NATION'11. Assessment Cent	re Services	(4 at 1 1 1 2 at 1)		punden ja abaut kin lissassissa	
Date In 16/12/19	Job description		Date & Time Completed	d Don	e by
Rel No NA/INC19022064/1	SAS e-filing	<u> </u>		-	
Veli No GBB 69825		m. Shra, AP, Zhray			
DOA 13/13/19 174			001.		
		O (Within: OD 2h)	MT/1075813-		
OD (1P)' Reporting Only	i-Photo Upl			1	
TP Insurer	Assessment/S	Survey Report		1	
	Ass't Report	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (N	5 /	Tel:	Fax:	
TP Particulars: Veh No:	984325	7X INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	That:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES () ON \()		
Excess: (\$) Loading: \$1,	000 () / \$2,00	0()			
General Remarks:-		Profitali	and of the property of the second		
1) Apply for Transport Allowance () / 6 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Oate/Time Actions	Courtesy Car ((3000] ()			
	7				
NA1909395		Invoice Preparation Checklist		And (S)	Amt (
aimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$80)	
iver/Owner:	COLUMN TO SECURE	3) TF : Towing F 4) FT : Follow-T	ee S	40/\$45	
ontact No:	5) FT : Follow-Ti	hrough Survey (Resurvey)	\$120	******	
amaged Portion:	For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 575 7) N1: idea DA + SMRT Survey \$160			5700FEV	
Checked by (Engr-In-Charge):		8) NTUC Addition OD* *N5: Courtesy	onal Services Car/Tpt Allowance	\$5	
aditors' Comments :-	Titlanes Titlanes	*N6: Repair Co *N7: Post Repair		\$10i \$25	
†:	4	lect Excess Coordination (Non INC) against INC	\$5 \$20		
AND THE PARTY OF T		9) N12: Idac Not	San	30	
2/3;		Invoice dated	Fee Charges Foe Charges	WINDSHIP PROPERTY	特勢之

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.
- 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.

ACCIDENT STATEMENT

Date Of Report 16/12/2019 09:20 13/12/2019 17:40 Date Of Accident

Exact Location Of Accident ALONG GEYLANG EAST CENTRAL/ALJUNIED AVE 1

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB6982S

Insured/Policyholder

Name Of Registered Owner MCE CONTRACT SERVICES PTE LTD

Co Reg No 201718611H Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-98473847

Vehicle Particulars

Manufacturer NISSAN CABSTAR Model Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5107618481

Cover Note Number

Driver

Name of Driver SHAKIL Passport No/FIN G8379726L Date Of Birth 11/11/1983 OUTDOOR Occupation Date Of Driving Pass 05/06/2017

2 YEARS AND 6 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-93232057

Fax Number

Contact Number

EMail Address NOEMAIL

Page 1 of 11

Address 460 MANDAI ROAD

729760 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

2

NO

YES

NO

1

NO

NO

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

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?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

WITH WORKSHOP Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG3257X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category SHANMUGAM DEEPARRAJ Name of Driver

NRIC/Passport Number

Contact Number 90445893

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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

MCE CONTRACTOR
SERVICES
PTE LTD
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.:

Algunized Are 1	Geglang East Ave 2
————————————————————————————————————	
	4
Allered East Carren	Vehide A: GBB 69825 Lehide B: GBG 3257x
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On above said date f time, I was	s arring my vehicle A (48869825
traveling along Gaylang East Gentral to have of a 3-lanes, two way road. So	9
Aljunied Avenue 1, the traffic light to	3//
and stopped completely before the stop 17	he. Out of suddlen, vehicle B
(GBB3257x) came from rear and colli	'deal directly onto the rear
portran of my vehicle.	
We declare the farespine particulars are true in every respect.	
SERVICES. PTE LTB	- fym 16/12/19

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.:

Vehicle No.	GBB 69828 Model/Make Nissan Cabstan
Date of Accident	134 12 2019
Time of Accident	1740 HRS
Location of Accident	Along Geglang East Central / Aljunied Avenue 1
Exact purpose use during accid	
Name of Owner	MCE constract Services Pte Utd
Telephone No.	H/P: 98473847 Home: Office:
NRIC	201718611H
Address	11 Yishun Industrial Street 1 #02-99 S(768089)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5107618481
Folicy No.	5,51013131
Name of Driver	As Above If No, Shakil
NRIC	G8379726L Any Passengers: —
Date of birth	11/11/1983
Occupation	Outdoor / Indoor
Driving License Pass Date	5 6 12017
Gender	Male / Female
Contact No.	H/P: 9323 2057 Home: Office:
Address	460 Mardai Road S(729760)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	
Road Surface	Dry Wet Other No. If Yes, Who?
Any Injuries	ir res, wito:
Name And Contact No.	
Name And Contact No.	No. If Yes, Where?
Police Report	GBG 3257 X Any Passengers : 2
Vehicle B No.	Shannugam Delpantaj Contact No.: 9044 5893
Name of Driver	D. Colored Colored
Vehicle C No.	Any Passengers : Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers : Witness Contact :
Witness Name	
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	
	Check date of accident
	Caren were of and
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
A. (10.33.W)	sales @ n51. com. sg



Certificate of Insurance

Cover : Comprehensive

: MCE CONTRACT SERVICES PTE LTD

JN1SC2F24Z0801236

26 Feb 2019

: 08 May 2020

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107618481

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

INSURE WITH COE

HIRE PURCHASE COMPANY

SUM INSURED

: S\$600 : N/A

: S\$100

: YES

: ABWIN PTE LTD

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: ABWIN PTE LTD (00000614234)

Date of Issue

: 26 Feb 2019 08:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Which No. SILVERENT VEHICLE NO. WHICH COMPANDE NO. WHICH COMPAND NO. WHICH C	Claim Handling					
Secretary No. Monitor foliam Monitor State Monitor	Accident MT/1075813					
NICHORATE NAME NAME	Policy No.		Vehicle No.			GST Regis
Count Coun	Certificate No.					
Contact No. Contac	Olicyholder Name	MCE CONTRACT SERVICES PTE LTD				Policyholo
Special Remains	roduct Code		Cover Type			Loading
CO Profession	Contact No. (Mobile)		Contact No.(Office)			Contact N
Accident Details Accident Details Accident Details Accident Page To Use Accident Accident Service Accident Accident Page To Use Accident Acci	mail Address		Special Remark			eCode
Accident Potals ##POPP Date #	(FK	No Yes	TCA	No Yes		eCode Re
Accident Report Within 24 has vies Accident Report Within 24 has vies Accident Accident British British Accident British Accident British Accident British Brit	ICD Protection		NCD Entitlement(%)			Private Hi
Time of Accident (1972/2019) Time of Accident shamm (1972) Control resources control c	Accident Details					
The off Accident houses 14 12 12 12 12 13 13 14 14 14 14 14 14	Report Date		Accident Report Within 24 hrs	Yes		Accident '
Control Control Control Control Control Control Total Covers Applicable Per Accident I Control Pe	Date of Accident					
Content Contains Total Excess Applicable Construction Total Excess Applicable Construction Content Secret Content Secret	Reporting Centre					
Total Excess Applicable	accident Location		NAME AND DESCRIPTION OF THE PERSON OF THE PE			960000
DO Standard Excess 100 Miles 100 Miles	Total Excess Applicable					
The Standard Excess ID OD Excess Applicable ID OD ID ID OD		Per Accident	Windscreen Excess		100.00	
Address 2 Cost Ageitand Name OF Cost Ageitand Name Strangistred Information Strangistred Info			TO DO SERVICIO DE LA CASO DEL CASO DE LA CASO DEL CASO DE LA CASO			
Total TP Excess Applicable Bonefits GST Registered Information ST Registered Information Policyholder Mailing Address October ST Address ST Address ST Registered Policyholder Mailing Address Address Type Singapore address Singapore address Driver Name October ST October	OD Standard Excess		TP Standard Excess			
Total TP Excess Applicable Banefits GST Registered Information ST Registered Information Pelicytoider Mailing Address Address 2 SPAN INCURSUAL STREET Address 2 Singapore address Place Information Rested Policy Number STREET INFORMATION STREE	TED OD Excess		YIED TP Excess			Driver is 6
Benefits GST Registered Information ST Registered Tinformation ST Registered Tinformation ST Registered Tinformation Policyholder Mailing Address Poli	Additional Excess					
Benefits GST Registered Information ST Registered Tinformation ST Registered Tinformation ST Registered Tinformation Policyholder Mailing Address Poli	otal OD Excess Applicable		Total TP Excess Applicable			
ST. Registered Information ST. Registered No. 201786111 PUBLichtolder Mailing Address Poblicyholder Mailing Address DOWS 1 Poblicyholder Mailing Address Restate Policy Number Singaparie address Post Code and No. 2 Poblicyholder Mailing Address Poblicy Number Singaparie address Driver No. 20179788 Driver Downers No. 20179788 Driver Downer			The second secon			
ST Regulatored ST Reg		tion				
ST Registration No. 2013 BELLI GST Status Verified Confice Con				CST Beorg	stration Date	
Policyholder Malting Address 3 ddress 1						
Address 1 Address 2 Address 4 Address 5 Address 5 Address 7 Addres	odification History					
Address 1 Address 2 Address 2 Address 4 Address 5 Address 7 Addres	Policyholder Mailing Add	ress				
Address Type Singapore address Post Code Not Not be to the top of			Address 2			Address: 3
Related Policy Number STIDMINIS OUTIVEY Rame Unnamed Driver OUTIVEY Rame OUTIVEY Rame OUTIVE RAME OUTIVEY RAME OUTIVE RAME OUTIVER RAME OUTIVE RAME OUTIVE RAME OUTIVE RAME OUTIVE RAME OUTIV						
OI Driver Info Vincer Name Unnamed Driver Unnamed						Post Code
Triver Name Unnamed Driver Unnamed Driver Unnamed driver Name SHALL Driver NRIC GR097288 Driver NRIC GR09728 Dr			Related Policy Number	211/0000412		
Innamed driver Name egister Date of Driver License ordard, No. (Mobile) 97,73,002 97,73,002 97,73,002 97,73,002 97,73,002 97,73,003 97,7		The state of the s				
Driver Age 10 Driver License ontact No. (Mobile) 9323057 Contact No. (Mobile) 9323057 Preferred Workshop, Name unknown 10 Preferred Preferred Workshop, Name unknown 10 Preferred Workshop Preferred Workshop, Name unknown 10 Preferred Workshop Preferred Workshop, Name unknown 10 Preferred Workshop Preferred Works						1200 00
Contact No. (Mobile) 9132057 Contact No. (Office) 4 Address 1 460 MANDALRDAD Address 2 MANDALRDAD Address 7 type Singapore address Post Code not No. Code she own a Singapore equitored car? Yes No Driver Vehicle No. Driver Vehicle No. Driver Insured contact No. (Mobile) Any injury? Yes No On MX Insured Contact No. (Mobile) Preferred Ontact No. (Mobile) GB869825 / GBG3257X ON 13 Dec 2019 referred Option Regart Preferred Workshop, Name unknown Option Regart Preferred Workshop, Name unknown Option Claim						
Address 2 MANDALIDOGE 1 Address 3 Post Code int No. Singapore address Post Code int No. Singapore addr						
Address Type Singapore address Post Code nit No.			USS CIDO CONTRA MANAGEMENT			
nit No. does no own a Singapore egistered car? Yes No Driver Vehicle No. Driver Vehicle No. Driver Insued Any injury? Yes No Driver		460 MANDAL ROAD				Address 3
per la Singapore egistered car? Yes No Driver Vehicle No. Driver Vehicle No. Driver Insured Liability Not at Fault Preferred Workshop, Name unknown are Registered Preferred Workshop Preferred Workshop, Name unknown are Registered Driver Insured Liability Not at Fault Preferred Workshop, Name unknown are Registered Driver Insured Liability Not at Fault Preferred Workshop, Name unknown are Registered Driver Insured Liability Not at Fault Preferred Workshop, Name unknown are Registered Driver Insured Liability Not at Fault Preferred Workshop, Name unknown are Registered Driver Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop, Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name unknown Insured Liability Not at Fault Preferred Workshop Name un			Address Type	Singapore address		Post Code
eclaration reathalyser or Blood Test 0 mg Any injury? Yes No diffication History Claim 001 0D-MX New Claim 17pe * OD-MX New Contact No.(Mobile) Main Description referred lam Description referred publish No Yes Repair Preferred Workshop, Name unknown or Report Received on Received option Response Preferred Workshop, Name unknown or Report Received option Claim Option Cla						
reathalyser or Blood Test eading? Omg Any injury? Yes No Do-MX New Claim 901 OD-MX New Claim 7ype Ontact No.(Mobile) mail Address mail Address laim Description referred Verkich Verki	egistered car?	Yes No	Driver Vehicle No.			Driver Ins
defication History Claim 901 OD-MX New Claim Type On-MX New Contact No.(Mobile) mail Address Main Description referred for kshop Preferred or kshop Preferred or kshop Preferred or kshop Odium No. Yes Repair Preferred Workshop, Name unknown To GIA Received To GIA Received To GIA Received To GIA To Glose Date	eclaration					
Claim 001 OD-MX New Raim Type OD-MX Insured Received Preferred Workshop, Name unknown at Received Option Claim Type OD-MX Insured Received Preferred Workshop, Name unknown of Received Option OD-MX Insured Received Name Contact No. (Home) OD Website Number Od Vehicle Number GB869825 / GBG3257X ON 13 Dec 2019 Felerred Workshop, Name unknown of Received option Option OD-MX OD-		0 mg	Any injury?	Yes No		
Claim 001 OD-MX New Raim Type OD-MX Insured Received Preferred Workshop, Name unknown at Received Option Claim Type OD-MX Insured Received Preferred Workshop, Name unknown of Received Option OD-MX Insured Received Name Contact No. (Home) OD Website Number Od Vehicle Number GB869825 / GBG3257X ON 13 Dec 2019 Felerred Workshop, Name unknown of Received option Option OD-MX OD-						
aim Type ** OD-MX Insured Name Contact No./Mobile) 98473847 No. (Home) OI Vehicle Number aim Description referred Verkshop Preferred Verkshop Preferred Workshop, Name unknown Teport Received Preport Received Option 16/12/2019 12:17 Class Received Preferred Workshop Option OD-MX Insured Line Verkshop (Home) OI Vehicle Number GB869825 / GBG3257X ON 13 Dec 2019 Freferred Verkshop Preferred Workshop, Name unknown Teport Received Preport Received Preport Received Preferred Workshop Option Option Verkshop Preferred Workshop, Name unknown Teport Received Preport Received Preferred Workshop Option ORGAN Workshop Preferred Workshop Name unknown Verkshop Option Option Verkshop Preferred Workshop Name unknown Verkshop Option Workshop Option Workshop Option Verkshop Opti	idification History					
Name Contact No.(Mobile) protect No.(Mobile) protect No.(Mobile) protect No.(Mobile) g8473847 No. (Home) OI Véhicle Number GB869825 / GBG3257X ON 13 Dec 2019 referred orkshop Preferred orkshop Preferred Option Repair Preferred Workshop, Name unknown Taken But Registered Preferred Workshop, Name unknown Option Repair Option Option Option Workshop Workshop Workshop Workshop	Claim 001 OD-MX New					
Contact No. (Mobile) 98473847 No. (Home) OI Véhicle Number aim Description eferred orkshop Preferred orkshop Preferred orkshop Analisation Option Freferred Workshop, Name unknown Option Freferred Workshop, Name unknown Option Freferred Workshop, Name unknown Option Option Option Workshop Preferred Workshop, Name unknown Option Option Option Option Workshop Workshop Workshop Workshop	aim Type *				OD-MX	• Insured
ontact No, (Mobile) mail Address aim Description eferred orkshop Preferred orkshop Preferred Option Insured Liability Preferred Workshop, Name unknown order Repair Option Taken But Morkshop Preferred Option Taken But Morkshop Option Taken But Morkshop Preferred Option Taken But Morkshop Option Taken But Workshop Workshop Workshop Workshop Workshop						
Vehicle Number aim Description eferred orkshop Preferred Preferred Workshop, Name unknown or Repair Preferred Workshop, Name unknown or Registered To Standard Received Preferred Workshop, Name unknown or Repair Preferred Workshop, Name unknown or Report Taken But **Claim** Claim** Claim** Close Date Da	intact No.(Mobile)				98473847	No. (Home)
eferred Insured Liability Not at Fault Preferred Preferred Workshop Preferred Workshop, Name unknown on the Registered Option GIA Received Preferred Workshop, Name unknown on the Registered Preferred Workshop Preferred W	nail Address					Véhicle
orkshop Preferered Preferered Ves Repair Option Taken But Total Not at Fault GIA report GIA report Received 16/12/2019 12:17 Class Date Workshop Workshop	aim Description				GBB6982S / GBG3257X C	N 13 Dec 2019
Preferred Not at Fault Preferred Workshop, Name unknown GIA Received		Insured Liability				
Option Option Claim 16/12/2019 12:17 Close Date Workshop	SHEERE NO. Yes	Preferered Not at Fault	GIA Baseland			
Date Workshop Workshop	nalisation 163		report Received	1970	16/12/2010 12-17	
Proof Taken By	ne neglacered				10/14/2019 12:17	
	enort Taken Bu				POSITION	Workshop

Print AK letter

Save Submit

Attachment

ccident No.					Claim No.		001		
ist Doc. Receiv	ved	* Yes	No		Upload Date				
			Path -				Category *		Cor
	No file chosen					Clear	Please Select	*	NO
	No file chosen					Clear	Please Select	*	NO
	No file chosen					Clear	Please Select	*	NO
	No file chosen					Clear	Please Select	*	NO:
	No file chosen					Clear	Please Select		NO
	No file chosen					Clear	Please Select	*	NO
Homoge Read									
Attachme	ent List								
Attachmen	it		Uploaded By/Date		Category		Urgency		
***	NAC_PAYA	_UBI_800601(N	IATIONAL ASSESSMENT CENT 16 Dec 2019 12:17	'RE SERVICES) on	NRIC/ Onling License	Y	Normal		NRJC/
- 63	NAC_PAYA	_UB1_800601(N	ATIONAL ASSESSMENT CENT 16 Dec 2019 12:17	RE SERVICES) on	SAS		Normal		
· Agrica	NAC_PAYA	_UB1_800601{ N	ATIONAL ASSESSMENT CENT 16 Dec 2019 12:17	RE SERVICES) on	Photos		Normal		
	NAC_PAYA		ATIONAL ASSESSMENT CENT 16 Dec 2019 12:16	RE SERVICES) on	Photos		Normal		
	NAC_PAYA	_UBI_B00601(N	ATIONAL ASSESSMENT CENT 16 Dec 2019 12:16	RE SERVICES) on	Photos		Normal		
76.8	NAC_PAYA		ATIONAL ASSESSMENT CENT 16 Dec 2019 12:16	RE SERVICES) on	Photos		Normal		
	NAC_PAYA	UBI_800601(N	ATIONAL ASSESSMENT CENT 16 Dec 2019 12:16	RE SERVICES) on	Photos		Normal		
是一/	NAC_PAYA		ATIONAL ASSESSMENT CENT 16 Dec 2019 12:16	RE SERVICES) on	Photos		Normal		
100	NAC_PAYA_		ATIONAL ASSESSMENT CENT 16 Dec 2019 12:16	RE SERVICES) on	Photos		Normal		
Video Lis	t,								
	Uploaded i	Bv/Date	Folder	Date		ile Name			

Display in New Window Scan and uploading