resurvey Photo [Repair Cost > \$3 	000] (-	
Injury:					Mary Argert	CANAL SERVICE
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lamant's Particulars :- 1/2 - 1/3 (7)		2) DA : Dame;	e Assessment (5100); Fee	\$40/\$45		
lamant's Particulars :- 1/2 - 1/3 (7)		2) DA : Dame; 3) TF : Towing 4) FT : Follow-	Pee : Through Survey	\$40/\$45 \$120 \$30		
liummut's Particulars is a second sec		7) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) PT : Follow- Por ulaiming	c Assessment (5100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10.)	\$40/\$45 \$120 \$30		
linnant's Particulars is a second of the particulars is a second of the particulars is a second of the particular in the		2) DA: Dames 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For elaiming 6) TR: Re-insp 7) NI: Idan DA	c Assessment (\$100); Fee Through Survey (Resurvey) against INC Only (wef 10.) section A + SMRT Survey	\$40/\$45 \$120 \$30 \$1,2905)		
Hammit's Particulars is to the specific of the		2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-inj 7) N1: Idao D 5) NTUC Addi	c Assessment (5100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10.)	\$40/\$45 \$120 \$30 \$11,2005) \$75		
Informat's Particulars is a particular in a pa		2) DA: Dame; 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-fan 7) N1: Idau DA 5) NTUC Addi OD: *N5: Courle	re Assessment (\$100); (Fee Through Survey (Resurvey) (Against INC Only (wof 10.) peetion A + SMRT Survey Ritonal Services: They Cer / Tpt Allowance	\$40/\$45 \$120 \$30 \$10 \$73 \$75 \$160		
HammittsParticulars is the provided and a second contact No: amaged Portion: C. Checked by (Engr-In-Charge):	Translation of the Artificial Control of the	2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- Por glaiming 6) TR: Re-ins 7) N1: Idau D 5) NTUC Addi OD! *N5: Courle *N5: Courle *N5: Repair	re Assessment (\$100); (Fee Through Survey (Resurvey) against INC Only (wef 10.) section A + SMRT Survey Renal Services: The Allowance Co-ordination and Inspection	\$40/\$45 \$120 \$30 \$173 \$73 \$75 \$160 \$510 \$525		
HammittsParticulars is the provided and a second contact No: amaged Portion: C. Checked by (Engr-In-Charge):		2) DA: Dame; 3) TF: Towing 4) FT: Follow- 5) FT: Follow- Por glaiming 6) TR: Re-ing 7) N1: Idau D 5) NTUG Addi OD: *N5: Courlo *N6: Repsir *N7: Fast R *N8: DV / C	re Assessment (\$100); If Fee Through Survey (Resurvey) Lagainst INC Only (well 10 Junetion A + SMRT Survey literal Services: Lagainst Inspection Lagain Inspection Collect Excess Coordination	\$40/\$45 \$120 \$30 \$175 \$75 \$75 \$160		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 liability.
- 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.
- 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

A SAN SAN AND THE SAN COLUMN	ACCIDENT STATEMENT
Date Of Report	19/11/2018 18:19
Date Of Accident	18/11/2018 08:30
Exact Location Of Accident	30 GOLDEN DRIVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ6237A
Insured/Policyholder	
Name Of Registered Owner	THAM KARLMAN
NRIC No	S7512550Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98151627
Alternative Phone No	OFFICE-98151627
Vehicle Particulars	
Manufacturer	BMW
Model	130I 3.0 AT ABS D/AIRBAG GAS/D 2WD 3DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095404831
Cover Note Number	25.
Driver	
Name of Driver	THAM KARLMAN
NRIC No	S7512550Z
Date Of Birth	25/04/1975
Occupation	INDOOR
Date Of Driving Pass	26/03/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98151627
Fax Number	
Contact Number	OFFICE-98151627

NOEMAIL

Address 30 GOLDEN DR

Postcode 554658

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

1

NO

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?

NO

NO

XD8714R

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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 .:

I, ALLEN QUEK 1/c S 1536658/C from 800 super Waste Management PTE LTD will acknowledge the repair for car SKQ 6237 A (BMW) for the accident cause by our refuse truck XD 8714 R at 30 Godlen Driver on 18/11/18 at about 0830 hrs Driver Sutharan

ALLEN QUEK BAR SONG AOE 96453800 Am Auk 18/11/18

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
 - The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation. 4

	ACCIDENT DETAILS	(DD/MM/YY
Date of accident	18/11/2018	(HH:MM)
Time of accident	8:30 aw	(circum)
Exact location of accident	30. Golden Drive.	

THE RESERVE AND ADDRESS OF THE PARTY OF THE	DETAILS OF VEHICLE
Vehicle registration number	SKQ 6237 A
Vehicle make and model	BWW.
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Privole
Are you claiming under your own insurance company?	Yes D No F if no, please select: Third part claim Reporting only D

WALL DESCRIPTION OF THE PARTY O	INSURANCE IN	FORMATION	一下名 (2)
Insurance company	Nte		
Policy number		at the state of the first	TP only [
Type of policy	Comprehensive	Third party fire & theft \square	ir only L

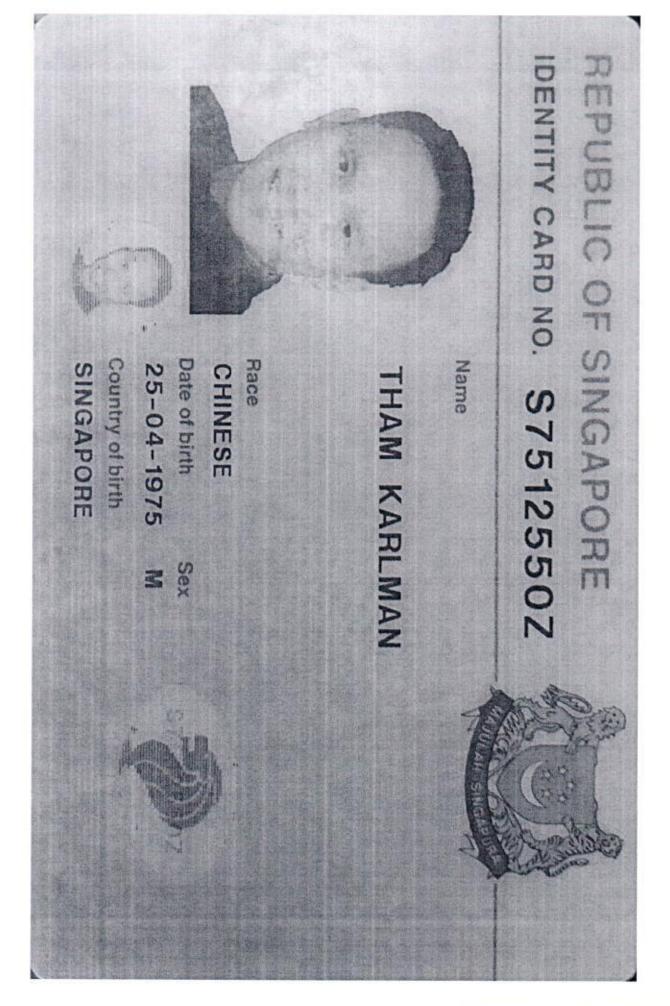
4.3% 好的证明,而可能是	INSURED / POLICY HOLDER	Male	Female
Name	A STATE OF THE STA	11101101	
NRIC / Fin / Passport number	875 1235 0/2		
Contact	9815 1627		
Address	30 Goldon Prior S(554658)		

DRIVER	SAME AS INSURED ABOVE of (SKIP TO D.O.B)	TO A SE
DRIVER	Male 🗆	Female 🗆
Name		
NRIC / Fin / Passport number		
Contact		H- 77-300 P-52
Address		
Email address	Karl tham @ me. com	
Date of birth	1	
Occupation	Indoor Outdoor	
Driving date pass	26/ Mar/1996	

	ENERAL INFORMATION OF THE ACCIDENT
as driver an employee of	Yes D No D
ne insured's company?	If no, relationship of the driver and insured:
ccident captured by camera?	Yes D No.
Veather condition	Clear
oad surface	Dry Dry Wet a (Inclusive of driver)
lo of passenger	· · · · · · · · · · · · · · · · · · ·
经 国际企业的	PASSENGER 1
Name	
Gender	Male Female
Serider	
	PASSENGER 2
Name	
Gender	Male D Female D
gender	
全种类型外型原则 2000年10日,1500年1	PASSENGER 3
No. of Control of Cont	
Name	Male D Female D
Gender	
	PASSENGER 4
AND THE PROPERTY OF THE PERSON	
Name	Male D Female D
Gender	
	PASSENGER 5
全国,他们会会对 在自己的。	
Name	Male Female
Gender	TYPE SE
	PASSENGER 6
A MARIAN WINTERSTON	NOT THE RESIDENCE OF THE PARTY
Name	Male Female
Gender	Water
	OTHER INFORMATION
	Yes 🗆 No.
Was anybody injured?	100
Was other vehicle damaged	i i i i i i i i i i i i i i i i i i i
	DETAILS OF POLICE ACTION
CONTRACTOR AND STREET	to allege state which police station.
Reported to police?	Yes No P If yes, please state which police states.
Police station name	
	WITNESS 1
MATERIAL PROPERTY	VIIIVI
Name	
The state of the s	
ACCIONATION OF THE RESIDENCE	WITNESS 2
Name	

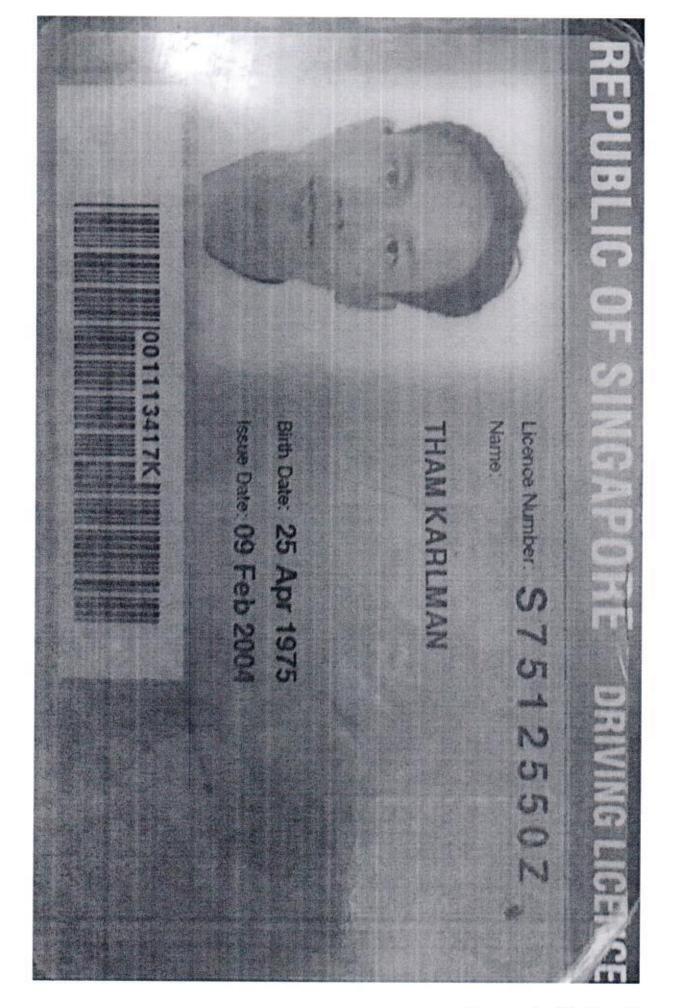
Charles and the state of the	THIRD PARTY VEHICLE 1
ehicle registration number	XD 8714R
ehicle make model	
ame	
IRIC / Fin / Passport number	
Contact	
Officace	
ALEXANDER OF THE PARTY.	THIRD PARTY VEHICLE 2
/ehicle registration number	
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
美国人民共和国人	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
"种种"的"种"的"一"。	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
第48年 40年 10月 20日 11日 11日	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
	THIRD TAKET PERIODS .
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THER DARTY VEHICLE 7
No. 1 - William To All Street Line	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Washington and the second	张助政	INJURED PERSON 1
ame	M	
juries sustained		
/hich vehicle person in?		
Vere seat belts worn?	Yes 🗆	No 🗆
Vas injured conveyed to	Yes 🗆	No 🗆
ospital by ambulance?	2.150.511651	ance- in
	1.	
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njuries sustained		
Which vehicle person in?		
Vere seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
nospital by ambulance?		
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AND THE REAL PROPERTY.	1015	INJURED PERSON 3
Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
A THE REAL PROPERTY OF THE PERSON OF THE PE	中的社会	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
nospital by		
ALCOHOLD STREET	18th 18582	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
When the state of		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
	Yes 🗆	No 🗆
Were seat helts worn?		
Were seat belts worn? Was injured conveyed to	Yes □	No 🗆

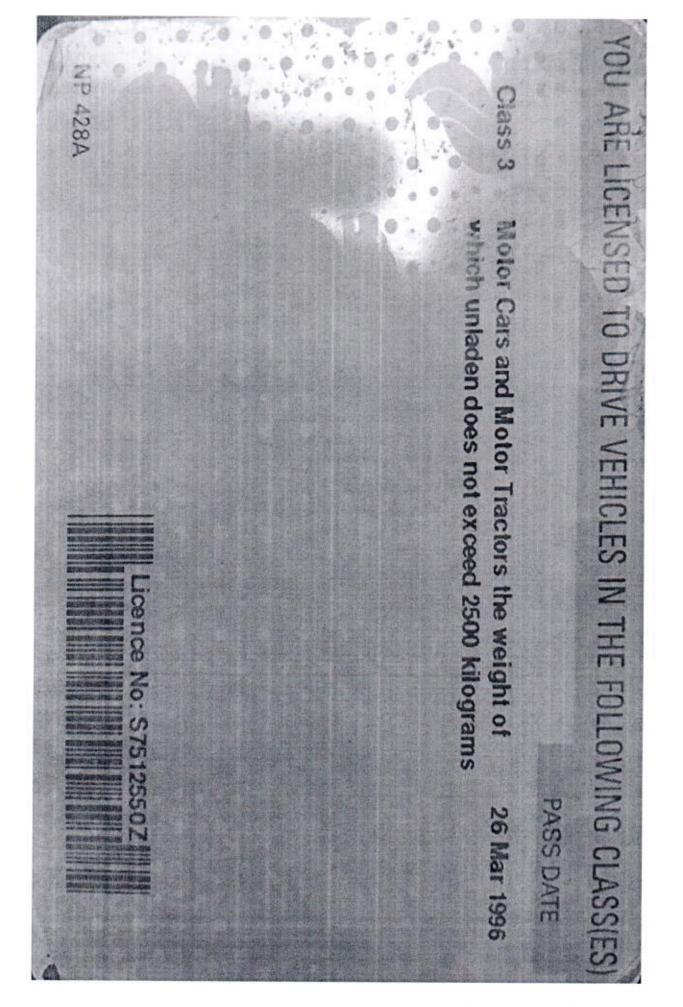




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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 18/11/2018 18:18 Vehicle No.(For Motor) Certificate Number SKQ6237A Search Certificate Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Date Product Cover Type Expiry Date No. Object THAM KARLMAN drivo CLASSIC 5095404831 S7512550Z SKQ6237A SKQ6237A 27/10/2017 20/11/2018 GPC Continue

Claim Handling

Accident MT/1020454							
Policy No.	5095404831	Vehicle No.	5KQ6237A		GST Registration	No.	
Certificate No.							
Policyholder Name	THAM KARLMAN				Policyholder NRI	C	\$751
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0
Contact No.(Mobile)	98151627	Contact No.(Office)			Contact No.(Hon	ne)	
Email Address		Special Remark			eCode		No *
KFK	+ No Yes	TCA	* No Yes		eCode Reason		
NCD Protection	No	NCD Entitlement(%)	0		Private Hire		No
Accident Details					MALAIN WILLIAM		
Report Date	20/11/2018 09:40	Accident Report Within 24 hrs	Yes		Accident Type		Dama
Date of Accident	18/11/2016	Time of Accident hh:mm	08:30		Country of Accid	ent	Singa
Reporting Centre Accident Location	72 501 551 551 551	Orange Force			ICM No.		
Excess	30 GOLDEN DRIVE						
Own damage Excess		Address of Process					
Unnamed Driver Excess	600.00	Additional Excess	0		Windscreen Exce	ISS	100.0
Third Party Excess	0.00	Outside Singapore OD Excess		600.00			
→ Benefits	0.00	Outside Singapore TP Excess		0.00			
	tion.						
 GST Registered Informal GST Registered 				AND DO			
GST Registration No.	No		GST Regis	tration Date	422		
Modification History			031 31813		Yes		
 Policyholder Mailing Add 	ress						
Address 1	30 GOLDEN DRIVE	Address 2	GOLDENHILL VILLA	NS.	Address 3		SINGA
Address 4		Address Type	Singapore address		Post Code		55465
Unit No.		Related Policy Number	5095404831-01				
OI Driver Info							
Driver Name	THAM KARLMAN	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S7512550Z		Driver DOB		25/04
Register Date of Driver License	01/01/2005	Driver Age	43		Driving Experien	ce	13
Contact No.(Mobile)	98151627	Contact No.(Office)			Contact No.[Horn	(c)	
Address 1	30 GOLDEN DRIVE	Address 2	GOLDENHILL VILLA	S	Address 3		SINGA
Address 4		Address Type	Singapore address		Post Code		55465
Unit No. Does he own a Singapore	S Contraction	\$6770.000.000000000000000000000000000000					
Registered car?	Yes - No	Driver Vehicle No.			Driver Insurer Co	empany	
Declaration							
Breathalyser or Blood Test	W12277	9,000,000	Accept the enter				
Roading?	0 mg	Any injury?	Yes a No				
Audification History							
Claim 001 New							
1000							
Claim Type *				OD-MX	Insured THAM	KARLMAN	
Contact No.(Mobile)				Earpines -	Contact		
Somota May results)				98151627	No. 62813 (Home)	1940	
mail Address				karlman_tham@hotmail.com	OI Vehicle SKQ6	237A	
					Number		
Claim Description				SKQ6237A / XD8714R ON 18 N	4ov 2018		
Preferred	Insured Liability Link on Fords	76.7					
Vorkshop 0 Contines No. Yes	Preference Preferred Workshop, Name	unknown V GIA Received					
Inalisation Code Pagistered	Option Prefered Workshop, Name	unknown report Received			Claim		
rote negatered				20/11/2018 09:45	Close Date		
ieport Taken By				LIEW SHAN HUI			
Print AK letter							
			Save Submit				
Hard State of the							
Attachment							

Claim No.

001

MT/1020454

Accident No.

ISST DOL, NEDEWELF	* Yes No	Upload Date	20/11/2018 09:47				
	Path *		Category *		Confidential	Urgency	
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Chaose File No file chosen		Cle	Please Select	٠	NO *	Normal	
Choose File No file chosen		Cie	Please Select	٠	NO T	Normal	*
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:45	Photos	Normal	Photos 2018-11-20
	THE STATE OF THE S	20 Nov 2018 09:45	T. COOPERS	2230 WH	Photos 2018-11-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	Photos	Normal	70-44-C 50-40-4-C 50-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:45	Photos	Normal	Photos 2018-11-20
Cell	NAC_PAYA_UBI_BODG01(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:45	Photos	Normal	Photos 2018-11-20
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:46	Photos	Normal	Photos 2018-11-20
1000 T	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 6 20 Nov 2018 09:46	Photos	Normal	Photos 2018-11-20
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:46	Photos	Normal	Photos 2018-11-20
-4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:46	Photos	Normal	Photos 2018-11-20
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:46	SAS	Normal	SAS 2018-11-20
11	NAC_PAYA_UBI_800601((NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Nov 2018 09:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-20
STATE OF	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-20
1576	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-20
E in	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Nov 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-20
Attachment		Uploaded By/Date	Category	Urgency	Description

Display in New Window Scan and uploading