Date In: Maliga Ibily	Job description	n	Date & Time Completed	Done	pi.
Ref No: HA HC 193 Ktgs/24	SAS e-filing				
Veh No: SBRS6714		a Shrs, AIC 2hrs)			
D.O.A: 3/9/19-18:00	i-Motor Cla		malist 2 capti	4/9/19 7:	10
2.0.A. 1711g. 18: 00		O (Within: OD 2hr	m7)1061071-W1	1919 11:	7
OD (TP)' Reporting Only	i-Photo Upl		1		
	-	urvey Report	-		
TP Insurer:	-		to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Ass i Report	o) Inx/Italia		Fax:)
TP Particulars: Veh No: 10 200	ic .	INC (
Owner / Driver: (101-		Tel:)	
	iod: ()	Cover Type: (
Confirmed by : (Date:	Time:		
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
	Varranty: YES ()		The later of the l
Excess: (\$) Loading: \$1,00					
General Remarks:-				115 P. 11	
() Walk-In Customer : Customer's inform					
() Total Loss Case : to e-mail Insurer	URGENTLY.				595 - AU - 377 A
Drive-In ()/ Towed-In (); Invoice:	YES()/1	NO();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)			Date& Time Completed	Done	hi.
1) Apply for Transport Allowance ()/Co	ourteen Cor (1	Dates 10116 Coulpie 34	New Yorks	
1) Apply for Hansport Allowance ()/ Co	Juliesy Car ()	The same and the s	The Control of the Control of the	STREET, STREET
2) OC Check / Past Sensir Inspection	,	<u></u>	1	-	
2) QC Check / Post Repair Inspection 3) Unload Resurvey Photo (Remair Cost > \$30	()			
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Upload Resurvey Photo [Repair Cost > \$30 Injury :	(paration Checklist	Anit (5)	Amt(3) Add Bill
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(1) AR : Accident	paration Checklist Reporting (\$30);	fa.Biii	ACCOUNT OF THE PARTY OF
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Natao6341 laimant's Particulars:	(1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe	naration Checklist: Reporting (\$30); Assessment (\$100); INC (\$200);	fit Bill 80) 0/\$45	4000 Exercising 12
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA(90674) Inimant's Particulars:- river/Owner:	(1) AR : Accident 2) DA : Damege / 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$200); Reporting (\$200); (\$200);	76 Bill 80) 0/\$45 \$120 \$30	ACCOUNT OF THE REAL PROPERTY.
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA(90634) Raimant's Particulars:- river/Owner:	(1) AR: Accident 2) DA: Darrage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	Reporting (\$30); Reseasment (\$100); INC (\$200); INC (\$300); INC (\$	16 Bill 80) 0/\$45 \$120 \$30	4000 Exercising 12
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA(90674) laimant's Particulars:- river/Owner:	(1) AR : Accident 2) DA : Damege / 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Reseasment (\$100); INC (\$200); INC (\$300); INC (\$	76 Bill 80) 0/\$45 \$120 \$30	ACCOUNT OF THE PARTY OF
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Nal906341 laimant's Particulars:- river/Owner: ontact No: amaged Portion:	(1) AR: Accident 2) DA: Damage / 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA 4 8) NTUC Additio	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$200); Assessment (\$100); INC (80) 0/\$45 \$120 \$30 \$) \$75	4000 Exercising 12
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Nations Particulars: river/Owner: ontact No: amaged Portion:	(1) AR: Accident 2) DA: Darrage / 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio OD.* *N5: Courlesy	Reporting (\$30); Assessment (\$100); INC (\$200); INC (\$300); INC (\$	\$60) 00/\$45 \$120 \$30 \$75 \$160	4000 Exercising 12
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Nations Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$200); INC (\$300); INC (\$	\$10 Bill 10 Bi	ACCOUNT OF THE REAL PROPERTY.
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA(90674) Claimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors: Comments:-	(1) AR: Accident 2) DA: Darrage / 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$200); INC (\$300);	\$60) 00/\$45 \$120 \$30 \$30 \$75 \$160	ACCOUNT OF THE REAL PROPERTY.
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Nations Particulars: river/Owner: ontact No: amaged Portion:	(1) AR: Accident 2) DA: Darrage / 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$50); Assessment (\$50); A	\$60 100	ACCOUNT OF THE REAL PROPERTY.

Single at 1.75°

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 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 aforesaid.

aforesaid.	THE STATE OF THE S
THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	04/09/2019 16:14
Date Of Accident	03/09/2019 18:00
Exact Location Of Accident	JUNC PIONEER RD & TUAS RD
Country/State of Loss	SINGAPORE
District Colonic Colon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SBR5621G
Insured/Policyholder	
Name Of Registered Owner	NG KIAN MENG
NRIC No	S7521149Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94354546
Alternative Phone No	OFFICE-94354546
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA 1.6A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5072027210-04
Cover Note Number	

Driver

Name of Driver	NG KIAN MENG (HUANG JIANMIN)
----------------	------------------------------

 NRIC No
 \$7521149Z

 Date Of Birth
 24/07/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 05/12/2006

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94354546

Fax Number

Contact Number OFFICE-94354546

EMail Address NOEMAIL

Address 596 YISHUN RING ROAD

#10-22

Postcode 768697

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

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)

Passenger 1

NAME: : -

GENDER: : MALE

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?

NO

NO

ir 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

XD2096E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver ZHENG LIN LIN
NRIC/Passport Number G8533966X

NRIC/Passport Number G8533966X Contact Number 97756892

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

DETAILS OF INJURED PERSON 1

Name

NG KIAN MENG (HUANG JIANMIN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SBR5621G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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)

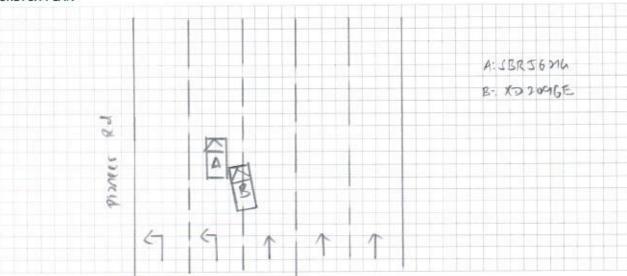
I understand, acknowledge, agree and consent that:

- (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

nefer to stu	tement.		
100			
12			

DECLARATION

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

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG 3RD LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION. AFTER WITH STRONG IMPACT WITH VEHICLE B, MY VEHICLE STEERING WHEEL LOST CONTROL.

eBao Tech										Genera	Claim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	• • Chang	e Password	· Log Out
My Desktop	Policy	Query									
Notice of Loss	Policy No	c.				Date	of Accident	1	03/09/2019 1	8:00	
	Vehicle N	io.(For Motor)	SBR56	21G		Certi	ficate Number				
						Search	Ì				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	072027210- 04		NG KIAN MENG	S7521149Z	GPC	Third Party	SBR56210	SBR5621G	01/05/2019	30/04/2020
						Continue					

olicy No.	5072027210-04	Policyholder Name	NG KIAN ME	ENG	Policyholder NRIC	S7521149Z	
Certificate No.							
Address	596 YISHUN RING ROAD #10-22	THE WISTE	RIA SINGAPO	RE 768697			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/04/2019	Effective Date	01/05/2019	00:00	Expiry Date	30/04/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	596 YISHUN RING ROAD	Addr	ess 2	#10-22 THE WIST	ERIA	Address 3	SINGAPORE 768697
Address 1			2002/00/00	Cinnanan address		Post Code	768697
		Addr	ess Type	Singapore address			
Address 1 Address 4 Unit No.			ted Policy	5111895245			
Address 4 Unit No.	ed Object: SBR5621G	Rela	ted Policy	II MANAGAN JAKANA		3 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	9-04-03996
Address 4 Unit No.		Rela	ted Policy	II MANAGAN JAKANA		36456 (S. 1.0.16) C. 1.16)	1 5-03-0566

Claim Handling Accident HT/1061031					- 60
Policy No.	5072027210-04	Vehicle No.	5845621G	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIAN MENG			Policyholder NR3C	\$75211492
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	٥
Contact No. (Mobile)	94354546	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	n: V
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
→ Accident Details					
Report Date	04/09/2019 17:24	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	03/09/2019	Time of Accident Normm	18:00	Country of Acodem	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC PIONEER RD & TUAS RD				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	NESSTAL				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits		A CONTRACTOR OF THE PROPERTY.			
□ GST Registered Informa	ition				
SST Registered	No.		GST Registration Date		
ISY Registration No.			GST Status Verified	Yes	
Hodification History					
⇒ Policyholder Halling Ado				10700000	
Address 1	596 YISHUN RING ROAD	Address 2	#10-22 THE WISTERIA	Address 3	SINGAPORE 768697
Address 4		Address Type	Singapore address	Post Code	768697
Unit No.		Related Policy Number	511,1895245		
S OI Driver Info	De Maria Merce	Date of Tona	Main Driver		
Onver Name Unnamed driver Name	NG KIAN MENG	Oriver Type Oriver NRIC	S7521149Z	Driver 008	24/07/1975
Register Date of Driver License	06/12/2006	Driver Age	44	Driving Experience	12
Contact No.(Mobile)	94354546	Contact No.(Office)	9	Contact No.(Home)	0
Address 1	596 YISHUN RING ROAD	Address 2	THE WISTERIA	Address 3	SINGAPORE 768697
Address 4	300 100 00 100 00 00 00 00 00 00 00 00 00	Address Type	Singapore address	Post Code	768697
Unit No.	10-22	NO.32438 (1883	TO BEYARD BRANDS		
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	Dmg	Any injury?	® Yes ○ No		
Reading? Modification History Claim 001 <u>New</u>					
Claim Type *	Y				CONTRACTOR OF THE PARTY OF THE
Contact No (Mobile)	OD-MX	Insured Name	NG KIAN MENG	Insured NRIC	57521149Z
	OD-MX Y	Contact No.(Home)	MIL	Contact No.(Office)	
	94354546 kianmeng_ng@yahoo.com.sg	Contact No.(Home) OI Vehicle Number	MIL SBR5621G		S7521149Z XD2096E
Email Address Claimant Type Claimant Type *	94354546 kianmeng_ng@yahoo.com.sg Please Select	Contact No.(Home) Of Vehicle Number Type of Seriefs: *	MIL	Contact No.(Office)	
Email Address Claimant Type Claimant Type * Claimant Name *	94354546 kianmeng_ng@yahoo.com.sg	Contact No.(Home) OI Vehicle Number	MIL SBR5621G	Contact No.(Office)	
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	94354546 klanmeng_ng Øyahoo.com.sg [Hease Sciect ≥≥	Contact No.(Home) Of Vehicle Number Type of Seriefs: *	MIL SBR5621G	Contact No.(Office) TP Vehicle Number	
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description	94354546 kianmeng_ng@yahoo.com.sg Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimart NRIC *	NIL SBR\$621G Please Select	Contact No.(Office)	
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	94354546 klanmeng_ng @yahoo.com.sg [Hease Select ≥≥ SBR5621G / XD20966 ON 3 Sept 2019	Contact No. (Home) O3 Vehicle Number Type of Benefit. * Claimant NRIC * Insured Liability *	NIL SBR5621G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No.	94354546 klanmeng_ng Øyahoo.com.sg [Hease Sciect ≥≥	Centact No.(Herne) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option	NIL SBR\$621G Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No.	94354546 klanmeng_ng @yahoo.com.sg [Hease Select ≥≥ SBR5621G / XD20966 ON 3 Sept 2019	Contact No. (Home) O3 Vehicle Number Type of Benefit. * Claimant NRIC * Insured Liability *	NIL SBR5621G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description Preferral Workshop Contact No. Require Pinalisation	94354546 klanmeng_ng @yahoo.com.sg [Hease Select ≥≥ SBR5621G / XD20966 ON 3 Sept 2019 Ves Ves	Centact No.(Herne) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option	NIL SBR5621G Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	94354546 klanmeng_ng Øyahoo, com. sg Hease Select	Centact No.(Herne) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option	NIL SRR5621G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	94354546 klanmeng_ng Øyahoo, com. sg Hease Select	Centact No.(Herne) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option	NIL SBR5621G Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Coreact No. Require Finalisation Date Registered Report Taken By Print AX letter	94354546 klanmeng_ng Øyahoo, com. sg Hease Select	Centact No.(Herne) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option	NIL SRR5621G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AX letter Attachment	94354546 klanmeng_ng Øyahoo, com. sg Hease Select	Centact No.(Herne) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option	NIL SRR5621G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AX latter Attachment	94354546 klanmeng_ng Øyahoo, com. sg Please Select	Centact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option Claim Close Date	NIL SBR\$621G Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	XD20966

			Browse		Please Select	v	NO		Normal	~			
			Browse_		Please Select	V	NO		Normal	V			
			Browse		Please Select	v	80	-	Normal	Y			
			Browse	Clear	Please Select	v	HO	~	Normal	Y			
			Browse	Clear	Please Select	V	NO	~	Normal	V	CONTRA		Antonionio
Hexages											□ s	end Messag	e Upiced
Attachment	List	CANCER CONTROL OF THE	17-12-12-12-12-12-12-12-12-12-12-12-12-12-	-	10.000			Source	MONTH.		- Mar	ig Sent?	-10.40 to 100.
Attachment	Lipie	oaded By/Dace	Category	9	Urgency			Descrip	cion			(CD)	Action
77 MT	NAC_PAYA_UB1_800601(NAC_PAYA_	ATIONAL ASSESSMENT CENTRE SERVI 04 Sep 2019 17:28	NRIC/ Driving License	٧	Normal		NRSC/ D	iriving Lice	ense 2019-	5-4			Edit
19	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI D4 Sep 2019 17:28	SAS		Normal			SAS 201	9-9-4				Edit
	NAC_PAYA_UBI_800601(N CES) on	Photos		Normal		3	Photos 20	19-9-4			Ed		
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-	NAC_PAYA_UB3_800603(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 04 Sep 2019 17:28	Photos		Normal	Photos 2019-9-4							
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