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	Date:	Time:	)
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( ) Walk-In Customer: Customer's informat	tion strictly Confidential & Stric	tly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer U	RGENTLY.	* **	
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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

	ACCIDENT STATEMENT
Date Of Report	03/10/2019 16:26
Date Of Accident	03/10/2019 12:50
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML3987R
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	53359119L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	NOAH HYBRID 1.8X AT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108614334
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FADZLI BIN SARIFF
NRIC No	S8233487D
Date Of Birth	17/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86088839
Fax Number	

OFFICE-86088839

NOEMAIL

Address BLK 138 BISHAN STREET 12

#09-466

Postcode 570138

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number VDB702 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

90.80

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191003/2099.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number PA7485T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver TAN SENG HONG

NRIC/Passport Number S0228154F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

VDB702

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 98811769

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER:

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

QS55J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 81610163

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

#### **DETAILS OF INJURED PERSON 1**

Name MOHAMMAD FADZLI BIN SARIFF

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SML3987R

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:
  - 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.

SUPER STAR LIMO & CAR RENTAL Reg. No.: 53359119L

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

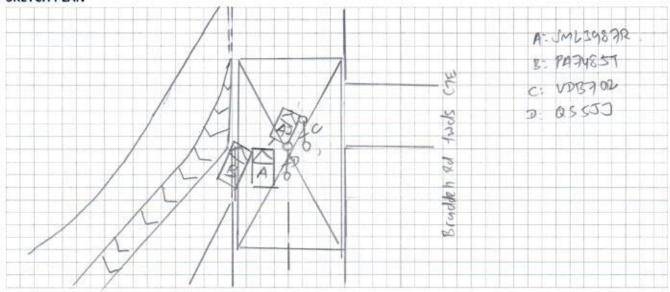
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	u		

# DECLARATION

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

SUPER STAR LIMO & CAR RENTAL Reg. No.: 53359119L

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.:





Report No. T/20191003/2099

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

# REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 15:25	Made:	Vide Report No.: E/20191003/0073	Station Diary No.
Informa	int's Partic	ulars		
Name o MOHAN	f Informant: IMAD FAD		Address: APT BLK 138 BISHAN STRE 570138	EET 12 #09-466 SINGAPORE
ID Type NRIC N	/ ID No.: O / S82334	87D	Contact No.: Home/Office:	Mobile: 86088839
National SINGAP	ity: ORE CITIZ	ΈN	Email:	WODIIE. 00000039
Sex: Male	Age: 36	Date of Birth: 17/10/1982	Type of Informant:	
Race: Malay			Language: English	Institution / School Name:
Occupat GOJEK	ion: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/10/2019 12:50	Type of Location X-Junction
BRADDELL F CENTRAL EX				Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
One Way Type of Collisi		140t Controlled		Moderate

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA7485T	Van				Slightly Damaged	0
QS55J	Motorcycle			0	Slightly Damaged	1
SML3987R	Car	ТОҮОТА	NOAH HYBRID 1.8X AT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	0



T/20191003/2099

2 of 4

Report No. T/20191003/2099

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Date Treatment NIL

No. of Days granted Medical Leave

# CONTINUATION OF REPORT

Vehicle No.	Тур	e	Make	Mod	el	Color	C	ondition	No of Passenge
VDB702	_	orcycle						ightly amaged	1
Details of P	erso	n Involve	d						
Any Pedestr	ian In	volved: N	0						
No. of Pede:	strian	s Injured:	NIL		Use	of Pedestria	n Cross	sing: NA	
Driver									
Name	34	TAN SEI	NG HONG			ID No	).	S0228	154F
Related Veh	icle	PA7485	Γ (Van)			Cont	act No.	NIL	
Hospital/Clir	nic	NIL	e e			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Class: Date of	NIL f Expiry: NIL
Date Treatm	ent	NIL			Dat	e Discharge	NIL		
No. of Days			al Leave	NIL		ree of Injury		Merchanis	CITY THE RESIDENCE OF THE PARTY
							DE LO		
Name		Unknow	n			ID No	0.	NIL	X
Related Veh	nicle	QS55J (	Motorcycle	)		Cont	act No.	81610	163
Hospital/Clin	nic	NIL	ji	10	- 78	22/20/2	10/10/10/10	10	NIL f Expiry: NIL
Date Treatn	nent	NIL		Va -		e Discharge			
No. of Days	gran	ted Medic	al Leave	NIL	De	gree of Injury	Sligh	ıt	*
Driver									THE ROLL STORY
Name	nemane o d	MOHAN	MAD FAD	ZLI BIN SAF	RIFF	ID N	0.	S8233	487D
Related Vel	nicle	SML398	37R (Car)			Cont	act No.	86088	839
Hospital/Cli	nic	NIL	節			11.0000 = 0.00		368.200/2007/200	3 f Expiry: NIL

NIL

Date Discharge

Degree of Injury NIL

NIL





20191003/2099

3 of 4

Report No. T/20191003/2099

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

#### CONTINUATION OF REPORT

Name	Unknown			ID No	•	NIL
Related Vehicle	VDB702 (Motorcycl	e)	81	Conta	ct No.	98811769
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	Slight	

#### Brief Details.

On 03/10/2019 at about 1250hrs, I was travelling along Braddell Road(From Bartley Road) towards CTE(SLE) in my vehicle(SML3987R) on the leftmost lane of a 2 lane road. Whilst at the junction of Braddell Road(from Lornie Highway) and Lorong Chuan, I suddenly felt an impact come from the left of my vehicle, causing it to be pushed to the right where I collided into two other Malaysian registered motorcycles(VDB702) and (QS55J). I thus exited my vehicle and made a check, and there discovered that another van(PA7485T) had collided into the left side of my vehicle. I immediately called for police and ambulance. I do have in car camera installed at the front and rear of my vehicle, and it has already been handed over to traffic police. I am lodging this report at the instruction of traffic police.





4 of 4

Report No. T/20191003/2099

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 2 LEE QI, THEODORE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2019 15:25
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	SN 061

									Genera	alClaim
800601						· Chang	e Languag	e • Chan	ge Password	· Log Ou
Polic	cy Query									9
Policy N	Vo.	510861	4334		Date	of Accident		03/10/2019 1	12:50	
Vehicle	No.(For Motor)	SML398	7R		Certif	icate Number				
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5108614334	5108614334- 000019	SUPER STAR LIMO & CAR RENTAL	53359119L	GFM	drivo CLASSIC	SML3987R	SML3987R	17/05/2019	11/04/2020
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No. S10861  Vehicle No. (For Motor) SML398  Select Policy No. Certificate Number  S108614334-5108614334-	Policy Query           Policy No.         \$108614334           Vehicle No.(For Motor)         \$ML3987R           Select         Policy No.         Certificate Number         Policyholder Name           O         \$108614334         \$108614334-000019         SUPER STAR LIMO & CAR LIMO & CAR	Policy Query	Policy Query	Policy Query  Policy No. S108614334 Date of Accident  Vehicle No.(For Motor) SML3987R Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type  O 5108614334 S108614334 SUPER STAR LIMO & CAR 53359119L GFM CLASSIF	Policy Query  Policy No. S108614334 Date of Accident.  Vehicle No.(For Motor) SML3987R Certificate Number  Search  Select Policy No. Certificate Number Name Name NRIC Product Cover Type Vehicle No.  S108614334 Supres STAR D00019 LIMO & CAR S3359119L GFM CLASSIC SML3987R	Policy Query  Policy No. S108614334 Date of Accident 03/10/2019 1  Vehicle No. (For Motor) SML3987R Certificate Number Search  Select Policy No. Certificate Number Name Name NRIC Product Cover Type Vehicle No. Object  O 5108614334 O00019 LIMO & CAR 53359119L GFM CLASSIC SML3987R SML3987R SML3987R	Policy Query  Policy No. S108614334 Date of Accident O3/10/2019 12:50 Search  Select Policy No. Certificate Number Name Name Name Name Name SUPER STAR O00019 LIMO & CAR 53359119L GFM CIASSIC SML3987R SML3987R 17/05/2019

Policy No.	5108614334	Policyholder Name	SUPER S	TAR LIMO & CAR RENT/	Policyholder NRIC	53359119L	
Certificate No.	5108614334-000019						
Address	BLK 576 #12-500 WOODLANDS	DRIVE 16 SIN	IGAPORE :	730576			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/04/2019	Effective Date	12/04/20	019 00:00	Expiry Date	11/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
					Carrie more		
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent Tel,	NIL		GST Flag	*	
Co- insurance Flag Open Policy Info Certificate Info		Agent Tel,	NIL		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No	Agent Tel,		WOODLANDS DRIVE	7	Address 3	SINGAPORE 730576
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addres		WOODLANDS DRIVE Singapore address	16	Address 3	SINGAPORE 730576 730576
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Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Findors Sequene	nolder Mailing Address  BLK 576 \$12-500  12-500  d Object: \$108614334-000019  ements  ce Date of Endorsement ate Endorsements	Addres Addres Relate Numbe	is 2 is Type d Policy er	Singapore address 5108614334	Endorser	Post Code	730576

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Marche   March   Mar	1100	5108614334	Venicle No.	5ML3987R	G5T Registration No.	
March   Marc	irtificate No.	5108614334-000019				
Contact No. (Contact No. (Con	olicyholder Name	SUPER STAR LIMO & CAR RENTAL			Policyholder NRIC	53359119L
Second	oduct Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
March   Marc	intact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
Comment	nail Address		Special Remark		eCode	No. V
Comment	FK:	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	
	CD Protection		NCD Entitlement(%)		Private Hire	Yes
Marchane	Accident Details			<b>2000</b>	West Sullive	desails
Marche   March   Mar		*************	24722000400000400040004		000000000000000000000000000000000000000	ULSAGARAMO DE PONTO A TRANSPORT
Command   Comm			Accident Report Within 24 hrs		Accident Type	Collision - Major Minor Road
Part	ate of Accident	03/10/2019	Time of Accident hhumn	12:50	Country of Accident	Singapore
## Part Autorities   1900   19	porting Centre		Orange Force		JCM No.	
Part Autor Applicable   Part Applicable	cident Location	BRADDELL RD TWDS CTE				
Part   Part Ancient   Winderson Economy   150 000   175 Part Part   150 000   175 Part   150 Part   15	7 Total Excess Applicable					
Part		Day Accident	Windstown France	100.00		
TOO Design	Cata (ype	PRI ACCIDENC	Windscreen Excess	100.00		
100 Decrees	Standard Evoess	2 000 00	TD Standard Evens	1 500 00		
Teach   Teac				1,500,00	200000000000000000000000000000000000000	
March   1960   1961		0.00	TIED IP EXCESS		Driver is Covered?	
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P. Of Tegerated In		2000.00	Total TP Excess Applicable			
Topinstriam   No	Benefits					
Registrook No.	GST Registered Informa	ition				
P. PROSphalder Mailing Address	T Registered	No		GST Registration Date		
## Packsycholder Mailing Address    Development	T Registration No.			GST Status Verified	Yes	
Service   Serv	dification History					
### 1						
But   Street   But   Street   But   Street   But   B	Policyholder Hailing Ad	dress				
Address Type			Andrees 2	WOODN ANDS DRIVE 15	Address 3	CONCADORE VINCOS
Resided Policy Number  20 DE Priver Turb  100 Lineared Driver  100 Lineared Britary  100 Lineared Br		BUX 576 #12-500				
### OF PARK   United Driver   Driver Type	oress 4		Address Type	Singapore address	Post Code	730576
Common	nit No.	12-500	Related Policy Number	5108614334		
Part	OI Driver Info					
galler Carle of Oriver License  10/01/2008  5008839  Corract No. (Office)  5008839  Corract No. (Office)  5008839  Corract No. (Office)  5008839  Corract No. (Office)  5008839  Andress Type  5019404 Callers  112  Andress 3  1004404 Callers  115	wer Name	Unnamed Driver	Driver Type	Unnamed Driver	22 200	121/2/1/1995
	named driver Name	MOHAMMAD FADZLI BIN SARIFI	Driver NRIC	582334870	Driver DOB	17/10/1982
Address   A   Address   Address   Pipe   Address   Address   Pipe   Address   Address   Address   Address   Address   Pipe   Address   A	gister Date of Driver License	10/01/2006	Driver Age	36	Driving Experience	13
Address   A   Address   Address   Pipe   Address   Address   Pipe   Address   Address   Address   Address   Address   Pipe   Address   A	ntact No.(Mobile)	86088839	Contact No. (Office)	0	Contact No.(Home)	0
Singapore address Puss Code \$70138 Address Type Singapore address Puss Code \$70138   In No. 09-466   Ovel @ No						
te to the sour a Singlepore   O've see No						
Driver Vehicle No. Driver No. Drive			Address Type	Singapore address	Post Code	570138
Claim OS.  Any Injury **  Byes ONO  Any Injury **  Browse  B		09-466				
Any Injury?  Any Injury?  Eve No  Eve Presso Select  Injury No	oes he own a Singapore egistered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Company	
Any Injury?  PYES No  ANY Injury No  Any Injury?  PYES NO  ANY Injury No  Any Injury?  PYES NO  ANY Injury No  Any Injury?  Any Injury No  Any I	SALES CONTRACTOR					
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SML39078 / PA74BST CN 3 Oct 2019  Served Workshop Contact:    Insured Liability *   Not at Fault   V	ntact No.(Mobile) sall Address simant Type Claimant Type •	Please Select	Contact No. (Home) Of Vehicle Number Type of Benefic *	NIL SML3967R	Contact No.(Office)	+
Insured Liability * Not at Pault  Quire Finalisation  Ves  Preferend Repair Option  Preferend Workshop, Name unknown  GIA report  Received  93/10/2019 17:13  Claim Close Date  Date Received  03/10/2019 00:00  Preferend Workshop, Name unknown  Date Received  03/10/2019 00:00  Date Received  03/10/2019 00:00  Preferend Workshop, Name unknown  Date Received  03/10/2019 00:00  Print AK letter  Save Submit  Attachment  Print AK letter  Save Submit  Browse  Path *  Category * Confidential Urgency * Description  Preferend Workshop, Name unknown  O3/10/2019 17:20  Category *  Confidential Urgency * Description  Preferend Workshop, Name unknown  O3/10/2019 17:20  Path *  Save Submit  Browse  Date Please Select  Discription  Browse  Date Please Select  Discription  Preferend Workshop, Name unknown  O3/10/2019 17:20  Confidential Urgency * Description  Description  Browse  Date Please Select  Discription  Preferend Workshop, Name unknown  O3/10/2019 17:20  Confidential  Urgency *  Normal V  Browse  Date Please Select  Discription  Preferend Workshop, Name unknown  Date Received  O3/10/2019 00:00  O3/10/2	ntact No.(Mobile) nall Address smant Type Claimant Type * smant Name *	Please Select	Contact No. (Home) Of Vehicle Number Type of Benefic *	NIL SML3967R	Contact No.(Office)	+
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Save Submit  Attachment:  ### Codent No. MT/2065263 Claim No. 001  ### Codent No. MT/2065263 Upload Date 03/10/2019 17:20  ### Path. * Category * Confidential Urgency * Description  ### Path. * Browse. Dear Please Select V No V Normal V  ### Browse. Dear Please Select V No V Normal V  ### Browse. Dear Please Select V No V Normal V  ### Browse. Dear Please Select V No V Normal V  #### Browse. Dear Please Select V No V Normal V  #### Browse. Dear Please Select V No V Normal V  ###################################	intact No. (Mobile) nall Address simant Type Claimant Type * simant Name * simant Address sim Description eferred workshop Contact	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC *	NIL SML3967R Please Select	Contact No. (Office) TP Vehicle Number	+
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
6	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_URI_800601( NATIONAL ASSESSMENT CENTRE SERVE CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
1	NAC_PAYA_UBI_BOOGOI( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 93 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800801( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:19	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBJ_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:16	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:16	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:16	Photos		Normal	Photos 2019-10-3	
15	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:16	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:16	Photos		Normal	Photos 2019-10-3	
3	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:16	Photos		Normal	Photos 2019-10-3	
3	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
2	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
d A	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
100000000000000000000000000000000000000	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CBS) on 00 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
0	NAC_PAYA_UB1_800603( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_80060)[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_600001{ NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2019 17:13	Photos		Normal	Photos 2019-10-3	
deo List	Uploaded By/Date Folder Date		Name		P Source	