NATIONAL Assessment Centre	e Services			
Date In 33/10/19	Job description	Date &Time Completed	Dor	ne by
Ref No No/INC19018673/13	SAS e-filing	sant to this sample ted		ic by
Veh No QV2465E	E-mail (within 8hrs, AIC 2hrs)			
D.O.A 21/10/19 2250				
	i-Motor Claim Form	MT/1068062-0	90/	
OD TP (Reporting Only)	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		c 1323
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand	Ito Owner/Wksp		
TD David: 1		Tel: Fa:	c:	
3	THC 930 6 INC	( )/Non-INC( )	West and the same	
Owner / Driver: ( Policy No: ( ) Peri		Tel:	)	
7 1010	od: ( )	Cover Type: (	)	
Confirmed by : ( Insured/Driver Liability: ( %) [No	Date:	Time:	)	
V cn i i	ote-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-10	0%]	
	arranty: YES ( )/NO (	)	Water Sping - United	583
	0()/\$2,000()			per constituents
General Remarks:-		Water average	0.7	
( ) Walk-In Customer: Customer's inform	lation strictly Confidential & S	trictly NO rafer of repairer.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO ( );7	Fowing Co. (		)
Remarks:- (INC horline: 6788 6616)				
1) 4 1 0 =		Date&Time Completed	Done	by
	urtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ( )			
Injury:				
Date/Time Actions		ALCOHOLOGIC CONTRACTOR		
2000000			William.	- 10
	1 3 3 4 4 4 4 4 7 4	manastrokan Mala Sasaw	972	200
NA1908088	Invoice Pre	paration Checklist	Amt (\$)	Amt (
laimant's Particulars :-	1) AR : Accident		5,11-3211	
river/Owner:	2) DA: Damage Assessment (\$100); INC (\$8		5	- 1
4) FT : Follow-Through Survey		hrough Survey \$120		
ontact No:		5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
maged Portion:	6) TR : Re-inspec			
		23 4P. C.		
The second secon	8) NTUC Additio	+ SMRT Survey \$160		
Checked by (Engr-In-Charge):	8) NTUC Additio	onal Services:-		
Checked by (Engr-In-Charge):	8) NTUC Additio OD* *N5: Courtesy	onal Services:-  Car / Tpt Allowance \$5		
	8) NTUC Additio	Car / Tpt Allowance \$5 0-ordination \$10		
nditors! Comments :-	8) NTUC Additio  OD *  *N5: Courtesy  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Coll	Car / Tpt Allowance         \$5           o-ordination         \$10           sir Inspection         \$25           ect Excess Coordination         \$5		
aditors' Comments :-	8) NTUC Additio  OD *  *N5: Courtesy  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Coll	Car / Tpt Allowance		
C Checked by (Engr-In-Charge):  aditors! Comments :-  1: 2/3:	8) NTUC Addition OD *  *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll TP (N11): TP	Car / Tpt Allowance		way.

#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 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.
- 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.

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	901				- 1/4	_	

Date Of Report 22/10/2019 15:18 Date Of Accident 21/10/2019 22:50

Exact Location Of Accident SCOTTS RD TWDS NEWTON CIRCUS

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GV2465E

Insured/Policyholder

Name Of Registered Owner AIK TONG CONSTRUCTION PTE, LTD.

Co Reg No 201015693W Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-82828371

Vehicle Particulars

Manufacturer NISSAN Model CABSTAR

Exact Purpose for which vehicle was being used at

AFTER WORK OTW BACK HOME

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5111505719

Cover Note Number

Driver

Name of Driver ISLAM MOHAMMAD SHARFUL

Passport No/FIN G7376201X Date Of Birth 01/08/1975 Occupation OUTDOOR Date Of Driving Pass 29/09/2003

16 YEARS AND 0 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-81918292 Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL

Page 1 of 12

Address 5A TRANSIT ROAD

Postcode 778883

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

#### **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?

# If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELING FROM SCOTTS RD TWDS NEWTON CIRCUS ON THE 2ND LANE OF A3-LANES RD.SUDDENLY VEH(B)FROM BEHIND OVERTAKE ME FROM MY LEFT, WHEN HE SAW THERE WAS ROAD WORKS ON THE LEFT LANE HE SWERVED BACK TO MY LANE AND COLLIDED ONTO MY VEH.

NO

1

NO

#### Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHC930E Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver SNG BOON LONG

NRIC/Passport Number S6810683D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.

Policyholder Signature Date & Time:

201015693W

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARIVE SwitchPlanForm V3

BURIT TIMBLE SKETCH PLAN EWSON A - GV2465E B-SHC93DE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Statement. DECLARATION

I/We declare the focegoing particulars are true in every respect. Sharful Policyholder's Signature Reporting Centre Personnel's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

**eBao**Tech

GeneralClaim

· Log Out

Hello, NAC\_PAYA\_UBI\_800601

My Desktop Notice of Loss **Policy Query** 

Policy No. Vehicle No.(For Motor)

5111505719 GV2465E

Date of Accident Certificate Number 21/10/2019 22:50

· Change Password

Search

Select Policy No.

5111505719

Certificate Number

· Change Language

Policyholder Name NRIC Product Cover Type Vehicle Insured Object Date Expiry Date
AIK TONG
CONSTRUCTION 201015693W GCV Third Party GV2465E GV2465E 13/08/2019 12/08/2020
PTE. LTD.

Continue

# Claim Handling Accident MT/1068062

Decode   Communic Law	Policy No.	5111505719	Vehicle No.	GV2465E		GST Registral
Control Code   Control CLAL MERICAL	Certificate No.					
Contact No. (Meshel)	Policyholder Name	AIK TONG CONSTRUCTION PTE, LTD.				Policyholder f
Special Remark	Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		Loading
No.   Yes	Contact No.(Mobile)	82828371	Contact No.(Office)	0		Contact No.()
NCD Protection  ***********************************	Email Address		Special Remark			eCode
Report Date	KFK	No Yes	TCA	* No Yes		eCode Reason
Report Date	NCD Protection	No	NCD Entitlement(%)	0		Private Hire
Date of Accident   21/16/2019   Time of Accident bh.mm   22:50   Co. Recorting Centre   Cortical Cen	Accident Details					
Reporting Centre	Report Date	22/10/2019 17:27	Accident Report Within 24 hrs	Yes		Accident Type
SCOTTS RD TWOS NEWTON CIRCUS	Date of Accident	21/10/2019	Time of Accident hh:mm	22:50		Country of Ac
Per Accident   Windscreen Excess   0.00   TP Standard Excess   0.00   De	Reporting Centre		Orange Force			ICM No.
Per Accident   Windscreen Excess   0.00   Per Accident   Windscreen Excess   0.00   Per Accident Excess   0.00   Per Excess Applicable   0.00   Per Ex	Accident Location	SCOTTS RD TWDS NEWTON CIRCUS				
OD Standard Excess	▼ Total Excess Applicable					
Tital DD Excess   0.00   Tital TP Excess Applicable   0.00   Driver Trada ID Excess Applicable   0.00   Driver Info   Driver Name   Unnamed Driver   Unnamed Driver   Driver Name   Unnamed Driver   Driver Name   Unnamed Driver   Unnamed Driver   Unnamed Driver Name   Unnamed Driver   Unnamed Driver Name   Unnamed Driver Nam	Excess Type	Per Accident	Windscreen Excess		0.00	
Title   DO Excess   D.00   Title   TP Excess Applicable   D.00   Drive	OD Standard Excess	0.00	TP Standard Excess		0.00	
Address A phicable   0.00   Total TP Excess Applicable   0.00   T						Driver is Covi
Total OD Excess Applicable   0.00   Total TP Excess Applicable		0.00	77125 777250033		0.00	Differ is con
Sene		0.00	Total TP Excess Applicable		0.00	
## GST Registered Information  GST Registration No.  GST Registration No.  GST Registration No.  GST Registration No.  GST Status Verified  Modification History  ## Policyholder Mailing Address  ## Address 1  23 KELANTAN LANE  Address 2  ## Address 7 Poe  Singapore address  ## Address 7 Poe  Singapore address  ## OS-01  ## Related Policy Number  ## OT Driver Info  ## OT Driver Name  Unnamed Driver  Driver Name  Unnamed Driver  Driver Name  Unnamed Driver  Driver Name  Unnamed Driver  Driver Register Date of Driver Leanse  29/09/2003  Driver Age  44 Driver Register Date of Driver Leanse  29/09/2003  Driver Age  Contact No.(Mobile)  ## S118292  Contact No.(Mobile)  ## Address 1  ## Address 7 Poe  ## Driver Name  Unit No.  Dee he own a Singapore  ## Yes * No  ## No  ## Driver Vehicle No.  Driver Name  ## OD-MX  ## No  ## No  ## OD-MX  ## No  ## No  ## OD-MX  ## No  ## No  ## Contact No.(Mobile)  ## Tana Address  ## No  ## Contact No.(Mobile)  ## Tana Address  ## Reading?  ## Preferred Workshop, Name unknown  ## Tana Address  ## Driver Registered  ## Driver Registered  ## Driver Vehicle No.  ## Driver Name  ## Driver Vehicle No.  ## Driver Vehicle No.  ## Driver Name  ## Driver Name  ## Driver Vehicle No.  ## Driver Name  ## Driver Vehicle No.  ## Driver Name  ## Driver Name  ## Driver Vehicle No.  ## Driver Name  ## Driver Name  ## Driver Name  ## Driver Name  ## Driver Vehicle No.  ## Driver Name  ## Driver Vehicle No.  ## Driver Name  ## Driver Vehicle No.  ## Driver Vehicle No.  ## Driver Name  ## Driver Vehicle No.  ## Driver Name		0.00	rotal IF Excess Applicable		0.00	
SST Registration No.  SST Registration Date SST Status Verified Status Verifie		tion				
Modification History	7	WEST		GST Regist	tration Date	
### Policyholder Mailing Address  Address 1	GST Registration No.			GST Status	s Verified	Yer
Address 1 23 KELANTAN LANE Address 2 # 05-01 KIM HOE CENTRE Add Address 1	Modification History	22/10/2019 17:32:44 Sys	tem changed GST Status Verified from N	lo to Yes		
Address 1, Address Type Singapore address Pos Pos Unit No 05-01 Related Policy Number 511505719  ***O Driver Info  ***Unit No 05-01 Related Policy Number 511505719  ***Unit No 05-01 Unit N	Policyholder Mailing Add	ress				
Unit No. 05-01 Related Policy Number 511505719  Triver Name Unnamed Driver Driver Type Unnamed Driver Oriver Name 15LAM MoHAMMAD SHARFUL Driver Name 15LAM MOHAMMAD SHARFUL Driver Nage 44 Driver Name 15LAM MOHAMMAD SHARFUL Driver Nage 44 Driver Name 15LAM MOHAMMAD SHARFUL Driver Nage 44 Driver Nage 44 Driver Name 15LAM MOHAMMAD SHARFUL Driver Nage 44 Driver Nage 44 Driver Nage 44 Driver Nages 1 Address 1 Address 1 Address 1 Address 2 SINGAPORE 778893 Address 3 Address 3 Address 4 Address 3 Prosession of the Name of th	Address 1	23 KELANTAN LANE	Address 2	#05-01 KIM HOE C	ENTRE	Address 3
Driver Name Unnamed Driver Unnamed driver Name	Address 4		Address Type	Singapore address		Post Code
Driver Name Unnamed Driver Unnamed driver Name Unnamed driver Unna	Unit No.	05-01	Related Policy Number	5111505719		
Uniamed driver Name   SLAM MOHAMMAD SHARPUL   Driver NRIC   G7376201X   Driver Register Date of Driver License   29/09/2003   Driver Age   44   Driver Name   45/19/2003   Driver Age   44   Driver Name	▼ OI Driver Info					
Register Date of Driver License 29/09/2003 Driver Age 44 Driver Age 45 Contact No. (Mobile) 81918292 Contact No. (Office) 0 Contact No. (Mobile) 81918292 Contact No. (Office) 0 Singapore address 1 SA TRANSIT ROAD Address 2 Singapore address Pos Unit No. Office) Driver Vehicle No. Does he own a Singapore Registered Car?  Omg Any injury? Yes * No Priver Vehicle No. Driver Vehicle No. Office No.	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Contact No. (Mobile)  81918292  Contact No. (Office)  Address 1  SA TRANSIT ROAD  Address 2  SINGAPORE 778883  Address 4  Address 3 Pos  Unit No.  Does he own a Singapore Registered car?  Perferred Car?  Omg  Any injury?  Claim 01 0D-MX  New  Claim 17pe *  Contact No. (Mobile)  Email Address  Claim Oscription  Claim Oscription  Freferred Workshop, Name unknown Version (Standard Received Version (	Unnamed driver Name	ISLAM MOHAMMAD SHARFUL	Driver NRIC	G7376201X		Driver DOB
Address 1 SA TRANSIT ROAD Address 2 SINGAPORE 778863 Address 4 Address 4 Address Type Singapore address Pos Unit No.  Does he own a Singapore Registered car?  Ves * No Driver Vehicle No.  Declaration  Breathalyser or Blood Test Reading?  O mg Any injury?  Ves * No  Driver Vehicle No.  Claim 001 OD-MX  New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Oscription  Claim Oscription  Claim Oscription  Freferred Workshop Preferred Option Preferred Workshop, Name unknown Teport Claim Received Option Preferred Workshop, Name unknown Teport Claim Received Option Option Option  Date Registered	Register Date of Driver License	29/09/2003	Driver Age	44		Driving Exper
Address Type Singapore address Pos Unit No.  Does he own a Singapore Registered Car?  Declaration  Breathalyser or Blood Test Reading?  Claim 01 OD-MX New  Claim 17ppe *  Contact No.(Mobile)  Email Address  Claim Description  Claim Description  Claim Description  Claim Description  Claim Description  Claim Description  Preferred Workshop, Name unknown Teport Received Description  Date Registered  Address Type Singapore address  Pos Pos Pos Pos Pos Pos Pos Pos Pos	Contact No.(Mobile)	81918292	Contact No.(Office)	0		Contact No.(I
Unit No.  Does he own a Singapore Registered car?  Yes * No Driver Vehicle No.  Driver	Address 1	SA TRANSIT ROAD	Address 2	SINGAPORE 77888	3	Address 3
Desine pown a Singapore Registered car?  Yes * No Driver Vehicle No. D	Address 4		Address Type	Singapore address		Post Code
Declaration  Breathalyser or Blood Test Reading?  Claim 001 OD-MX New  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Oddress	Unit No.					
Breathalyser or Blood Test Reading?  Modification History  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Gv2465E / ShC930E ON 21 Oct 201  Preferred Workshop Workshop Workshop Workshop No		Yes • No	Driver Vehicle No.			Driver Insure
Reading?  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Preferred Workshop Workshop Workshop Workshop Workshop Finalisation Date Registered  Option  Any Injury  Insured Liability Not at Fault  Freferred Workshop, Name unknown  Teach	Declaration					
Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Email Address  Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Claim Description  GV2465E / SHC930E ON 21 Oct 201  GV2465E / SHC930E ON 21 Oct 201  Claim Description  GV2465E / SHC930E ON 21 Oct 201		0 mg	Any injury?	○ Yes * No		
Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Email Address  Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Claim Description  GV2465E / SHC930E ON 21 Oct 201  GV2465E / SHC930E ON 21 Oct 201  Claim Description  GV2465E / SHC930E ON 21 Oct 201	Modification History					
Contact No. (Mobile)  Email Address  Ciaim Description  Ciaim Description  Ciaim Description  GV2465E / SHC930E ON 21 Oct 201  Preferred Workshop Preferred Workshop Freferred Workshop Freferred Workshop Option  Preferred Workshop, Name unknown Preferred Workshop, Name unknown Option  Option  Ciaim Description  GV2465E / SHC930E ON 21 Oct 201  GV2465E / SHC930E ON 21 Oct 201  Ciaim Description  GV2465E / SHC930E ON 21 Oct 201  Ciaim Description  GV2465E / SHC930E ON 21 Oct 201  Ciaim Description  Ciaim Description  Ciaim Description  Ciaim Description  GV2465E / SHC930E ON 21 Oct 201  Ciaim Description  Ciaim Descr	N 5.00 I	1				
Contact No. (Mobile)  Email Address  Claim Description  Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Preferred Workshop Prefered Workshop No. Yes Preferred Workshop, Name unknown Prefered Workshop Unknown Prefered Workshop Unknown Prefered Workshop Unknown Pre						
Contact No.(Mobile)  Email Address  Claim Description  Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Finalisation Option  Option  Option  Option  Option  A Received  Z2/10/2019 17:34  Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Claim Description  Option  Opti	Claim Type *				ор-мх	Name C
Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Preferred Workshop Workshop Preferred Workshop Ves Preferred Workshop Option  Preferred Workshop, Name unknown Option  GlA report  Cla  22/10/2019 17:34 Cla  Date Registered	Contact No.(Mobile)					Contact No.
Claim Description  Claim Description  GV2465E / SHC930E ON 21 Oct 201  Preferred Workshop Preferered Workshop, Name unknown Topics Prefered Workshop Prefered Workshop, Name unknown Topics Prefered Workshop Pr						(Home)
Preferred Workshop Workshop Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown  T  GIA report  Cla  Cla  Cla  Date Registered  Option  Option	Email Address					Vehicle (c Number
Workshop Preferred Workshop, Name unknown Preferred Workshop, Name unknown Date Registered    Not at Fault   Facelyed   GIA   Received   Preferred Workshop, Name unknown   Preferred Workshop,	Claim Description				GV2465E / SHC930E ON	21 Oct 2019
Preferred Workshop, Name unknown T GIA report Received T Received		Insured Liability	NAME AND ADDRESS OF THE PARTY O			
Finalisation Date Registered Option Option Cla	CORNECT NO. Vac	Preference Not at Pa	Name unknown GIA Pecelve	od •		
Da	Finalisation 163		report Receive		22/10/2019 12:34	Claim
	Date Registered				EE/10/2019 17:34	Date
	Report Taken By				ROSLINDA	Workshop Repairer
✓ Print AK letter					Go-Carlotte	

Save Submit Attachment Claim No. Accident No. MT/1068062 Upload Date 22/10/2019 00:00 Yes No Last Doc. Received Confid Path \* \* NO Choose File No file chosen Clear Please Select \* NO Please Select Clear Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Y NO Clear Please Select Choose File No file chosen Please Select \* NO Clear Choose File No file chosen \* NO Clear Please Select Choose File No file chosen Message Read Urgency Category Uploaded By/Date Attachment NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on NRIC/ Driving License 22 Oct 2019 17:34 NRIC/ Dri NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 SAS NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 Normal Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 Photos NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 Normal Photos

Display in New Window Scan and uploading

File Name

Photos

Photos

Normal

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Uploaded By/Date

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34

Folder Date

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