NATIONAL Assessment Centre	Services.	(wet 1 January .	MNAI	11577	74.	
15.1.1	***************					c by
21 22 22 27	SAS c-Illing	<u></u>	1		Till and the same of the same	
	E-mall (with	n Bhrs, AIC 2Jurs)	1			
	I-Motor Cla	dın Form	M7/10736	47-	29/11/1	9 17:29
	I-Motor W/	O (Within; OD 2hts,	TP 4hrs)			
(ii) Peparing Only	I-Photo Upil	onded		- 22-22		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						-
TP Insurer:	Ass't Report	by Fax / Hand to	Owner/Wksiz			
Protornd Wisp / INC Assign Wisp / GW: (COLUMN TO SERVICE PRODUCTION OF THE PARTY OF	THE COLUMN STREET	Tol:	[7a)	K:	
	1174 D.	INC()/Non-INC().		
Owner / Driver: (· · · · · · · · · · · · · · · · · · ·	Tel:)	
Policy No: () Period	l: ()	Cover Type: (100) .	
Confirmed by : (Dater.	Time:)	
Insured/Driver Liability: (%) [Note	c-Est. Status (WO): N: 0-20	%; P: 21-79%.	P: 80-10	0%]	
Year of Registration: () War	ranty: YES ()/NO()			
	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.)()	·	-	Hala Marketin	elementine entre
General Religious Services (Services Services Se		能的波動的	CAPACION CONT. AT A PART A 18 TO THE PER			
() Walle-In Customar : Gustomor's Informat	tion strictly Co	ntidential & Stri	ctly NO refer of re	polier.		
The state of the s		•	1			
Drive-In ()/ Towed-In (); Invoice: YI	ES () / I	NO(); To	wing Co: (-)
atematicas (in a tina atematica estatular a transferior)					A Lypone	by · ·
1) Apply for Transfort Allowance ()/Court	tesy Car ()				
2) QC Check / Post Repair Inspection	(":)~				
1) Upload Resurvey Photo [Repair Cost > \$3000]	j (·) [<u>. </u>		
Injury:						
Danya interest (Articul)	AND THE PARTY OF T			NAME OF		स्यान्त्रस्यात्रस्याः र
22.22.4404)2.6404.404(2.6404.404)2.6404.4404(2.6404.404)	an in the contract of	SOFT OF THE STATE	CANADANA MENERALA ANCI	HAT ALL AREAS	SHIRING SEL	
3						
To the second se						
· ·			- Christinani	reservation of	स्टब्स्केटीच्या	erecusar-
	ALVERTANCE OF	involence.	anticheonia			
		1) All I Academile	porting (330);	Valer ceam	30.00	
		3) Tr 1 Towing Pas	A STATE OF THE PARTY OF THE PAR	340/54		
Oriver/Owner:		4) PT : Follow-Thre	agla Survey			
Sontact No:	18	Per claiming ata	DILING ONLY (WOLLD	Jan. 2003)		
Damäged Portion:	SAS celling					
		5) NTUC Additions	Services:-			
C Checked by (Engr-In-Charge):	1 12	NS: Courtery Co		The second second second second	the second district before the	
SOUTH SUZERIBREM SOUTHWARD THE AND ANGOLDING THE	lstokehttedestats	. NT: Post Repair	Intepeution	52	3	
vaditors Comments : 355 785 785 785	網等的轉換	+1JR+DV / Colleg	I Expess Coordination			
al. Ji		9) N12: Idao Mobile	on INC) against INC	3	0	AND THE N
2 2 27:		Invalor dated	Fae C	harged harged	EXTENSION.	

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
- 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.
- 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.	solution and archiving of this report at the centre and to copies of the report being made available
A TOTAL PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	29/11/2019 16:52
Date Of Accident	28/11/2019 19:00
Exact Location Of Accident	600 SERANGOON RD PARALLEL PARKING
Country/State of Loss	SINGAPORE
AND STREET, ST	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9310B
Insured/Policyholder	
Name Of Registered Owner	1ST SOLUTION GROUP PTE LTD
Co Reg No	201602498W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67437666
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	PARTNER-1.6 D L2 (A)
Exact Purpose for which vehicle was being used a time of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	y NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	5103554262-01
over Note Number	
Priver Communication of the Co	
ame of Driver	TENG TENG
RIC No	G3311998X

G3311998X Date Of Birth 01/01/1995 Occupation OUTDOOR Date Of Driving Pass 17/08/2019

Driving Experience 0 YEAR AND 3 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98556824

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 47 JALAN TIGA #13-42

Postcode

390047

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

ō

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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)

NO 1

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

MY VEH WAS PARKED AT THE 600 SERANGOON RD PARALLEL PARKING LOT. BEFORE I ALIGHTED FROM MY VEH, SUDDENLY I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B WAS PARKED BEHIND MY VEH, WHILE MOVING OFF FROM THE LOT, HIS VEH RIGHT FRONT HIT ONTO MY VEH REAR LEFT PORTION.

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

SLU174D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

M SIVA BALAN

NRIC/Passport Number

S6927539G

Contact Number

98351231

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

GRO

2016024989

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

		1				A=	GBD	9310B
		A						174 D
	1	8						
			600	Sen	rango	on R	1	
RIBE CIRCUMSTA					J			

Refer to Statement

DECLARATIONGROUS

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

Driver's Signature

Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Reporting Centre Personnel's Signature Name:

eBaoTech			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Genera	Claim
Hello, NAC_PAYA_UBI_	800601		· Change Languag	THE RESERVE AND ADDRESS OF THE PARTY OF THE	· Log Ou
My Desktop	Policy Query				10000
Notice of Loss	Policy No.		Date of Accident	28/11/2019 16:51	
	Vehicle No. (For Motor)	GBD9310B	Certificate Number	102010 10.01	
			Search		
		tificate Policyholder Policyholder umber Name NRIC	Product Cover Type Vehicle No.	Insured Commence Object Date	Expiry Date
	5103554262- 01	1ST SOLUTION GROUP PTE 201602498W LTD		PROFESSION PROFESSION	11/09/2020

Accident MT/1073647					
Policy No.	Kingerian II.				
Certificate No.	5103554262-01	Vehicle No.	G8D9310B	GST Registration No.	
Policyholder Name	APT COLUMN				
Product Code	15T SOLUTION GROUP PTE LTD			Policyholder NRIC	201602498W
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67437666	Contact No.(Office)		Contact No.(Home)	W.
Email Address		Special Remark		eCode	(100,000)
KFK	« No Yes	TCA	= No Yes		No *
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
Accident Details			(10)	Private Hire	No
leport Date	29/11/2019 17:24	Accident Report Within 24 hrs	1 225		
Pate of Accident	28/11/2019	Time of Accident hhimm	Yes	Accident Type	Damaged whitet pr
laparting Centre		Orange Force	19:00	Country of Accident	Singapore
ocident Location	600 SERANGOON RD PARALLEL PARKING	634655304675		ICM No.	
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
ereconomico de			200.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?	10201107
iditional Excess			9100	priver is Coverno	Covered
tal OD Excess Applicable	1600.00	Total TP Excess Applicable	0,00		
✓ Benefits			0,00		
GST Registered Informa	tion				
T Registered	Yes		GST Registration Date		
IT Registration No.	2016G2498W		GST Status verified	20/07/2016 Yes	
dification History	29/11/2019 17:27:05 Syste	m changed GST Registered from No to	Yes	798	
	29/11/2019 17:27:05 Syste	m changed GST Registered from No to m changed GST Registration No. from m changed GST Registration Date from	null to 201602498W null to 20/07/2016		
Policyholder Mailing Add	iress	**************************************	near account of the second of the		
idress 1	113 EUNOS AVENUE 3	Address 2	#02-14 GORDON INDUSTRIAL E	Address 3	Proceedings
idress 4		Address Type	Singapore address	Post Code	SINGAPORE 40983
iit.No.	D2-14	Related Policy Number	5103554262-01	CONTRACTOR OF THE PARTY OF THE	409838
OI Driver Info			narado harado a		
Iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TENG TENG	Driver NRIC	G3311998X	120 200	
gister Date of Driver License	17/08/2019	Driver Age	24	Driver DOS	01/01/1995
ntact No.(Mobile)	98556824	Contact No.(Office)	24	Driving Experience	0
dress I	BLK 47 #13-42	Address 2	- BC20020000	Contact No.(Home)	
dress 4	SINGAPORE 390047	Address Type	JALAN TIGA	Address 3	PINE GREEN
vit No.	13-42	Madress Type	Singapore address	Post Code	390047
es he own a Singapore	Yes - No	72575305550			
egistered car?	The state of the s	Driver Vehicle No.		Driver Insurer Company	
				a model company	
claration				Company	
reathalyser or Blood Test	0 mg	Any mund	Wester We	Constitute Company	
reathalyser or Blood Test	0 mg	Any mjury?	Ves a No	Constitution of the consti	
relaration reathalyser or Blood Test aading?	0 mg	Any njury?	Yes » No	Constitution Conquery	
reathalyser or Blood Test	0 mg	Any injury?	Yes « No	Constitution Conquery	
nathalyser or Blood Test lading?	0 mg	Any :njury?	Yes = No	Control Conquery	
othalyser or Blood Test iding?	0 mg	Any injury?	Yes = No	Control Conquery	
osthalyser or Blood Test ading? Affication History	0 mg	Any injury?	Yes = No		
nathalyser or Blood Test ading? Sification History	0 mg	Any injury?	Yes = No OD-Mx		IOUP PTE LTD INSURED
othalyser or Blood Test cding? Incation History Baim OO1 Next	0 mg	Any njury?		▼ Insured IST SOLUTION GR	IOUP PTE LTD Insured MRIC
othalyser or Blood Test cling? Infration History Italiam 001 New Type *	0 mg	Any njury?		▼ Insured IST SOLUTION GR	Contact No.
othalyser or Blood Test cding? Ification History Baim 001 New m Type + tact No. (Mobile)	0 mg	Any injury?		Insured hST SOLUTION GR Contact No. (Home) OI	Contact
osthalyser or Blood Test ading? dification History Claim 001 New Im Type *	0 mg	Any injury?		▼ Insured 15T SOLUTION GR Contact No. (Heme)	Contact No. (Office) TP Vehicle
othalyser or Blood Test cding? Infication History Baim 001 New m Type * tact No.(Mobile)	0 mg	Any injury?	ОО-МХ	Insured Name Contact NB, (Home) OI Vehicle Number	Contact No. (Office) TP Vehicle Number Name of
othalyser or Blood Test dding? Infration History Baim 001 New Type * tact No.(Mobile) Mi Address In Description		Any injury?		Insured Name Contact NB, (Home) OI Vehicle Number	Contact No. (Office) TP Vehicle Number Name of
osthalyser or Blood Test ading? Shication History Saim 001 New Type * tact No.(Mobile) Bil Address In Description Terred (schop) West No. (No. (No. (No. (No. (No. (No. (No.	Insured Liability Not at Fault	•	ОО-МХ	Insured Name Contact NB, (Home) OI Vehicle Number	Contact No. (Office) TP Vehicle Number Name of
othalyser or Blood Test dding? Inflication History Baim 001 New Type * tact No.(Mobile) Mi Address In Description Brood	Insured Libbility	•	ОО-МХ	Insured Name Contact No. (Home) OI Vehicle Number D DN 28 Nov 2019	Contact No. (Office) TP Vehicle Number Name of
osthalyser or Blood Test sching? Sification History Salim 001 New In Type * tact No. (Mobile) Bit Address In Description Terred Sixhop Met No. Ves	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	OD-MX CROSSION / SLUS74	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop
nathalyser or Blood Test ading? Sification History Stairm 001 New Im Type * Intact No. (Mobile) Intact No. (Mobile) Intered No. (Mobile)	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	OD-MX GRO93108 / SLU174 7 29/11/2019 17:28	Insured ST SOLUTION GR Cortact No. (Home) OI Vehicle Number D DN 28 Nov 2019	ARIC Contact No. (Office) TP Vehicle Number Name of Herternad Workshop
nathalyser or Blood Test ading? dification History	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	GROSSIOS / SLUS74	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferrad Workshop
nathalyser or Blood Test ading? dification History Claim 001 New Im Type * Itact No. (Mobile) Bil Address Im Description ferred ferred ferred feshop Just New Just No. (Ves Registered	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	OD-MX GRO93108 / SLU174 7 29/11/2019 17:28	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop
osthalyser or Blood Test ading? Sification History Claim 001 Nex Imm Type * Itact No. (Mobile) Bit Address Im Description Ferred Syncy	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	OD-MX GRO93108 / SLU174 7 29/11/2019 17:28	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
im Type * Itaat No. (Mobile) In Address Im Description Iterred Item Ite	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	GR093108 / SLU174	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
nathalyser or Blood Test ading? Sification History Claim 001 New Im Type * Intact No. (Mobile) eli Address Im Description ferred ferred ferred ferred ferred ferred out Taken By Print AK letter	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	OD-MX GRO93108 / SLU174 7 29/11/2019 17:28	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
osthalyser or Blood Test ading? Sification History Takin 001 New Type * tact No.(Mobile) Sil Address Im Description Terred Type Print AK letter	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	GR093108 / SLU174	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
athalyser or Blood Test dding? Infication History Ilaim 001 New Im Type * tact No.(Mobile) Il Address In Description Information (New Illinois (New	Insured Liability Not at Foult Paralterered Repair Preferred Workshoo, Nar	GIA	GR093108 / SLU174	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
athalyser or Blood Test dding? Infication History Ilaim 001 New Im Type * tact No. (Mobile) Il Address Im Description Infication History Il Address Im Description Infication Il New Il Address Im Description Infication I	Insured Liability Not at Fault Preferred Workshop, Nar Option	GIA	GR093108 / SLU174	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
athalyser or Blood Test dding? Infication History Ilaim 001 New Im Type * tact No., [Mobile] Il Address In Description erred Ishop In Mestive Registered Int Taken By Print AK Jetter tachment	Insured Liability Not at Fault Preferred Workshop, Nar Option MT/1073647	GIA	GR093108 / SLU174	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
athalyser or Blood Test ding? fication History laim 001 New m Type * tact No.(Mobile) iii Address n Description erred production (Ves History Registered urt Taken By Print AK Jetter tachment	Insured Liability Not at Fault Preferred Workshop, Nar Option	T GIA Received	QD-MX CIRCH 3108 / SLUSZ4 TO TO TO TO CIRCH 3108 / SLUSZ4 TO TO TO TO TO TO TO	Insured Name Contact Nb. (Home) OI Vehicle Number D ON 28 Nov 2019 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date
schalyser or Blood Test ding? fication History laim 001 New m Type * lact No.(Mobile) ii Address in Description erred lashop dishop dishop vision print Ak setter lachment ent No.	Insured Liability Not at Fault Preferred Workshop, Nar Option MT/1073647	Teport Received	QD-MX CIRCH 3108 / SLU174 29/11/2019 17:28 LIEW SHAN HU! OOI 29/11/2019 17:29	Insured IST SOLUTION GR Contact Nb. (Home) DI Velvice Number Claim Close Date	RRIC Contact As. (Office) TP Vehicle Number Name of Preferred Workshop Date Received
athalyser or Blood Test dding? Infication History Ilaim 001 New Im Type * tact No., [Mobile] Il Address In Description erred Ishop In Was Registered Int Taken By Print AK Jetter tachment Jent No. Doc. Received	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	OD-MX CIRCH 2108 / SLU174 29/11/2019 17:28 LIEW SHAN HUI OOI 29/11/2019 17:29 Category *	Insured 1ST SOLUTION GR Contact Mo. (Hisme) OI Vehicle Number D DN 28 Nev 2019 Claim Chose Date Cross Date Confidential Urge	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received
athalyser or Blood Test dding? Infication History Ilaim 001 New Im Type * tact No. (Mobile) Il Address In Description erred Ishop In Mest No. Registered Int Taken By Print AK letter tachment Lent No. Doc. Received Docse File No Sie chosen	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	OD-MX	Insured Name Contact Mb. (Hotme) OI Vehicle Number OD D D N 28 Nev 2019 Claim Close Date Confidential Urge * NO * Normal	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received
athelyser or Blood Test ading? Infration History Isaim 001 New Image: A company of the chosen Infration History Isaim 001 New Image: A company of the chosen Infration History Isaim 001 New Isa	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	OD-MX	Insured Name Contact No. (No. (No. (No. (No. (No. (No. (No.	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received
athalyser or Blood Test ading? Infration History Isaim 001 New Image: A company of the chosen Infration History Isaim 001 New Image: A company of the chosen Isaim 001 New Isaim 0	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	CIRCUSTAN HUI Save Submit OOI 29/11/2019 17:29 CMegory * Clear Please Select Clear Please Select Clear Please Select	Insured Name Contact No. (Home) OI Vehicle Number D DN 28 Nev 2019 Claim Chose Date Confidential Urge NO NO Normal NO NO Normal	ARIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 2
in Type * Itack No. (Mebile) Bit Address Im Description ferred to Mee No. Frint AK letter Itachment Jone Received Jon	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	OD-MX	Insured Name Contact No. (No. (No. (No. (No. (No. (No. (No.	NRIC Contact No. (Office) TP Vehicle Number Name of Preferrati Workshop Date Received 2
athalyser or Blood Test ading? Africation History Baim 001 New In Type + tact No. (Mobile) In Address In Description Internal (Internal Internal Inte	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	CIRCUSTAN HUI Save Submit OOI 29/11/2019 17:29 CMegory * Clear Please Select Clear Please Select Clear Please Select	V Insured Name Contact No. (Hotel) (Ho	NRIC Contact No. (Office) TP Vehicle Number Name of Preferrati Workshop Date Received 2
im Type * Itaat No. (Mobile) In Address Im Description Iterred Item Ite	Insured Liability Not at Faux Postered Preferred Workshop, Nar Option MT/1073647 Yes — No	Teport Received	Clear Please Select	V Insured Name Contact Mo. (Hotme) OI Vehicle Number OD DAY Nov 2019 Claim Close Date V No V Normal V No V No V Normal V No V N	Date Received Date Received Date Received Date Received Date Received Received Tell Date Received Received Tell Tell

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date	File	Name.		§ Source	
Video List	and control of the Post						
9.00	NAC_PAYA_UB2_800601(NA	ITIONAL ASSESSMENT CENTRE SERVICES) 6 9 Nov 2019 17:28	Photos		Normal	Photos 2019-11-29	
aget g	NAC_PAYA_UBI_800601[NA 25	ATIONAL ASSESSMENT CENTRE SERVICES) o 9 Nov 2019 17:28	Photos		Normal	Photos 2019-11-29	
9	NAC_PAYA_UB1_800603(NA	ATIONAL ASSESSMENT CENTRE SERVICES) 0 0 Nov 2019 17:28	Photos		Normal	Photos 2019-11-29	
U	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601)	ATXONAL ASSESSMENT CENTRE SERVICES) o 9 Nov 2019 17:28	Photos		Normal	Photos 2019-11-29	
	NAC_PAYA_UBI_800601(N/ 2	ATIONAL ASSESSMENT CENTRE SERVICES) 0 19 Nov 2019 17:28	Photos		Normal	Photos 2019-11-29	
No.	NAC_PAYA_UBI_BODGO1(No. 2	ATIONAL ASSESSMENT CENTRE SERVICES) o 19 Nov 2019 17:28	Photos		Normal	Photos 2019-11-29	
b,	NAC_PAYA_UBI_800601(N. 2	ATIONAL ASSESSMENT CENTRE SERVICES; o 29 Nov 2019 17:29	Photos		Normal	Photos 2019-11-29	
	NAC_PAYA_UBI_BDD601(N	IATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Nov 2019 17:29	Photos		Normal	Photos 2019-11-29	
	NAC_PAVA_UBI_BD0601(N	IATIONAL ASSESSMENT CENTRE SERVICES) 6 29 Nov 2019 17:29	Photos		Normal	Photos 2019-11-29	
9	NAC_PAYA_UBI_B00601(N	(ATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	SAS		Normal	SAS 2019-11-29	
100	NAC_PAYA_UB1_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Nov 2019 17:29	NRIC/ Driving License	٧	Normal	NRIC/ Oriving Licersie 2019-11-29	
Attachment		Uploaded By/Date	Category	9	Urgency	Description	

Display in New Window | Scan and uploading