NATIONAL Assessment	Certific Ber Fices	To the	ALIVIJ -		
Date In: 1/3/19-17:41	Jeb descript		Date & Time Completed	Do	ne by
Rel No: NA /INC19011578 /Ly	SAS e-fili	ng			
Veh No: MIC 6132L	E-mail (wi	ithia Shrs, AIC 2hrs)			
D.O.A: 30/6/19-21:10		Claim Form	MI 105 mgr 001	Int.	7
OD / Reporting Only	i-Motor V	V/O (Within: OD 2hrs		117/19	130 +
OD A P. Reporting Only	i-Photo U	The same of the sa	1		
TP Insurer:		t/Survey Report			
17 Insurer:		rt by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp /	QW: (ax:	-
TP Particulars: Veh N	io: SISS 9340	. INC()/Non-INC()	44.	
Owner / Driver: (Tel:	1	
Policy No: () Period: ()	Cover Type: (
Confirmed by: (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-	00061	
Year of Registration: () Warranty: YES	()/NO(1. 22-7570. 1. 30-	0070	
Excess: (\$) Loadi	ing:\$1,000()/\$2,0				
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() Walk-In Customer : Custom () Total Luss Case : to e-ma	iers information strictly t	Confidential & Stric	tly NO refer of repairer.		
	il Insurer URGENTLY	7.		*:	
Drive-In ()/ Towed-In ()					
Drive-In ()/ Towed-In ()	; Invoice: YES () /	NO () : To	wing Co. (+	\ \
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SINGAPORE ACCIDENT STATEMENT

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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 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.
- 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
NAMES OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	01/07/2019 13:41
Date Of Accident	30/06/2019 21:10
Exact Location Of Accident	BOON LAY PLACE
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK6130G
Insured/Policyholder	
Name Of Registered Owner	LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)
NRIC No	S7413119J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97226223
Alternative Phone No	OFFICE-97226223
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN (R18)
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	5109307507
Cover Note Number	

Driver	
Name of Driver	LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)
NRIC No	S7413119J
Date Of Birth	27/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97226223
Fax Number	
Contact Number	OFFICE-97226223
EMail Address	NOEMAIL

Address

BLK 605 JURONG WEST STREET 62

#04-211

Postcode

640605

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

100

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS8934D

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category

TEO SIN TECK

Name of Driver NRIC/Passport Number

S7820165G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. 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
- 8. Consent under the Personal Data Protection Act (PDPA)

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) pf.:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- 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
- 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,
- (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.

Date & Time:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Pers Name:

NRIC/FIN No.:

Teo Sim Teck Date for Son Ley Place

Travelling along Bon Ley Place

and I examter an accident

where a Bus 240 (5BS 8934D)

cutinto my lane from lane I

to lane 2 without pistike.

pad And Knock ofto my Right

My Side driver door hook get

Some screetches from the impact.

The bas driver (5135 89 340)

came to a stop and come down to

assist. He admitted that its his

fault for not crossing over to

notice and belong

my lane without taking and satisfy

onto my driving side.

MAKE & MODEL: Mercedus VEHICLE NO: SMK 61306 FILO 06/2019 30 DATE OF ACCIDENT 9 AM PM 10 TIME OF ACCIDENT LOCATION OF ACCIDENT Buon Lay place Exact Purpose use during accident (ai Jinkun) (Landin Chuq kim Koon Lander NAME OF OWNER 9722 6223 TELP NO S 7413119.] NRIC OD / THIRD PARTY Reporting Only CLAIM TYPE YES NO PRIVATE HIRE NTUC INSURANCE CO. Comprehensive Third Party / Third Party Fire & Theft TYPE OF CAVERAGE 5109307507 POLICY NO. If No: NAME OF DRIVER As above) 1+1 (Amak) Any passengers: NRIC 04/1974 24 DATE OF BIRTH Outdoor Indoor OCCUPATION 10 /2017 DATE OF DRIVING PASS Female GENDER Office: Home: CONTAC NO. St 60 # 04- 211 (5) 640665 West 605 Jurong ADDRESS DRIVER HAVE ANY OWN Vehicle NO Y If yes : Reg No: DW015 Employee / If No: RELATIONSHIP Clear) Raining Other: WEATHER CONDITION Dry / Wet / Other: ROAD SURFACE No/If yes : Who? ANY INJURIES CONTAC NO. No If yes : Where? POLICE REPORT SBS 89340 Any Passenger: VEHICLE B NO. 13310c 2F) NAME CONTAC NO. Any Passenger: VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. Have you been approach by unknown person soliciting (s) / YES / NO offering accident claims assistance? PARTICULAR WORKSHOP Sme Motor Pte Ltd 6 Speed Autowerkz Pte Ltd 1 Kaki Vukit ave 6 #02-15 TELP NO 68 Kaki Bukit Avenue 6 Autobay @ Kaki bukit CONTACT PERSON #02-05 ARK @ KB, Singapore 417896 Sixgapoye 417883 FAX NO. Tel: 6384 7037 Fax: 6384 7039 Toln - 57476106 (6 lines) Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7413119J



Name

LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)

蔡 锦 焜 CHINESE

Date of birth 27-04-1974

Country of birth SINGAPORE



For LKK/NAC Use On

REPUBLIC OF SINGAPORE DRIVING LICENCE

January Number S 7 4 1 3 1 1 9 J

LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)

Birth Date: 27 Apr 1974

Issue Oblin: 25 Oct 2017

4731304



NRIC No. S7413119.

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 25 Oct 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

APT BLK 605 JURONG WEST STREET 62 #04-211 SINGAPORE 640605

20-05-2011



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: 5109307507

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMK6130G

Chassis Number

: WDDZ120342A858381

2. Name of Policyholder

: LANDEN CHUA KIM KOON(LANDEN CAI JINKUN)

3. Effective Date of Insurance

: 07 May 2019

4. Expiry Date of Insurance

: 06 May 2020

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 business or profession.

This Policy does not cover

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

EXCESS (SECTION 1) 55600 EXCESS (SECTION 2) : N/A 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

: LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)

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

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED 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

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

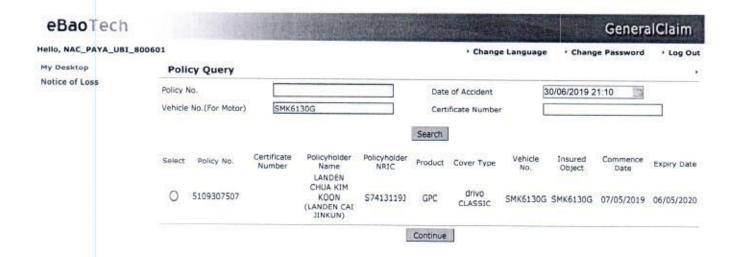
: 07 May 2019 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



	5109307507	Policyholder Name	LANDEN CH	UA KIM KOON (LANE	Policyholder NRIC	S7413119J	
Certificate No.					2125-2		
Address	BLK 605 #04-211 JURONG W	EST STREET 62	SINGAPORE	540605			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/05/2019	Effective Date	07/05/2019	00:00	Expiry Date	06/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open							
Policy Info							
nfo Certificate Info	holder Mailing Address						
Info Certificate Info Policyl	holder Mailing Address BLK 605 #04-211	Addre	ss 2	JURONG WEST STR	EET 62	Address 3	SINGAPORE 640605
Info Certificate Info	255000 A CORD WEST THE REA		ss 2 ss Type	JURONG WEST STR		Address 3 Post Code	SINGAPORE 640605 640605
Info Certificate Info Policyl Address 1	255000 A CORD WEST THE REA	Addre Relate	ss Type				
Info Certificate Info Policyl Address 1 Address 4 Unit No.	BLK 605 #04-211	Addre	ss Type	Singapore address			
Info Certificate Info Policyl Address 1 Address 4 Unit No.	BLK 605 #04-211 08-16 d Object: SMK6130G	Addre Relate	ss Type	Singapore address			

cident MT/1051292						
stry No.	5109307507		Vehicle No.	SMK6130G	GST Registration No.	
ertificate No.						
olicyholder Name	LANDEN CHUA K	(IM KOON (LANDEN CAI IINK	UN)		Policyholder NR1C	574131193
oduct Code	PRIVATE CAR IN	SURANCE	Cover Type	drivo CLASSIC	Loading	0
mact No.(Mobile)	97226223		Contact No.(Office)	0	Contact No.(Home)	0
sell Address	200020		Special Remark	9216757	eCode	10. 🗸
K	No ○Yes		TCA	® No ○ Yes	eCode Reason	
D Protection	No		NCO Entitlement(%)	10	Private Hire	No
Accident Details			The contract of the contract o			
port Date	01/07/2019 13:	56	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	30/06/2019		Time of Accident hh:mm	21:10	Country of Acodent	Singapore
porting Centre			Orange Force		1CM No.	
cident Location	BOOM LAY PLAC	Æ				
Total Excess Applic			5250 25	1.22		
cess Type	Per Accident		Windscreen Excess	100.00		
Standard Excess		600.00	TP Standard Excess	0.00		
ED OD Excess		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Iditional Excess		0				
Kal OO Excess Applicable		600.00	Total TP Excess Applicable	0.00		
₽ Benefits						
GST Registered Info	ermation					
T Registered		No.		GST Registration Date		
IT Registration No.				GST Status Verified	Yes	
dification History						
Policyholder Mailin	******					
idress 1					DESCRIPTION OF	(128000000000000000)
dress 4	8LK 605 #04-2	11	Address Type	3URONG WEST STREET 62 Singapore address	Address 3 Post Code	\$3NGAPORE 640605
IC No.	06-16		Related Policy Number	5109307507	Post Code	640605
OI Driver Info			medica (and manue)	310300/30/		
ver Name	LANDEN CHUA	KIM KOON (LANDEN CA)	Driver Type	Main Driver		
named driver Name	JINKUN)					444
gister Date of Driver Lic	25/10/2017		Driver NRIC Driver Age	574131193 45	Driver DOB	27/04/1974
intact No.(Mobile)	97226223		Contact No (Office)	0	Contact No.(Home)	
toress 1	BLK 605		Address 2	JURONG WEST STREET 62	Address 3	0 SINGAPORE 640605
stress 4	001000		Address Type	Singapore address	Post Code	640605
nit No.	04-211		a to		1104004000	*.100.00
oes he own a Singapore	○ Ves ® No		Driver Vehicle No.		Driver Insurer Company	
egistered car?	0111011		Diver venue no		Driver Industri Company	
- CONTRACTOR						
Charles (GH)				150 150		
reathalyser or Blood Test	Denn			C Yes (W) No.		
reathalyser or Blood Test	D mg		Any injury?	○ Yes ® No		
reathalyser or Blood Test eading?	D mg		Any injury?	○ Yes ® No		
reathalyser or Blood Test eading?	D mg		Any injury?	○ Yes ® No		
wathalyser or Ricod Test rading? idification Hetory	D mg		Any injury?	○ Yes ® No		
eathalyser or Ricod Test ading? dification History	D mg		Any injury?	○ Yes ® No		
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eathalyser or Ricod Test ading? diffication Hetary Claim 001 New	[ор-мх	V	Insured Name	UANDEN OHIJA KIM KDON (LAN)	Insured NRIC	57413119)
eathalyser or Ricod Test ading? diffication Hetary. Claim 001 New birn Type • ritact No.(Mobile)				FANDEN CHITA KIM KDOM (FAM)	Contact No.(Office)	
eathalyser or Ricod Test ading? diffication Hetary Claim 001 New http://www.internation.com/ reaction/Mobile/ and Address.	OD-MX 97226223 LANDENIDGINAL	IL.COM	Insured Name Concact No.(Home)	LANDEN CHIIA KIM KOON (LAN)		\$7413119) \$8589140
nathalyser or Ricod Test ading? dification Hetary Claim 001 New http://www.mit.com/income/	OD-MX 97226223 LANDENIDGINAL		Insured Name Concact No.(Home) OI Wehicle Number	FANDEN CHITA KIM KDOM (FAM)	Contact No.(Office)	
eathalyser or Bood Test adding? diffication History Claim 001 New ann Type * intact No.(Mobile) nail Address. siment Type Claimant Ti	OD-MX 97226223 LANDENIDGINAL	IL.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit *	LANDEN CHIIA KIM KOON (LAN)	Contact No.(Office)	
wathalyser or Bood Test adding? diffication History Claim 001 New wm Type * writact No.(Mobile) half Address simant Type Claimant Ty simant Name * wmant Address	OD-MK 97226223 LANDEN ØGMAI ge * Please Select	IL.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit *	LANDEN CHIIA KIM KOON (LAN)	Contact No.(Office)	
rathalyser or Blood Test lading? diffication Hetary Claim 001 New ann Type * Internation No. (Mobile) Internation No. (Mobile) Internation Name * Internation N	OD-MX 97226223 LANDEN DGMAI ge * Please Select SMK6130G / SI	ILCOM	Insured Name Concact No. (Home) OI Vehicle Number Type of Benefit * Cleimant NRIC *	LANDEN CHILA KIM KOCH (LAN) SMK6130G Please Select	Contact No.(Office) TP Vehicle Number	
wathalyser or Bood Test adding? diffication History Claim 001 New with Type * witact No.(Mobile) half Address simant Type Claimant Tr simant Name * without Address simant Sorrigions eferred Workshop Conta	OD-MK 97226223 LANDEN DOMA 98 Please Select SMK6130G / SI	L.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC *	LANDEN CHILA KIM KOON (LAN) SMK6130G Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	[58589140
wathalyser or Blood Test adding? diffication History Claim 001 New arm Type * contact No. (Mobile) nail Address almant Type Cleimant Ty almant Address almant Address almant Page (Percent Address) almant Page (Percent Address) almant Page (Percent Address)	OD-MK 97226223 LANDEN DOMA 98 Please Select SMK6130G / St	L.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferred Repair Option	LANDEN CHILA KIM KOCH (LAN) SMK6130G Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SBS8934D
wathalyser or Blood Test reading? Idification Hetory Claim 001 New arm Type * contact No. (Mobile) mail Address armant Type Claimant Tr armant Address	OD-MK 97226223 LANDEN DGMA SHEET SMK6130G / SI Yes D1/07/2019 13	L.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC *	LANDEN CHILA KIM KOON (LAN) SMK6130G Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	[58589140
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reathalyser or Blood Test reading? Claim 001 New Warm Type * contact No. (Mobile) mail Address. Islamant Type Claimant Tr Islamant Name * Islamant Address. Is	OD-MK 97226223 LANDEN DGMA SHEET SMK6130G / SI Yes D1/07/2019 13	L.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferred Repair Option	LANDEN CHUA KIM KDON (LAN) SMK6130G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SBS8934D
reathalyser or Blood Tect eading? Claim 001 New Item Type * contact No. (Mobile) mail Address. Isamant Type Claimant Tr Isamant Name * Isamant Name * Isamant Address. Isamant	OD-MK 97226223 LANDEN DGMA SHEET SMK6130G / SI Yes D1/07/2019 13	L.COM	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferred Repair Option	LANDEN CHUA KIM KDON (LAN) SMK6130G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SBS8934D
reathalyser or Blood Test eading? Claim 001 New Item Type * contact No (Mobile) mail Address lament Type Claimant Tr lament Name * lament Address lament Address lament Address lament Address lament Address lament Registered eport Taken By Print Act letter Attachment	OD-MX 97226223 LANDEN DGMA SPECIAL SMK6130G / SECTION Yes D1/07/2019 13 Jeckson Seckson Seckson	L_COM ≥≥ BS8934D CN 10 Jun 2019 1:57	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleiment NRIC * Insured Liability * Proferered Repair Option Cleim Close Date	LANDEN CHILA KIM KOON (LAM SMK6130G Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SBS8934D
coarsion resthalyser or Blood Test earling? codification Hetory Claim 001 New Item Type * contact No. (Mobile) mail Address. Issmant Name * Issmant Address. Issmant Pacernation referred workshop Contact or aguer Tinalisation are Registered eport Taken By Print Act letter Attachment.	OD-MK 97226223 LANDEN DGMA SHEET SMK6130G / SI Yes D1/07/2019 13	L_COM ≥≥ BS8934D CN 10 Jun 2019 1:57	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferred Repair Option	LANDEN CHUA KIM KDON (LAN) SMK6130G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SBS8934D

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	Uploaded By/Date	Polder Date	1.0	File Name		1	?		Sou	ros		Action
Video List												
	NAC_PAYA_UBI_800601[NATIONAL CES) on 01 Jul 2	ASSESSMENT CENTRE SERVI 019 13:57	Photos		Normal		Pho	tos 2019-	7-1			Edit
N	NAC_PAYA_UBI_B00601(NATIONAL CES) on 01 Jul 2		Photos		Normal		Photos 2019-7-1					Edit
A.	NAC_PAYA_UBL_800601[NATYONAL CES) on 01 Jul 2		Photos		Normal		Photos 2019-7-1					Edit
	NAC_PAYA_UBI_B00501(NATIONAL CES) on 01 Jul 2	ASSESSMENT CENTRE SERVI 019 13:57	Photos		Normal		Process 2019-7-1				Edit	
	NAC_PAYA_LIBI_R00601(NATIONAL CES) on 01 Jul 2		Photos		Normal		Photos 2019-7-1				Edit	
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1	NAC_PAYA_LIB1_800601(NATIONAL CES) on 01 Jul 2	ASSESSMENT CENTRE SERVI 019 13:58	Photos		Normal		Photos 2019-7-1				Edit	
	NAC_PAYA_UB1_800601(_NATIONAL_ CES) on 01 Jul 2		Photos		Normal		Photos 2019-7-1				Edit	
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O (NAC_PAYA_US1_800501(NATIONAL CES) on 01 Jul 2	ASSESSMENT CENTRE SERVI 019 13:58	Photos		Normal		Photos 2019-7-1				Edit	
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10	NAC_PAYA_UBI_800601(NATIONAL CES) on 01 Jul 2		SAS		Normal		SAS 2019-7-1					Edit
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Attachment	Uploaded By	/Cate	Category	?	Urgency		Description				Msg Sent? (CO)	Action
Attachment I	_										☐ Send Mess	age Uploa
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